

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080440	2 Total pages filed: 100	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Regina	MI MI	OFFICE USE ONLY
	NICKNAME Gina	LAST Hinojosa	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 300095 Austin, TX 78703			Date Hand-delivered or Date Postmarked
	Receipt #		Amount	Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Janis	MI MI	
	NICKNAME	LAST Pinnelli	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1507 West 6th Austin, TX 78703			
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 478-7816	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 49		12 OFFICE SOUGHT (if known) State Representative District 49	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Hinojosa, Regina (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00080440

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		TREPAC
	COMMITTEE ADDRESS	1115 San Jacinto Blvd. Ste. 200 Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Cantu, Leslie
	COMMITTEE CAMPAIGN TREASURER ADDRESS	1115 San Jacinto Blvd. Ste. 200 Austin, TX 78701

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 204,392.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 2,156.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 171,039.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 72,114.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 102,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Regina Hinojosa

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Hinojosa, Regina (The Honorable)		19 Filer ID 00080440	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	204,392.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	169,964.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1,075.30
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/47 Rpt: 4/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGC of Texas PAC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78768-2185	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-3503	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00040279) Abbott Laboratories Employee PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code North Chicago, IL 60064-3502	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Virginia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78703-4126	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) Altria Group Inc. PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20001-2155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/47 Rpt: 5/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/09/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C0004053) American Express PAC	7 Amount of Contribution (\$) \$1,250.00
	6 Contributor address; City; State; Zip Code Washington, DC 20004-2673	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Scott	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie J.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78731-6143	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin / Travis County EMS Association PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78721-1522	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banner, Jay	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759-8710	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/47 Rpt: 6/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Kathleen	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78758-6701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beardall Jr., Bill H (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78704-3152		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Deaton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78751-4709		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Deaton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78751-4709		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Glenn	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78723-3443		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/47 Rpt: 7/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78240-3262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bower, Douglas H	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78739-2067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Dan R.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78763-5627		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burek, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78758-7902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burek, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78758-7902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/47 Rpt: 8/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burek, Susan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78758-7902	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burek, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758-7902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burek, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758-7902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burek, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758-7902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731-2806	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/47 Rpt: 9/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78731-2806		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLDIRON, Barbara	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Austin, TX 78731-1744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00009597) CWA COPE PCC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20001-2760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00009597) CWA COPE PCC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Washington, DC 20001-2760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00009597) CWA COPE PCC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Washington, DC 20001-2760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/47 Rpt: 10/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Randy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78763-5352	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl, Carlton (Mr.) <hr/> Contributor address; City; State; Zip Code Martindale, TX 78655-0444	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl, Carlton (Mr.) <hr/> Contributor address; City; State; Zip Code Martindale, TX 78655-0444	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Dee A. <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-2267	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lynn <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-6231	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/47 Rpt: 11/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lynn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-6231	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Mary Dorsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2807	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Mary Dorsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2807	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Mary Dorsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2807	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Mary Dorsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2807	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/47 Rpt: 12/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Mary Dorsey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-2807	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Perla (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-3011	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charin, Katherine <hr/> Contributor address; City; State; Zip Code Arlington, VA 22203-3025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications Inc Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2468	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Cari <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4064	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/47 Rpt: 13/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78746-5507	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colmenero, Rudy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703-5401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corp & NBC Universal PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Philadelphia, PA 19103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Avenue Partners PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701-2665	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746-4115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/47 Rpt: 14/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-4115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Richard F. