CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00080440		2 Total pages file 10	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE L	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Regina			Date Received	
					ELECTRONICA	
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Gina	Hinojosa				
4 CANDIDATE /	ADDRESS / PO BOX; A	APT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	P.O. Box 300095					
MAILING ADDRESS					Receipt #	Amount
I	A					
Change of Address	Austin, TX 78703				Date Processed	-
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Janis				
	NICKNAME	LAST		SUFFIX		
		Pinnelli				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PI FASE)	ΔΡ	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	1507 West 6th	FO BOX FLEASE),		1730HL#, CH1,	517	TE, ZIF CODE
ADDRESS	1507 West out					
(Residence or Business)						
	Austin, TX 78703					
7 CAMPAIGN	AREA CODE PI	HONE NUMBER E	EXTENSION			
TREASURER			EXTENSION			
PHONE	(512) 478-7816					
8 REPORT TYPE	X January 15	30th day before		Runoff	15th day after car	mpaign treasurer
					appointment (offic	
	July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye	ar P	rimary	Runoff	Other	
	11/05/2024		eneral	Special	_	
					(if the owner)	
11 OFFICE	OFFICE HELD (if any) State Representative I	District 40		12 OFFICE SOUGHT State Represent		
	State Representative L	JISTIICE 49		State Represent	alive District 49	
		GO T	O PAGE 2			
Forms provided by To	exas Ethics Commission	144444 Ot	hics.state.tx.u	s	Varsio	on V4.1.0.5dd2ace2
· sins provided by Te		*****.Cl			versie	v

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Hinojosa, Regina (The Honorable)

13 C / OH NAME

FORM C/OH **COVER SHEET PG 2** 2 of 100

(Ethics Commission Filers)

14 Filer ID

			00080440	
15 NOTICE FROM POLITICAL COMMITTEE(S)	ures made by political con the candidate's or officeh n only if they receive noti	older's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TREPAC		
		COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd.		
		Ste. 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME Cantu, Leslie		
			<u></u>	
		COMMITTEE CAMPAIGN TREASURER ADDRE 1115 San Jacinto Blvd.	55	
		Ste. 200		
		Austin, TX 78701		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER THA		1
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$ 204,392.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES		\$ 2,156.15
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 171,039.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 72,114.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 102,000.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Regina Hinojosa	۹
			f Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	said	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Tex	xas Ethics Commission	n www.ethics.state.tx.us	V	ersion V4.1.0.5dd2ace2

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 100 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00080440 Hinojosa, Regina (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 204,392.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 169,964.28 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ Х SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 1,075.30 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/47 Rpt: 4/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[egina (The Honorable)		ľ	00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	AGC of Texas PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78768-2185	F			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	AT&T Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401-3503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
				-)		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00040279)		Amount of Contribution (\$)	
	12/11/2024	Abbott Laboratories Employee PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		North Chicago, IL 60064-3502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/11/2024	Agnew, Virginia				\$50.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78703-4126				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	·	· · · · · · · · · · · · · · · · · · ·		,		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00089136)		Amount of Contribution (\$)	
	12/09/2024	Altria Group Inc. PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001-2155				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
		· · · ·				
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SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/47 Rpt: 5/100	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Hinojosa, Re	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	C0004053)	7 Amount of Contribution (\$)	
12/09/2024	American Express PAC			\$1,250.00
ł	6 Contributor address; City; State; Zip Code			
	Washington, DC 20004-2673]		
3 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/13/2024	Atlas, Scott			\$250.00
ļ	Contributor address; City; State; Zip Code			
	Houston, TX 77098-1002			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2024				\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-6143			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
	,		,	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/03/2024	Austin / Travis County EMS Association PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721-1522			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
09/14/2024	Banner, Jay			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759-8710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>	
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/47 Rpt: 6/100	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	egina (The Honorable)		00080440	1
4 Date	5 Full name of contributor out-of-state PAC (ID#	¢:)	7 Amount of Contribution (\$)	
09/13/2024	Barrett, Kathleen	ļ		\$50.00
	6 Contributor address; City; State; Zip Code			
		ļ		
	Austin, TX 78758-6701			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/12/2024	Beardall Jr., Bill H (Mr.)	ļ		\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78704-3152			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#	¢:)	Amount of Contribution (\$)	
09/16/2024	Bednar, Deaton			\$50.00
	Contributor address; City; State; Zip Code			
	Austin TV 70751 4700			
Dringinal occu	Austin, TX 78751-4709 upation / Job title (See Instructions)	Employer (Soo Instructions		
Ηποιρά στου		Employer (See Instructions)		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
12/12/2024	Bednar, Deaton	,	, anount of contraction (+,	\$50.00
-	Contributor address; City; State; Zip Code			• -
	Austin, TX 78751-4709			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#	+:)	Amount of Contribution (\$)	
11/03/2024	Benavides, Glenn			\$20.00
	Contributor address; City; State; Zip Code			
<u> </u>	Austin, TX 78723-3443			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i>)	
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			1 Total pages Schedule A1:	
The Instruc	ction Guide explains how to complete this fo	orm.	Sch: 4/47 Rpt: 7/100	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Hinojosa, Re	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/13/2024	Bhatt, Bhuvanesh			\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78240-3262			
B Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±
10/19/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78739-2067			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 8)	
•			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/12/2024	Bullock, Dan R.			\$500.00
	Contributor address; City; State; Zip Code			
Dringing oppu	Austin, TX 78763-5627	Employer (Cool Instructions		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Burek, Susan			\$25.00
ſ	Contributor address; City; State; Zip Code			
ſ				
	Austin, TX 78758-7902			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2024	Burek, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78758-7902			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Fincipal occu			<i>>)</i>	