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1901	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Oak Group LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1618	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Christopher S. <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-1641	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/47 Rpt: 15/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culmo, Katy	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78703-3140		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culmo, Katy	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78703-3140		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danburg, Debra	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Austin, TX 78704-4611		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Blair B. (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-5627		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Blair B. (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-5627		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/47 Rpt: 16/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Bellingham, WA 98229-2347	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis Jr, Donald G	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78731-6008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis Kaufman PLLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701-1724	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Nora	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78731-1525	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deline, Steven	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704-4401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/47 Rpt: 17/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiLeo, Tracy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-3138	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobson, Lynne <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5341	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorman, Marianne <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3447	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, Roxanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78755-6179	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00197228) Elevance Health PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004-2513	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/47 Rpt: 18/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellinger, Hunter Dean <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-3935	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everitt, Patti <hr/> Contributor address; City; State; Zip Code Austin, TX 78722-1223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP Texas Campaign Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-3340	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geballe, Leslie <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2304	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1962	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/47 Rpt: 19/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerson, Lora Ann & Steve	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731-5634	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz, Donna Bryant	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78703-3334	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Cristina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Mission, TX 78573-7976	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Mary	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78702-1612	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Ann S.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78751-4718	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/47 Rpt: 20/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Ann S. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751-4718	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bob E (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78747-1564	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-2948	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-2026	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullickson, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2853	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/47 Rpt: 21/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullickson, Douglas	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78701-2853		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullickson, Douglas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78701-2853		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75240-5398		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78701-2180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamner, Richard	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78703-3111		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/47 Rpt: 22/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Dianne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728-5429	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin L. (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6348	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin L. (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6348	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin L. (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6348	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin L. (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6348	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/47 Rpt: 23/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin L. (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78746-6348	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendler, Scott	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705-4254	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendryx, Kevin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Verona, WI 53593-7973	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendryx, Kevin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Verona, WI 53593-7973	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Myron	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704-2121	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/47 Rpt: 24/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-2458	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight Texas PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2532	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopson, Chuck <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3125	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ann Gill (The Honorable) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Robert M (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/47 Rpt: 25/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717-5372	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husch Blackwell LLP <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105-3433	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husch Blackwell Strategies <hr/> Contributor address; City; State; Zip Code Jefferson City, MO 65101-3001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00437244</u>) Invenergy Investment Company LLC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60606-4630	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irby, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3713	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/47 Rpt: 26/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ironworkers State Committee of Political Education	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Grapevine, TX 76051-3395	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Dee	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746-4640	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Jr., Kevin M.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748-6415	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Doug	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78704-2005	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Dorothy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78702-2716	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/47 Rpt: 27/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolin, Becky <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-6902	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallerman, Dick <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3802	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennard, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3910	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kester, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2911	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/47 Rpt: 28/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kickapoo Traditional Tribe of Texas <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852-2503	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Christopher T. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-4614	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Micah <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1760	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchen`, Sara <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2106	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchen`, Sara <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2106	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/47 Rpt: 29/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kralj, Nicole	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745-6371	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Francesca Fraga	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704-5915	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lightsey, Rebecca	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78704-1815	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78760-7428	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Austin, TX 78760-7428	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/47 Rpt: 30/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Dale (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78703-3137	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00286500) Lloyd Doggett for Congress	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78702-2029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Alice and Jack	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6663	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denton, TX 76210-4637	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denton, TX 76210-4637	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/47 Rpt: 31/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210-4637	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat <hr/> Contributor address; City; State; Zip Code Austin, TX 78722-1227	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat <hr/> Contributor address; City; State; Zip Code Austin, TX 78722-1227	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/47 Rpt: 32/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78722-1227		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78722-1227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78722-1227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78722-1227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Pat	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78722-1227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/47 Rpt: 33/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Clayton <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705-2813	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Felicity <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McComb, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-5351	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Jim <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2538	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1505	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/47 Rpt: 34/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHorse, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-8710	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meade, Nikelle Susanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1715	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merjanian, Ara <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cyral <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-3217	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2203	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/47 Rpt: 35/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Adrian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-2415	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alan <hr/> Contributor address; City; State; Zip Code Austin, TX 78705-3376	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-4655	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morin, Thomas M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1127	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NASW-Texas Pace <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2010	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/47 Rpt: 36/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nokes, Jill <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751-3721	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncor Texas State PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202-1234	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orenstein, Rosa <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137-3638	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3416	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3416	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/47 Rpt: 37/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-3416	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3416	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3416	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3416	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozmun Wear, Kristin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/47 Rpt: 38/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-0057	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00085811</u>) Penn Entertainment Inc. Texas PAC <hr/> Contributor address; City; State; Zip Code Wyomissing, PA 19610-1247	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Person, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8034	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/47 Rpt: 39/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis W <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78763-0038	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Joseph F <hr/> Contributor address; City; State; Zip Code Austin, TX 78763-0038	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2419	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Planck, Corri <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-5429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2114	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/47 Rpt: 40/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Joseph	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731-5636	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Joseph	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731-5636	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00388827) Rock Holdings Inc. State PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Lansing, MI 48933-1732	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rourke, Kelli	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78703-4661	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert G.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731-6060	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/47 Rpt: 41/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert G.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78731-6060		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert G.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-6060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert G.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-6060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert G.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-6060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert G.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-6060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/47 Rpt: 42/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAS-PORRAS, ANA LUISA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78756-2912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jenn	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746-1837	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Emily	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759-8581	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SerVaas, Curtis	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78757-1181	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipley, George C. (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78703-2206	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/47 Rpt: 43/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Paul (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78703-2910	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Susan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pflugerville, TX 78660-1737	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Tom	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-3030	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78768-2246	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSCPA PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Addison, TX 75001-3872	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/47 Rpt: 44/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78703-3314		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Reasonable Solutions PAC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78741-6931		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State Cope Fund	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78711-2727		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Academy of Family Physicians	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78727-6207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Ambulatory Surgery Center Society - PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701-1665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/47 Rpt: 45/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association for Home Care and Hospice PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-6585	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Crane Owners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78716-3364	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Bankers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2321	