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The Instruc	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 5/47 Rpt: 8/100	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	egina (The Honorable)		00080440	,
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
09/01/2024	Burek, Susan			\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78758-7902			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
10/01/2024	Burek, Susan			\$25.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78758-7902	i		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
11/01/2024	Burek, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78758-7902			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
i mopa occa			<i>)</i>	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
12/01/2024	Burek, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78758-7902			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)	
Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
09/13/2024	Burke, Cecelia			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-2806			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/47 Rpt: 9/100	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		egina (The Honorable)			00080440	· ·
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	12/13/2024	Burke, Cecelia				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78731-2806				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
—	Date	Full name of contributor out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	10/04/2024	COLDIRON, Barbara				\$200.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78731-1744				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (ID)#: <u>C00009597</u>)	Γ	Amount of Contribution (\$)	
	12/14/2024	CWA COPE PCC				\$250.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001-2760				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (ID	J#: C00009597)	Γ	Amount of Contribution (\$)	
	12/14/2024	CWA COPE PCC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001-2760				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (ID	J#: C00009597)	Γ	Amount of Contribution (\$)	
	12/14/2024	CWA COPE PCC				\$4,000.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001-2760				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/47 Rpt: 10/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/16/2024	Cain, Randy					\$250.00
		6 Contributor address; City; S	tate; Zip Code				
0	Dringing oog	Austin, TX 78763-5352	-)	Contructions			
ð	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/11/2024	Carl, Carlton (Mr.)					\$250.00
		Contributor address; City; S					
		Martindale, TX 78655-044	лл				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	T monora e e e e		<i>'</i>		''		
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/13/2024	Carl, Carlton (Mr.)	—				\$250.00
		Contributor address; City; S					
	<u></u>	Martindale, TX 78655-044			Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Carney, Dee A.		,		()	\$1,000.00
		Contributor address; City; S	tate; Zip Code				
	<u> </u>	Pflugerville, TX 78660-22		1			
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
-	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	09/05/2024	Carter, Lynn				· · · · · · · · · · · · · · · · · · ·	\$40.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78759-6231					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how	<i>w</i> to complete this f	örm.	1	Total pages Schedule A1: Sch: 8/47 Rpt: 11/100	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2024	Carter, Lynn	_				\$50.00
		6 Contributor address; City; S	State; Zip Code				
	<u> </u>	Austin, TX 78759-6231			<u> </u>		
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/28/2024	Cartwright, Mary Dorsey					\$25.00
		Contributor address; City; S					
		Austin, TX 78704-2807					
	Drincinal occu	Ipation / Job title (See Instruction:		Employer (See Instructions)	<u> </u>		
	Finopa occa		5))		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024	Cartwright, Mary Dorsey	—				\$25.00
		Contributor address; City; S	State; Zip Code				
	Drive sized, oppy	Austin, TX 78704-2807			<u> </u>		
	Principal occu	pation / Job title (See Instruction	S)	Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/28/2024	Cartwright, Mary Dorsey					\$25.00
		Contributor address; City; S	State; Zip Code				
		Auctio TV 79704-2807					
	Drincinal occu	Austin, TX 78704-2807	<u></u>	Employer (See Instructions)	<u> </u>		
	Ρπιοραί στου		5))		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/28/2024	Cartwright, Mary Dorsey	—				\$25.00
		Contributor address; City; S	State; Zip Code				
		Austin, TX 78704-2807					
	Principal occu	pation / Job title (See Instruction	.s)	Employer (See Instructions))		

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/47 Rpt: 12/100	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/28/2024	Cartwright, Mary Dorsey			\$25.00
I	6 Contributor address; City; State; Zip Code			
	Austin, TX 78704-2807			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/28/2024	Cavazos, Perla (Ms.)			\$150.00
I				
	Austin, TX 78702-3011			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Charin, Katherine			\$10.00
	Contributor address; City; State; Zip Code			
I	Arlington, VA 22203-3025			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		
Date)	Amount of Contribution (\$)	
12/10/2024	Charter Communications Inc Texas PAC			\$500.00
1	Contributor address; City; State; Zip Code			
1				
	Austin TV 70701 2460			
Dringing and	Austin, TX 78701-2468	Employer (Cap Instructions)	<u> </u>	
ΡΠΠΟιραί Ουυυ	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/16/2024	Clark, Cari	/		\$100.00
00/10/202	Contributor address; City; State; Zip Code			Ψ100.00
1	Continuation address, City, State, Zip Code			
1				
	Austin, TX 78703-4064			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
I	· · · · · · · · · · · · · · · · · · ·			
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 10/47 Rpt: 13/100	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/10/2024				\$100.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78746-5507			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/11/2024	Colmenero, Rudy			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-5401			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
	<u> </u>	<u> </u>		
Date	Full name of contributor X out-of-state PAC (ID#:	<u>C00248716</u>)	Amount of Contribution (\$)	
10/08/2024				\$1,000.00
	Contributor address; City; State; Zip Code			
	Philadelphia, PA 19103			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
	, , , , , , , , , , , , , , , , , , ,		/	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/04/2024	Congress Avenue Partners PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-2665			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
07/08/2024	Conyngham, Karen			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746-4115			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/47 Rpt: 14/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/13/2024	Conyngham, Karen	—				\$25.00
		6 Contributor address; City; S	State; Zip Code				
<u> </u>	Dringing occ	Austin, TX 78746-4115 upation / Job title (See Instructions	-\	Content (See Instructions	$\sum_{i=1}^{n}$		
0			.) 	9 Employer (See Instructions	9		
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2024	Conyngham, Karen					\$25.00
		Contributor address; City; S					
	Duin singly good	Austin, TX 78746-4115			ŕ		
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
—	Date	Full name of contributor	out-of-state PAC (ID#:_		_	Amount of Contribution (\$)	
	09/20/2024	Craig, Richard F.		/		Allount of Contribution (4)	\$1,000.00
	00/20/212	Contributor address; City; S					Ψ1,000.00
		Austin, TX 78703-1901					
_	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	_
	12/10/2024	Cross Oak Group LLC					\$500.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78701-1618					
	Principal occu	upation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u> </u> ເ)		
	T monora e e e e		<i>'</i>)		' '		
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Cruz, Christopher S.					\$40.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78757-1641	-		Ļ		
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		

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	The Instru	ction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/47 Rpt: 15/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		egina (The Honorable)				00080440	Ji i iie.e,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/03/2024	Culmo, Katy	_				\$500.00
		6 Contributor address; City; S	State; Zip Code		1		
_		Austin, TX 78703-3140			Ĺ		
8		upation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
_	Not Employe		!	Not Employed	—		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/12/2024	Culmo, Katy					\$1,000.00
		Contributor address; City; S		Ţ	1		
		Austin, TX 78703-3140					
		upation / Job title (See Instructions	s)	Employer (See Instructions	3)		
	Not Employe	<u>له الم</u>		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/16/2024	Danburg, Debra					\$150.00
		Contributor address; City; S	State; Zip Code		1		
		Austin, TX 78704-4611					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
			,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/01/2024	Dancy, Blair B. (Mr.)	—				\$100.00
		Contributor address; City; S	State; Zip Code		1		
		-					
		Austin, TX 78731-5627					
	Principal occu	upation / Job title (See Instructions	is)	Employer (See Instructions	5)		
			1				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Dancy, Blair B. (Mr.)					\$100.00
		Contributor address; City; S	State: Zip Code		ł		
			uuc, <u></u> p				
		Austin, TX 78731-5627					
	Principal occu	upation / Job title (See Instructions	iS)	Employer (See Instructions	∟ 3)		
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			/	<u> </u>			

tion Guide explains how to complete this fo	orm.	I Total pages Schedule A1: Sch: 13/47 Rpt: 16/100	
		3 Filer ID (Ethics Commission	ı Filers)
gina (The Honorable)		00080440	
5 Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Davis, John			\$10.00
6 Contributor address; City; State; Zip Code			
Rellingham WA 98229-2347			
-	9 Emplover (See Instructions)		
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Davis Jr, Donald G			\$5.00
Contributor address; City; State; Zip Code			
Austin, TX 78731-6008			
ation / Job title (See Instructions)	Employer (See Instructions)		
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Davis Kaufman PLLC			\$500.00
Contributor address; City; State; Zip Code			
Austin, TX 78701-1724	l		
ation / Job title (See Instructions)	Employer (See Instructions)		
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Del Bosque, Nora			\$500.00
Contributor address; City; State; Zip Code			
ation / Job title (See Instructions)	Employer (See Instructions)		
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
)	Amount of Contribution (\$)	\$100.00
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Full name of contributor out-of-state PAC (ID#: Deline, Steven Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$100.00
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
	5 Full name of contributor out-of-state PAC (ID#:	jina (The Honorable) 5 5 6 Contributor address; City; State; Zip Code Bellingham, WA 98229-2347 ation / Job title (See Instructions) 9 Full name of contributor	3 Filer ID (Ethics Commission 00080440 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 7 Bellingham, WA 98229-2347 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Davis Jr, Donald G Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731-6008 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Davis Kaufman PLLC Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701-1724 Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Davis Kaufman PLLC Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)

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	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/47 Rpt: 17/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		egina (The Honorable)				00080440	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/14/2024	DiLeo, Tracy					\$500.00
		6 Contributor address; City; State; Z	Zip Code				
		Austin, TX 78703-3138					
8	Principal occu	pation / Job title (See Instructions)	F	9 Employer (See Instructions	<u> </u> ເ)		
Ľ					<i>'</i>		
	Date		out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Dobson, Lynne					\$1,000.00
		Contributor address; City; State; Z					
		West Lake Hills, TX 78746-534	41				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor 🛛 🗍 o	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/13/2024	Dorman, Marianne					\$500.00
		Contributor address; City; State; Z	Zip Code				
		1					
		Austin, TX 78703-3447	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
╘					—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	*252.00
	09/16/2024						\$250.00
		Contributor address; City; State; Z	Zip Code				
		1					
		Austin, TX 78755-6179					
⊢	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions			
	Г шора осса				' '		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_C	00197228		Amount of Contribution (\$)	
	12/12/2024	Elevance Health PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$1,500.00
	 , -		7in Code				¥=,===
	Contributor address; City; State; Zip Code						
		1					
		Washington, DC 20004-2513					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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	The Instru	ction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/47 Rpt: 18/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/12/2024	Ellinger, Hunter Dean	—				\$100.00
		6 Contributor address; City; S	State; Zip Code				
<u> </u>		Austin, TX 78703-3935		· · · · · ·			
8	Principal occu	<pre>upation / Job title (See Instruction:</pre>	s)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/16/2024	Everitt, Patti					\$100.00
		Contributor address; City; S					
	Dringinal occu	Austin, TX 78722-1223		Employer (Soo Instructions			
	Pilitipai occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/11/2024	Foley & Lardner LLP Tex				Allount of Contribution (+)	\$1,000.00
	••• , • ••, <u>•</u> •	Contributor address; City; S					+- , -
		Dallas, TX 75201-3340					
	Principal occu	pation / Job title (See Instruction	S)	Employer (See Instructions	;)		
_		.			—		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/12/2024	Geballe, Leslie					\$200.00
		Contributor address; City; S	state; Zip Code				
		Austin, TX 78757-2304					
	Principal occu	pation / Job title (See Instruction	 IS)	Employer (See Instructions	上 5)		
	·		,				
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/12/2024	Gentry, Karen					\$100.00
		Contributor address; City; S	State; Zip Code				
	<u> </u>	Austin, TX 78703-1962			Ĺ		
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	;)		
<u> </u>							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/47 Rpt: 19/100	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	egina (The Honorable)		00080440	1
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/02/2024	Gerson, Lora Ann & Steve			\$50.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78731-5634			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/13/2024	Goertz, Donna Bryant			\$100.00
	Contributor address; City; State; Zip Code			
Dringing Loopu	Austin, TX 78703-3334		、 、	
Principai occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/16/2024	Gomez, Cristina	/		\$50.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78573-7976			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2024	Gonzales, Mary			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78702-1612			
Principal occu	Austin, TX 78702-1012 upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Μποιραί στου)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/13/2024	Graham, Ann S.			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78751-4718			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
				_