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch AGC PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2656	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/47 Rpt: 46/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-0024	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association / DENPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3644	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas McDonald's Operators Association PAC Inc <hr/> Contributor address; City; State; Zip Code Athens, TX 75751-2143	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Mortgage Bankers PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2668	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78705-2004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/47 Rpt: 47/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Fire Fighters Action Committee	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701-2170		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Teachers Association PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701-1815		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701-1814		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Austin, TX 78701-1814		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Working Families PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Metairie, LA 70003-5232		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/47 Rpt: 48/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/16/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00654053) The PAC for America's Future - TX <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003-4303	7 Amount of Contribution (\$) \$100,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipps, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3127	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Fund for Effective Government <hr/> Contributor address; City; State; Zip Code Washington, DC 20005-6621	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002766) United Food and Commercial Workers <hr/> Contributor address; City; State; Zip Code Washington, DC 20006-1502	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615-5336	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/47 Rpt: 49/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> 6 Contributor address; City; State; Zip Code Greenville, SC 29615-5336	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615-5336	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615-5336	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615-5336	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verizon Communications Inc. Good Government Club - Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2557	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/47 Rpt: 50/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/15/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00226548) Vistra Employee PAC <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75039-2479	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vote PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3064	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-1240	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/45 Rpt: 51/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/31/2024	5 Payee name Acosta, Gladys	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 329 Mariana Cir El Paso, TX 79915-4508	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Acosta, Gladys	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 329 Mariana Cir El Paso, TX 79915-4508	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Acosta, Gladys	
Amount (\$) \$53.33	Payee address; City; State; Zip Code 329 Mariana Cir El Paso, TX 79915-4508	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/45 Rpt: 52/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 07/07/2024	5 Payee name ActBlue
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6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/07/2024	Payee name ActBlue
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Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/14/2024	Payee name ActBlue
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Amount (\$) \$7.91	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/45 Rpt: 53/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/21/2024	5 Payee name ActBlue	
6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2024	Payee name ActBlue	
Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name ActBlue	
Amount (\$) \$10.28	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/45 Rpt: 54/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/18/2024	5 Payee name ActBlue	
6 Amount (\$) \$1.59	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2024	Payee name ActBlue	
Amount (\$) \$17.20	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2024	Payee name ActBlue	
Amount (\$) \$145.77	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/45 Rpt: 55/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/15/2024	5 Payee name ActBlue	
6 Amount (\$) \$279.97	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name ActBlue	
Amount (\$) \$198.76	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2024	Payee name ActBlue	
Amount (\$) \$46.42	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/45 Rpt: 56/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/30/2024	5 Payee name ActBlue	
6 Amount (\$) \$9.29	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2024	Payee name ActBlue	
Amount (\$) \$4.94	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2024	Payee name ActBlue	
Amount (\$) \$4.35	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/45 Rpt: 57/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/20/2024	5 Payee name ActBlue	
6 Amount (\$) \$46.03	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name ActBlue	
Amount (\$) \$12.46	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name ActBlue	
Amount (\$) \$0.16	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/45 Rpt: 58/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 11/24/2024	5 Payee name ActBlue	
6 Amount (\$) \$0.60	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2024	Payee name ActBlue	
Amount (\$) \$11.27	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2024	Payee name ActBlue	
Amount (\$) \$1.98	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/45 Rpt: 59/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/15/2024	5 Payee name ActBlue	
6 Amount (\$) \$197.87	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name American Airlines	
Amount (\$) \$170.00	Payee address; City; State; Zip Code PO Box 619616 Dfw Airport, TX 75261-9616	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airfare for HDCC meetings
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name American Airlines	
Amount (\$) \$445.96	Payee address; City; State; Zip Code PO Box 619616 Dfw Airport, TX 75261-9616	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airfare to attend meetings for HDCC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/14/2024	5 Payee name Biden Victory Fund	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 96663 Washington, DC 20090-6663	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Blue Action Democrats	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 41424 Austin, TX 78704-0024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Bowman, Ruby	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 212 W 33rd St Austin, TX 78705-2316	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/30/2024	5 Payee name Bowman, Ruby	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 212 W 33rd St Austin, TX 78705-2316	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Bowman, Ruby	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 212 W 33rd St Austin, TX 78705-2316	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Bowman, Ruby	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 212 W 33rd St Austin, TX 78705-2316	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 11/29/2024	5 Payee name Bowman, Ruby
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 212 W 33rd St Austin, TX 78705-2316
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/20/2024	Payee name Committee for Austin's Children
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/17/2024	Payee name For All Texans
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Amount (\$) \$10,000.00	Payee address; City; State; Zip Code PO Box 33079 Washington, DC 20033-0079
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 07/24/2024	5 Payee name Freedoms for Texans PAC
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3500 Werner Ave Austin, TX 78722-1816
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name GNI Strategies
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 6814 E Riverside Dr Unit 42 Austin, TX 78741-6670
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2024	Payee name GNI Strategies
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 6814 E Riverside Dr Unit 42 Austin, TX 78741-6670
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 09/30/2024	5 Payee name GNI Strategies
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 6814 E Riverside Dr Unit 42 Austin, TX 78741-6670