The Instru	ction Guide explains how to complete this fo	orm	1 Total pages Schedule A1:
		orm.	Sch: 17/47 Rpt: 20/100
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
-	egina (The Honorable)		00080440
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/16/2024	Graham, Ann S.		\$50.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78751-4718		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)
	!		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/14/2024	Gregory, Bob E (Mr.)		\$250.00
ļ	Contributor address; City; State; Zip Code		
	Augustia TV 20242 1564		
Dringinal occu	Austin, TX 78747-1564	Employer (See Instructions	
Principal Occu	upation / Job title (See Instructions)	Employer (See Instructions)	i)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/28/2024	Griffith, Susan	/	\$1,000.00
	1		
	Austin, TX 78746-2948]	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/15/2024	Gulf States Toyota Inc. State PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77077-2026		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2024	Gullickson, Douglas		\$100.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701-2853		
Principal occu	Austin, TX 78701-2853 upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Millupa occu		Employer (See manuchons,	·)
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 18/47 Rpt: 21/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		egina (The Honorable)			00080440	///
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	10/30/2024	Gullickson, Douglas				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701-2853				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#	*:)	Γ	Amount of Contribution (\$)	
	11/30/2024	Gullickson, Douglas				\$100.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701-2853				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	11/14/2024	HCA Texas Good Government Fund				\$500.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-5398		Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor Out-of-state PAC (ID#	::)		Amount of Contribution (\$)	******
	11/12/2024	HOSPAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2180				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)		
	Г шора осоа			<i>.,</i>		
╞	Date	Full name of contributor Out-of-state PAC (ID#	<u>и</u> .		Amount of Contribution (\$)	
	12/13/2024	Hamner, Richard	·			\$50.00
	12/10/202 .	Contributor address; City; State; Zip Code		-		400.00
		Continuator address, City, State, Zip Code				
		Austin, TX 78703-3111				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/47 Rpt: 22/100
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hinojosa, Re	egina (The Honorable)	ļ	00080440
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/09/2024	Hardy, Dianne		\$50.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78728-5429		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	.)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/31/2024	Hecker, Marvin L. (Mr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/31/2024	Hecker, Marvin L. (Mr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348	<u></u> _	<u> </u>
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	.)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2024	Hecker, Marvin L. (Mr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/31/2024	Hecker, Marvin L. (Mr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
	1		

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	The Instru	ction Guide explains how to	o complete this f	orm.	1	Total pages Schedule A1: Sch: 20/47 Rpt: 23/100	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		a, Regina (The Honorable)				00080440	
4	Date	L1/30/2024 Hecker, Marvin L. (Mr.)		7	Amount of Contribution (\$)		
	11/30/2024					\$25.00	
		6 Contributor address; City; State					
		Austin, TX 78746-6348					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Hendler, Scott					\$500.00
		Contributor address; City; State					
		Austin, TX 78705-4254					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Hendryx, Kevin					\$10.00
		Contributor address; City; State					
	<u> </u>	Verona, WI 53593-7973			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dete		7		_	Amount of Contribution (ft)	
	Date 12/12/2024	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.00
	12/12/2024						φ12.00
		Contributor address; City; State	e; Zip Code				
		Verona, WI 53593-7973					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		,			,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/06/2024	Hess, Myron)			\$100.00
			e [.] Zin Code				
			5, <u>Lip 0000</u>				
		Austin, TX 78704-2121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/47 Rpt: 24/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)				00080440	///
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/16/2024	HillCo PAC					\$5,000.00
		6 Contributor address; City; State;	Zip Code				
		Austin, TX 78701-2458					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Holland and Knight Texas PA					\$250.00
		Contributor address; City; State;					
	Dallag TV 75201 2522						
	Dringing occ	Dallas, TX 75201-2532	r	Employer (See Instructions)	Ļ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/12/2024	Hopson, Chuck		/			\$100.00
			Zip Code				
			Γ.				
		Austin, TX 78703-3125					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	;)		
		<u> </u>	<u> </u>		_		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 252.00
	09/19/2024		·				\$250.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78701-1025					
	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions)	;)		
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Howard, Robert M (Mr.)					\$100.00
		Contributor address; City; State;	Zip Code				
					ĺ		
	Dringingloog	Austin, TX 78704	r	Employer (Cool Instructions	Ĺ		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
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The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/47 Rpt: 25/100	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Hinojosa, Re	egina (The Honorable)				00080440	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12/12/2024	Huang, Lawrence					\$25.00
	6 Contributor address; City; S					
	Austin, TX 78717-5372					
8 Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions)	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/16/2024	Husch Blackwell LLP					\$500.00
	Contributor address; City; S	tate; Zip Code				
	Saint Louis, MO 63105-34					
Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions)	3)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/16/2024	Husch Blackwell Strategie	-				\$500.00
	Contributor address; City; State; Zip Code					
	Jefferson City, MO 65101	L-3001				
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)	5)		
Date	Full name of contributor	X out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
10/25/2024	Invenergy Investment Con					\$1,000.00
	Contributor address; City; S	tate; Zip Code				
	Chicago, IL 60606-4630					
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/16/2024	Irby, Joel	_				\$100.00
	Contributor address; City; S	tate; Zip Code				
	Austin, TX 78751-3713					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)	5)		