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name GNI Strategies
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 6814 E Riverside Dr Unit 42 Austin, TX 78741-6670
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2024	Payee name GNI Strategies
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 6814 E Riverside Dr Unit 42 Austin, TX 78741-6670
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/31/2024	5 Payee name Gilberg, Julie	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 109 W 32nd St Austin, TX 78705-2301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Gilberg, Julie	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 109 W 32nd St Austin, TX 78705-2301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Gilberg, Julie	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 109 W 32nd St Austin, TX 78705-2301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/31/2024	5 Payee name Gilberg, Julie	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 109 W 32nd St Austin, TX 78705-2301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Gilberg, Julie	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 109 W 32nd St Austin, TX 78705-2301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Gilberg, Julie	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 109 W 32nd St Austin, TX 78705-2301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/09/2024	5 Payee name HEB	
6 Amount (\$) \$166.75	7 Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751-4810	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for Together We Rise event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name HEB	
Amount (\$) \$135.02	Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751-4810	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Hadley, Lauren	
Amount (\$) \$9,261.03	Payee address; City; State; Zip Code 5929 Republic Of Texas Blvd Austin, TX 78735-6399	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/31/2024	5 Payee name Hadley, Lauren	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5929 Republic Of Texas Blvd Austin, TX 78735-6399	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Hadley, Lauren	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5929 Republic Of Texas Blvd Austin, TX 78735-6399	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2024	Payee name Hillside Farmacy	
Amount (\$) \$284.72	Payee address; City; State; Zip Code 1209 E 11th St Austin, TX 78702-1947	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HDCC meeting expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/17/2024	5 Payee name Hinojosa, Gina	
6 Amount (\$) \$152.75	7 Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name Hinojosa, Gina	
Amount (\$) \$113.60	Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Hinojosa, Gina	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense loan repayment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 20/45 Rpt:	2	FILER NAME Hinojosa, Regina (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080440
4	Date 10/23/2024	5	Payee name Hinojosa, Gina		
6	Amount (\$) \$6,000.00	7	Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense loan repayment		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 12/17/2024		Payee name Hinojosa, Gina		
	Amount (\$) \$409.47		Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for campaign expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 12/17/2024		Payee name Hinojosa, Gina		
	Amount (\$) \$399.48		Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for campaign expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/09/2024	5 Payee name Hopfields	
6 Amount (\$) \$147.33	7 Payee address; City; State; Zip Code 3110 Guadalupe St Ste 400 Austin, TX 78705-2800	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name Hopfields	
Amount (\$) \$234.84	Payee address; City; State; Zip Code 3110 Guadalupe St Ste 400 Austin, TX 78705-2800	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Hyatt Regency	
Amount (\$) \$385.23	Payee address; City; State; Zip Code 1200 Louisiana St Houston, TX 77002-5209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging for campaign trip
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/25/2024	5 Payee name Intuit	
6 Amount (\$) \$55.96	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2024	Payee name Intuit	
Amount (\$) \$55.96	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Intuit	
Amount (\$) \$59.69	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/18/2024	5 Payee name Intuit	
6 Amount (\$) \$59.69	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name Intuit	
Amount (\$) \$59.69	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name Intuit	
Amount (\$) \$59.69	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 10/15/2024	5 Payee name Laurel Swift for Texas
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6 Amount (\$) \$20,000.00	7 Payee address; City; State; Zip Code PO Box 6866 San Antonio, TX 78209-0866
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/28/2024	Payee name Laurel Swift for Texas
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 6866 San Antonio, TX 78209-0866
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Legislative Solutions Inc.
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Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 5643 Austin, TX 78763-5643
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email event invitation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/15/2024	5 Payee name Lulu Flores Campaign	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 40969 Austin, TX 78704-0017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Lyft	
Amount (\$) \$9.98	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Lyft	
Amount (\$) \$15.99	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/23/2024	5 Payee name Lyft	
6 Amount (\$) \$11.20	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Lyft	
Amount (\$) \$13.93	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Lyft	
Amount (\$) \$133.98	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/13/2024	5 Payee name Lyft	
6 Amount (\$) \$6.83	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Lyft	
Amount (\$) \$8.32	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Lyft	
Amount (\$) \$21.97	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/23/2024	5 Payee name Lyft	
6 Amount (\$) \$22.84	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Lyft	
Amount (\$) \$11.90	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name Lyft	
Amount (\$) \$31.68	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/16/2024	5 Payee name Lyft	
6 Amount (\$) \$21.55	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2024	Payee name Lyft	
Amount (\$) \$56.94	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name Mihaela Plesa Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 796311 Dallas, TX 75379-6311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/09/2024	5 Payee name NAACP	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1050 E 11th St Ste 120 Austin, TX 78702-1959	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense state conference sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name NGP Van	
Amount (\$) \$533.00	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name NGP Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/02/2024	5 Payee name NGP Van	
6 Amount (\$) \$266.50	7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name NGP Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name NGP Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/30/2024	5 Payee name Pena, Brian	
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 2400 San Gabriel St Austin, TX 78705-4714	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Pena, Brian	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2400 San Gabriel St Austin, TX 78705-4714	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Pena, Brian	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2400 San Gabriel St Austin, TX 78705-4714	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/19/2024	5 Payee name Planned Parenthood Votes	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A Austin, TX 78704-3966	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Polvo's Mexican Restaurant	
Amount (\$) \$111.64	Payee address; City; State; Zip Code 2004 S 1st St Austin, TX 78704-5142	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HDCC staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2024	Payee name Polvo's Mexican Restaurant	
Amount (\$) \$125.69	Payee address; City; State; Zip Code 2004 S 1st St Austin, TX 78704-5142	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/23/2024	5 Payee name Solomon Ortiz for Texas	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 286 Corpus Christi, TX 78403-0286	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2024	Payee name Sonder Hotel	
Amount (\$) \$239.60	Payee address; City; State; Zip Code 1301 Ocean Ave Santa Monica, CA 90401-1019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel charge (not used and not refunded)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Southwest Airlines	