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

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_	The Instru	ction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/47 Rpt: 27/100	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		egina (The Honorable)				00080440	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/12/2024	Jolin, Becky					\$100.00
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78746-6902					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/12/2024	Jones, Melissa	—				\$250.00
		Contributor address; City; S					
		Austin, TX 78703-4013					
_	Principal occu	upation / Job title (See Instruction	is)	Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/09/2024	Kallerman, Dick					\$75.00
		Contributor address; City; S					
		Austin TV 70704 2002					
	Dringingloog	Austin, TX 78704-3802	\		Ĺ		
	Phincipal occu	upation / Job title (See Instruction:	5)	Employer (See Instructions))		
—	Date	Full name of contributor		<u> </u>	_	Amount of Contribution (\$)	
	09/16/2024	Kennard, Karen	out-of-state PAC (ID#:)			\$500.00
	031101202-	· ·	State [,] Zin Code				Ψ000.00
			iale, zip coue				
		Austin, TX 78703-3910					
	Principal occu	upation / Job title (See Instruction	IS)	Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/13/2024	Kester, Steven	—				\$250.00
		Contributor address; City; S	State; Zip Code				
		Austin, TX 78731-2911					
	Principal occu	upation / Job title (See Instruction	S)	Employer (See Instructions)	;)		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/47 Rpt: 28/100	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
-		egina (The Honorable)		-	00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/27/2024	Kickapoo Traditional Tribe of Texas				\$10,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Eagle Pass, TX 78852-2503				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/11/2024	King, Christopher T.				\$250.00
	1	Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78704-4614		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	3)		
			1	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±100.00
	12/12/2024					\$100.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701-1760				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/13/2024	Kitchen`, Sara				\$10.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78756-2106				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/13/2024	Kitchen`, Sara				\$10.00
	I	Contributor address; City; State; Zip Code]		
		1				
		Aughin TV 70756 2106				
	Drinsipal agai	Austin, TX 78756-2106				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	3)		
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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/47 Rpt: 29/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/04/2024	Kralj, Nicole					\$300.00
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78745-6371					
8	Principal occu	<pre>upation / Job title (See Instructions</pre>	\$)	9 Employer (See Instructions)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Leahy, Francesca Fraga					\$100.00
		Contributor address; City; S					
		Austin, TX 78704-5915			Ļ		
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions)		
⊨					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 200 00
	09/16/2024	Lightsey, Rebecca					\$200.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78704-1815					
	Principal occu	pation / Job title (See Instructions	 s)	Employer (See Instructions	;)		
		•	, 				
—	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/09/2024	Linebarger Goggan Blair					\$1,000.00
		Contributor address; City; S					
		Austin, TX 78760-7428					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Linebarger Goggan Blair					\$1,500.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78760-7428					
⊢	Principal occu	upation / Job title (See Instructions	<u></u>	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
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The I	Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/47 Rpt: 30/100	
2 FILER Hinoic		gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
-	050, 110			_		
4 Date 09/15	5/2024	5 Full name of contributor out-of-state PAC (ID#: Linebarger, Dale (Mr.)		7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78703-3137				
8 Princip	pal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
Date		Full name of contributor	;002 <u>86500</u>)		Amount of Contribution (\$)	
09/16	6/2024	Lloyd Doggett for Congress			-	\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78702-2029				
Princip	Principal occupation / Job title (See Instructions) Employer (See Instruction					
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/13	3/2024	London, Alice and Jack				\$100.00
		Contributor address; City; State; Zip Code				
		West Lake Hills, TX 78746-6663				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
Date		Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
07/30	0/2024	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76210-4637				
Princiŗ	pal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
Date		Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	0/2024	Full name of contributor out-of-state PAC (ID#: Maguire-Powell, Alison)			\$10.00
00/30/	J/2024	Contributor address; City; State; Zip Code				Φ10.00
D in alt		Denton, TX 76210-4637				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/47 Rpt: 31/100	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	egina (The Honorable)		00080440	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/30/2024	Maguire-Powell, Alison			\$10.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76210-4637			
8 Principal occu		9 Employer (See Instructions)	3)	
•			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/30/2024	Maguire-Powell, Alison			\$10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210-4637	J		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/2024	Maguire-Powell, Alison			\$10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210-4637			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	•)	
)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/08/2024	Massey, Pat			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78722-1227			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/03/2024	Massey, Pat			\$100.00
1	Contributor address; City; State; Zip Code			
	Austin, TX 78722-1227			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Timoipa. corr)	
 	/	<u>I</u>		
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 29/47 Rpt: 32/100
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hinojosa, Re	egina (The Honorable)		00080440
4 Date 09/05/2024	5 Full name of contributor out-of-state PAC (ID#: Massey, Pat)	7 Amount of Contribution (\$) \$100.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78722-1227		
3 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/13/2024	Massey, Pat Contributor address; City; State; Zip Code		\$50.0
	Austin, TX 78722-1227		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024	Massey, Pat		\$50.0
	Contributor address; City; State; Zip Code Austin, TX 78722-1227		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/08/2024	Massey, Pat		\$100.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78722-1227		
Principal occur	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/12/2024	Massey, Pat		\$100.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78722-1227		
Principal occur	upation / Job title (See Instructions)	Employer (See Instructions))

The Ins	truction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 30/47 Rpt: 33/100	
2 FILER NA	ME		3 Filer ID (Ethics Commission	n Filers)
	Regina (The Honorable)		00080440	
4 Date	5 Full name of contributor 🔲 out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
09/05/20				\$50.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78705-2813			
8 Principal	ccupation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Date		(ID#:)	Amount of Contribution (\$)	_
09/13/20				\$100.00
	Contributor address; City; State; Zip Code			
	Austin TV 70704 2010			
Drizgingl	Austin, TX 78704-2019		Į	
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	\$)	
<u> </u>				
Date		(ID#:)	Amount of Contribution (\$)	* 252.00
09/01/20				\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78738-5351			
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			<i>''</i>	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
09/13/20			• •	\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78757-2538			
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor Dut-of-state PAC ((ID#:)	Amount of Contribution (\$)	
11/05/20	24 McGarrahan, Andy			\$4.00
	Contributor address; City; State; Zip Code		1	
	Dallas, TX 75248-1505			
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	

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The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/47 Rpt: 34/100	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	egina (The Honorable)				00080440	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/13/2024	McHorse, Paul	-				\$250.00
	6 Contributor address; City; Sta					
	Austin, TX 78759-8710					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions))		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/16/2024	Meade, Nikelle Susanne					\$450.00
	Contributor address; City; Sta					
	Austin, TX 78739-1715					
Principal occu	pation / Job title (See Instructions)	i l	Employer (See Instructions))		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
09/19/2024	Merjanian, Ara	—		l		\$50.00
	Contributor address; City; Sta	ate; Zip Code		l		
				l		
				l		
	Austin, TX 78746-6752					
Principal occu	pation / Job title (See Instructions)	,	Employer (See Instructions))		
		!				
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
12/12/2024	Miller, Cyral			l		\$36.00
	Contributor address; City; Sta	ate; Zip Code		l		
				l		
	Austin, TX 78756-3217					
Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions))		
			<u> </u>	_		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/10/2024	Mitchell, John Charles			l		\$300.00
	Contributor address; City; Sta	ate; Zip Code				
	Austin, TX 78756-2203		,			
Principal occu	pation / Job title (See Instructions)	,	Employer (See Instructions))		
		!				

12/12/2024 Moore, Adrian \$10.00 6 Contributor address: City: State, Zip Code Austin, TX 78746-2415 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) 09/04/2024 Moore, Alan S100.00 Contributor address; City: State; Zip Code Austin, TX 78705-3376 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF:) 09/09/2024 Full name of contributor out-of-state PAC (IDF:) Amount of Contribution address; City: State; Zip Code Amount of Contribution (\$) S100.00 Contributor address; City: State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDF:	T	he Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/47 Rpt: 35/100	
1 Date 5 Full name of contributor out-of-state PAC (ID#:	2 FI	LER NAME				3	-	n Filers)
12/12/2024 Moore, Adrian \$10.00 6 Contributor address; City; State: Zip Code Austin, TX 78746-2415 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Austin, TX 78705-3376 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) OgiO9/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:)	Hi	inojosa, Re	egina (The Honorable)				00080440	
6 Contributor address; City; State; Zip Code Austin, TX 78746-2415 9 3 Principal occupation / Job title (See Instructions) 9 Date Full name of contributor out-of-state PAC (Det 09/04/2024 Moore, Alan \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78705-3376 Employer (See Instructions) Date Full name of contributor 09/09/2024 Full name of contributor Moore, Army Amount of Contribution (\$) Date Optime of contributor 09/09/2024 Full name of contributor Moore, Army Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (Det 11/04/2024 Full name of contributor out-of-state PAC (Det Houston, TX 77005-1127 Employer (See Instructions) S500.00 Date Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) \$500.00 Date <td>4 Da</td> <td>ate</td> <td>5 Full name of contributor</td> <td>out-of-state PAC (ID#:_</td> <td>)</td> <td>7</td> <td>Amount of Contribution (\$)</td> <td></td>	4 Da	ate	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
6 Contributor address: City: State; Zip Code Austin, TX 78746-2415 9 3 Principal occupation / Job title (See Instructions) 9 Date Full name of contributor out-of-state PAC (ID#	12	2/12/2024	Moore, Adrian					\$10.00
3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Og/04/2024 Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 09/04/2024 Moore, Alan S100.00 Contributor address; City; State; Zip Code Austin, TX 78705-3376 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 09/09/2024 Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 09/09/2024 Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 09/09/2024 Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 11/04/2024 Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 11/04/2024 Full name of contributor out-of-state PAC (Dor Amount of Contribution (\$) 11/12/2024 Full name of contributor out-of-state PAC (Dor Amount			6 Contributor address; City; S			1		
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	\$100.00
Austin, TX 78759-8017	
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Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/47 Rpt: 38/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		egina (The Honorable)				00080440	Jii i iio.o,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Patrick, Mary	-				\$50.00
		6 Contributor address; City; State					
		Austin, TX 78703-0057					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Date	Full name of contributor	X out-of-state PAC (ID#:) (00085811)		Amount of Contribution (\$)	
	12/09/2024	Penn Entertainment Inc. Tex					\$2,000.00
		Contributor address; City; State					
		Wyomissing, PA 19610-124	17				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/05/2024	Perez-Wiseley, Teresa					\$50.00
		Contributor address; City; State					
	D i sizzi assi	Austin, TX 78703-4735			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
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	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀርብ በብ
	09/17/2024	Person, Maria					\$50.00
		Contributor address; City; State	ie; Zip Code				
		Austin, TX 78756-1010					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ו</u>		
	Timopa occ.				,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:		\square	Amount of Contribution (\$)	
	12/14/2024	PharmPAC		/		Allount of Contribution (*)	\$1,000.00
		Contributor address; City; State	to: Zin Code				Ψ1,000.00
			ie, zip code				
		Austin, TX 78757-8034					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		egina (The Honorable)				00080440	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/09/2024	Pinnelli, Janis W	_				\$250.00
		6 Contributor address; City; St	tate; Zip Code				
		Austin, TX 78763-0038					
8	Principal occu	upation / Job title (See Instructions	\$)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/09/2024	Pinnelli, Joseph F	_				\$250.00
		Contributor address; City; St					
		Austin, TX 78763-0038					
	Principal occu	upation / Job title (See Instructions	;)	Employer (See Instructions	;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Pitts, John					\$1,000.00
		Contributor address; City; St					
		Austin, TX 78703-2419					
	Principal occu	upation / Job title (See Instructions	2)	Employer (See Instructions	<u>ا</u>		
	r moipui ooca		') 		9		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/09/2024	Planck, Corri	_				\$50.00
		Contributor address; City; St	tate; Zip Code				
		Austin, TX 78728-5429					
	Principal occu	upation / Job title (See Instructions	;)	Employer (See Instructions	;)		
		+			—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Red Rock Texas PAC					\$1,000.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701-2114					
	Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u>ו</u>		
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2 FI	ILER NAME				3	Filer ID (Ethics Commission	n Filers)
		egina (The Honorable)				00080440	,
4 Da	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06	9/03/2024	Reynolds, Joseph	—				\$100.00
	,	6 Contributor address; City; S	State; Zip Code				
	1						
	,						
		Austin, TX 78731-5636					
8 Pr	incipal occu	upation / Job title (See Instruction:	s)	9 Employer (See Instructions)	,)		
Da	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
12	2/12/2024	Reynolds, Joseph					\$50.00
	P	Contributor address; City; S	State; Zip Code				
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	· · · · ·	Austin, TX 78731-5636			Ļ		
Pr	rincipal occu	upation / Job title (See Instructions	s)	Employer (See Instructions)	;)		
		<u> </u>			_		
	Date	Full name of contributor	x out-of-state PAC (ID#:	<u>C00388827</u>)		Amount of Contribution (\$)	*=00.00
LT	.1/26/2024	Rock Holdings Inc. State					\$500.00
	,	Contributor address; City; S	state; Zip Code				
	,						
	1	Lansing, MI 48933-1732					
Pr	rincipal occu	upation / Job title (See Instruction		Employer (See Instructions	L;)		
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Di	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
05	9/13/2024	Rourke, Kelli					\$200.00
	ļ	Contributor address; City; S	State; Zip Code				
	,						
	,						
		Austin, TX 78703-4661					
Pr	rincipal occu	upation / Job title (See Instruction	s)	Employer (See Instructions)	;)		
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	oate	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
08	8/01/2024	Rutishauser, Robert G.					\$100.00
	1	Contributor address; City; S	state; Zip Code				
	1						
	,	Austin, TX 78731-6060					
Pr	rincinal occu	upation / Job title (See Instructions		Employer (See Instructions)	<u> </u> ເ)		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
Hinojosa, Re	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/01/2024	Rutishauser, Robert G.		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78731-6060			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)	
10/01/2024	Rutishauser, Robert G.			00.00
	Austin, TX 78731-6060			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Rutishauser, Robert G.		\$10	00.00
	Contributor address; City; State; Zip Code			
·!	Austin, TX 78731-6060		l	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2024	Rutishauser, Robert G.		\$10	00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-6060			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
12/13/2024	Rutishauser, Robert G.		\$10	00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-6060			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 39/47 Rpt: 42/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		egina (The Honorable)			00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#	ť:)	7	Amount of Contribution (\$)	
	12/14/2024	SALAS-PORRAS, ANA LUISA				\$100.00
		6 Contributor address; City; State; Zip Code				
_		Austin, TX 78756-2912		Ĺ		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	09/08/2024	Saenz, Jenn				\$500.00
		Contributor address; City; State; Zip Code				
		Auntin TV 70746 1027				
		Austin, TX 78746-1837	Employer (See Instructions			
	Рппсра осси	ipation / Job title (See Instructions)	Employer (See Instructions	5) 		
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	09/10/2024	Salazar, Emily				\$50.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78759-8581		Ĺ		
	Principai occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	12/15/2024	SerVaas, Curtis				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin TV 70757 1101				
_		Austin, TX 78757-1181	Employer (See Instructions			
	Ρπιτομαί στου	ipation / Job title (See Instructions)	Employer (See Instructions	<i>.</i>)		
	Date	Full name of contributor out-of-state PAC (ID#)	Γ	Amount of Contribution (\$)	
	09/19/2024	Shipley, George C. (Mr.)				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78703-2206				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
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2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)				00080440	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/11/2024	Silver, Paul (Mr.)					\$25.00
		6 Contributor address; City; Si	tate; Zip Code		1		
		Austin, TX 78703-2910					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2024	Stewart, Susan					\$25.00
		Contributor address; City; Si			1		
		Pflugerville, TX 78660-17	37				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Stewart, Tom					\$250.00
		Contributor address; City; Si					
		Augustine TX 70740 0000					
	Duin aire al la anna	Austin, TX 78749-3030		Enveloper (Operations			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	10/04/2024	TREPAC	OUL-OI-SIALE PAC (ID#)			\$2,500.00
	10/04/2024		tata: Zin Cada				ΨΖ,300.00
		Contributor address; City; Si	lale; Zip Code				
		Austin, TX 78768-2246					
	Principal occu	pation / Job title (See Instructions)	6)	Employer (See Instructions	<u>ا</u> چ)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/17/2024	TSCPA PAC		· · · · · · · · · · · · · · · · · · ·		()	\$500.00
		Contributor address; City; Si	tate; Zip Code				
		Addison, TX 75001-3872					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 41/47 Rpt: 44/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)			00080440	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	12/12/2024	Tabor, Catherine				\$100.00
	I	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78703-3314				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
_	Date	Full name of contributor out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	12/14/2024	Texans for Reasonable Solutions PAC				\$250.00
	I	Contributor address; City; State; Zip Code		1		
		Austin, TX 78741-6931				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
_	Date	Full name of contributor Out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	12/09/2024	Texas AFL-CIO State Cope Fund				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78711-2727		Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
_				—		
	Date	Full name of contributor out-of-state PAC (II)#:)		Amount of Contribution (\$)	
	09/16/2024	Texas Academy of Family Physicians				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78727-6207				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	=)		
	г шора осса			"		
—	Date	Full name of contributor Out-of-state PAC (II			Amount of Contribution (\$)	
	11/04/2024	Full name of contributor out-of-state PAC (II Texas Ambulatory Surgery Center Society - F				\$500.00
		Contributor address; City; State; Zip Code		ł		Ψ000.00
		Continuutor address, City, State, Zip Code				
		Austin, TX 78701-1665				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
				-		