Amount (\$) \$266.98	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235-1908	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airfare for campaign meetings
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/01/2024	5 Payee name Southwest Airlines	
6 Amount (\$) \$341.93	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235-1908	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airfare to attend DNC convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Squarespace	
Amount (\$) \$294.22	Payee address; City; State; Zip Code 8 Clarkson St FI 12 New York, NY 10014-4301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name Stephen F. Austin Hotel	
Amount (\$) \$342.65	Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701-3216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense room for election night watch party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 07/18/2024	5 Payee name Susan Harry Consulting	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Susan Harry Consulting	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name Texas Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761-5707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 10/14/2024	5 Payee name Texas HDCC
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6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Texas HDCC
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Amount (\$) \$15,000.00	Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Texas HDCC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/16/2024	5 Payee name Texas HDCC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Texas HDCC	
Amount (\$) \$20,000.00	Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2024	Payee name Texas HDCC	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 12/03/2024	5 Payee name Texas House Democratic Caucus
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6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 12453 Austin, TX 78711-2453
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name The Allegro Royal Sone
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Amount (\$) \$1,498.04	Payee address; City; State; Zip Code 171 W Randolph St Chicago, IL 60601-3121
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel while attending DNC convention
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/26/2024	Payee name The Allegro Royal Sone
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Amount (\$) \$374.51	Payee address; City; State; Zip Code 171 W Randolph St Chicago, IL 60601-3121
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel while attending DNC convention
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/29/2024	5 Payee name University Democrats	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 907 W 23rd St Austin, TX 78705-5035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shuttles for election day
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Violet Crown	
Amount (\$) \$1,126.89	Payee address; City; State; Zip Code 434 W 2nd St Austin, TX 78701-3898	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event venue expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Violet Crown	
Amount (\$) \$1,210.01	Payee address; City; State; Zip Code 434 W 2nd St Austin, TX 78701-3898	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event venue expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 07/25/2024	5 Payee name Vonlane
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6 Amount (\$) \$110.50	7 Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/09/2024	Payee name Vonlane
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Amount (\$) \$145.00	Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2024	Payee name Vonlane
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Amount (\$) \$145.00	Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 09/16/2024	5 Payee name Vonlane	
6 Amount (\$) \$145.00	7 Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Vonlane	
Amount (\$) \$270.00	Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Vonlane	
Amount (\$) \$270.00	Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 10/22/2024	5 Payee name Vonlane	
6 Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bus fare
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2024	Payee name Worley Printing	
Amount (\$) \$286.25	Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense invitations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2024	Payee name Zoom	
Amount (\$) \$70.35	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 08/04/2024	5 Payee name Zoom	
6 Amount (\$) \$70.35	7 Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Zoom	
Amount (\$) \$70.35	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Zoom	
Amount (\$) \$70.35	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 45/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
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4 Date 11/03/2024	5 Payee name Zoom
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6 Amount (\$) \$70.35	7 Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software subscription
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/03/2024	Payee name Zoom
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Amount (\$) \$70.35	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 96/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/17/2024	5 Payee name American Airlines	
6 Amount (\$) \$409.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 619616 Dfw Airport, TX 75261-9616	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airfare to attend meetings for HDCC
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name American Airlines	
Amount (\$) \$399.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 619616 Dfw Airport, TX 75261-9616	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airfare to attend meetings for HDCC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name Tiny Pies	
Amount (\$) \$152.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1100 S Lamar Blvd Ste 1116 Austin, TX 78704-0379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for townhall event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 97/100	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4 Date 12/10/2024	5 Payee name Trader Joe's	
6 Amount (\$) \$113.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 211 Walter Seaholm Dr Ste 100 Austin, TX 78701-0020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for townhall event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/3 Rpt: 98/100
2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 12/12/2024 12/15/2024	7 Name of person(s) traveling Hinojosa, Gina (Rep.)	
	8 Departure city or name of departure location Austin	
	9 Destination city or name of destination location Los Angeles	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) attend meetings for HDCC	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/12/2024 12/15/2024	Name of person(s) traveling Hinojosa, Gina (Rep.)	
	Departure city or name of departure location Los Angeles	
	Destination city or name of destination location Austin	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) attend meetings for HDCC	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/12/2024 12/15/2024	Name of person(s) traveling Hinojosa, Gina (Rep.)	
	Departure city or name of departure location Austin	
	Destination city or name of destination location Los Angeles	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) airfare to attend meetings for HDCC	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
American Airlines

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel	7 Name of person(s) traveling Hinojosa, Gina (Rep.)
	8 Departure city or name of departure location Austin
	9 Destination city or name of destination location Los Angeles
12/12/2024	
12/15/2024	

10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) attend meetings for HDCC
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

Dates of Travel	Name of person(s) traveling Hinojosa, Gina (Rep.)
	Departure city or name of departure location Austin
	Destination city or name of destination location Chicago
08/18/2024	
08/23/2024	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) attend DNC convention
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
The Allegro Royal Sone

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

Dates of Travel	Name of person(s) traveling Hinojosa, Gina (Rep.)
	Departure city or name of departure location Austin
	Destination city or name of destination location Chicago
08/18/2024	
08/23/2024	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) attend DNC convention
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

The Allegro Royal Sone

5 Contribution / Expenditure reported on:

Schedule A2

Schedule B

Schedule B(J)

Schedule C2

Schedule D

Schedule F1

Schedule F2

Schedule F4

Schedule G

Schedule H

Schedule COH-UC

6 Dates of Travel

08/18/2024

08/23/2024

7 Name of person(s) traveling

Hinojosa, Gina (Rep.)

8 Departure city or name of departure location

Austin

9 Destination city or name of destination location

Chicago

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

attend DNC convention