Guide explains how to complete this ferma in the Honorable) II name of contributor	9 Employer (See Instructions) PAC Employer (See Instructions)	Sch: 42/47 Rpt: 45/100 Filer ID (Ethics Commission 00080440 Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	on Filers) \$750.00 \$1,500.00
II name of contributor	9 Employer (See Instructions) PAC Employer (See Instructions)	00080440 7 Amount of Contribution (\$) Amount of Contribution (\$)	\$750.00
II name of contributor	9 Employer (See Instructions) PAC Employer (See Instructions)	7 Amount of Contribution (\$) Amount of Contribution (\$)	
exas Apartment Association PAC intributor address; City; State; Zip Code istin, TX 78701 / Job title (See Instructions) Il name of contributor	9 Employer (See Instructions) PAC Employer (See Instructions)	Amount of Contribution (\$)	
Istin, TX 78701 / Job title (See Instructions) Il name of contributor	PAC Employer (See Instructions)		
Istin, TX 78701 / Job title (See Instructions) Il name of contributor	PAC Employer (See Instructions)		\$1,500.00
/ Job title (See Instructions)	PAC Employer (See Instructions)		\$1,500.00
II name of contributor out-of-state PAC (ID#: exas Association for Home Care and Hospice I intributor address; City; State; Zip Code astin, TX 78759-6585 / Job title (See Instructions) II name of contributor out-of-state PAC (ID#: exas Association of Crane Owners PAC	PAC Employer (See Instructions)		\$1,500.00
exas Association for Home Care and Hospice I Intributor address; City; State; Zip Code Istin, TX 78759-6585 / Job title (See Instructions) Il name of contributor out-of-state PAC (ID#:_ exas Association of Crane Owners PAC	PAC Employer (See Instructions)		\$1,500.00
Istin, TX 78759-6585 / Job title (See Instructions) II name of contributor of Crane Owners PAC	Employer (See Instructions)	Amount of Contribution (\$)	\$1,500.00
Intributor address; City; State; Zip Code Istin, TX 78759-6585 / Job title (See Instructions) Il name of contributor out-of-state PAC (ID#:_ exas Association of Crane Owners PAC	Employer (See Instructions)	Amount of Contribution (\$)	
/ Job title (See Instructions)		Amount of Contribution (\$)	
II name of contributor out-of-state PAC (ID#: exas Association of Crane Owners PAC		Amount of Contribution (\$)	
exas Association of Crane Owners PAC)	Amount of Contribution (\$)	
ntributor address; City; State; Zip Code			\$500.00
ıstin, TX 78716-3364			
/ Job title (See Instructions)	Employer (See Instructions)		
Il name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
exas Bankers Association PAC			\$500.00
ntributor address; City; State; Zip Code			
istin, TX 78701-2321			
/ Job title (See Instructions)	Employer (See Instructions)		
II name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
exas Building Branch AGC PAC			\$1,000.00
ntributor address; City; State; Zip Code			
ıstin, TX 78701-2656			
/ Job title (See Instructions)	Employer (See Instructions)		
	Job title (See Instructions) name of contributor out-of-state PAC (ID#:_ as Bankers Association PAC tributor address; City; State; Zip Code ttin, TX 78701-2321 Job title (See Instructions) name of contributor out-of-state PAC (ID#:_ as Building Branch AGC PAC tributor address; City; State; Zip Code tributor address; City; State; Zip Code	Job title (See Instructions) Employer (See Instructions) name of contributor out-of-state PAC (ID#:) as Bankers Association PAC	Job title (See Instructions) Employer (See Instructions) name of contributor out-of-state PAC (ID#:) as Bankers Association PAC Amount of Contribution (\$) tributor address; City; State; Zip Code tin, TX 78701-2321 Job title (See Instructions) Employer (See Instructions) name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) tributor address; City; State; Zip Code tin, TX 78701-2656

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/47 Rpt: 46/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)		-	00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/16/2024	Texas Democratic Women				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78703-0024				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Data				Amount of Quantitations (A)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢500.00
	09/16/2024					\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704-3644				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Texas McDonald's Operators Association PAC I	nc			\$1,000.00
		Contributor address; City; State; Zip Code				
		Athens, TX 75751-2143				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	i molpai oooa			,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/04/2024	Texas Mortgage Bankers PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2668				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	-	,		,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Texas Optometric PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705-2004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	η πησιμαί υσου)		

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 44/47 Rpt: 47/100	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Hinojosa, Re	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/14/2024	Texas State Association of Fire Fighters Action (Committee		\$500.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701-2170			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;) 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/03/2024	Texas State Teachers Association PAC			\$2,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-1815			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/10/2024	Texas Trial Lawyers Association PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Augto TV 70701 1014			
Principal Occu	Austin, TX 78701-1814	Employer (See Instructions)		
РППСіраї осси	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/10/2024	Texas Trial Lawyers Association PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-1814			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/16/2024	Texas Working Families PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Metairie, LA 70003-5232			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	[;)	

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 45/47 Rpt: 48/100
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hinojosa, Re	gina (The Honorable)		00080440
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	C00654053)	7 Amount of Contribution (\$)
10/16/2024	The PAC for America's Future - TX		\$100,000.00
	6 Contributor address; City; State; Zip Code		
	_		
	Washington, DC 20003-4303	1	
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/18/2024	Tipps, Mary		\$100.00
	Contributor address; City; State; Zip Code		
	A		
	Austin, TX 78703-3127		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor X out-of-state PAC (ID#:	C00010470)	Amount of Contribution (\$)
09/09/2024	Union Pacific Fund for Effective Government		\$2,000.00
	Contributor address; City; State; Zip Code		
	Martinatar DO 2000E 6621		
Dringing oggur	Washington, DC 20005-6621		
Рппсіраї оссир	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor X out-of-state PAC (ID#:	C00002766)	Amount of Contribution (\$)
11/04/2024	United Food and Commercial Workers		\$5,000.00
	Contributor address; City; State; Zip Code		
	Washington, DC 20006-1502		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
			·
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
07/18/2024	Uttley, Meredith		\$5.00
	Contributor address; City; State; Zip Code		
	Greenville, SC 29615-5336		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	() ;)
i incipal occup)
		<u> </u>	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 46/47 Rpt: 49/100	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
Hinojosa, Re	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/18/2024	Uttley, Meredith		1	\$5.00
	6 Contributor address; City; State; Zip Code		1	
			1	
	Greenville, SC 29615-5336		L	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/18/2024	Uttley, Meredith			\$5.00
	Contributor address; City; State; Zip Code		1	*
	Contributor address, City, State, Zip Code		1	
			1	
	Greenville, SC 29615-5336			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i>)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Uttley, Meredith		1	\$5.00
	Contributor address; City; State; Zip Code		1	
			1	
			1	
	Greenville, SC 29615-5336			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷= 00
11/18/2024	Uttley, Meredith			\$5.00
	Contributor address; City; State; Zip Code		1	
			1	
	Greenville, SC 29615-5336		1	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>	
1 1110/041 0015-			,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
10/25/2024	Verizon Communications Inc. Good Governmen			\$500.00
	Contributor address; City; State; Zip Code		1	•
			1	
			1	
	Austin, TX 78701-2557		1	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u> </u>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/47 Rpt: 50/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date	5 Full name of contributor X out-of-state PAC (ID#: C)	7	Amount of Contribution (\$)	
	10/15/2024	Vistra Employee PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75039-2479				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/27/2024	Vote PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-3064				
⊢	Drinoinal acou	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Phillipal Occu)		
⊨	Data				Amount of Contribution (¢)	
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Wagner, Chris)		Amount of Contribution (\$)	\$250.00
	09/00/2024	-				Ψ230.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78749-1240				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1						
1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/45 Rpt: 51/100		Hinojosa, Regina (The Honorable)00080440							
4	Date 07/31/2024		Payee name Acosta, Gladys							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
\$200.00 329 Mariana Cir										
_			El Paso, TX 79915-4508							
8	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description	outoi	de ef Touce, Complete Cebedule T		
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense		
						Salary supple				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l Ight			Office held		
	Date		Payee name							
	08/30/2024		Acosta, Gladys							
	Amount (\$)		-	e; Zip Co	aha					
	\$200.00		329 Mariana Cir	<i>ε</i> , Ζιρ Co	Jue					
	Φ200.00									
			El Paso, TX 79915-4508							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense ent		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	09/30/2024		Acosta, Gladys							
	Amount (\$)		Payee address; City; State	e; Zip Co	nde					
	\$53.33		329 Mariana Cir	, <u> .</u> p co						
			El Paso, TX 79915-4508							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)	(b)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	rheac pense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		3	3	Filer ID (Ethics Commission Filers)			
	Sch: 2/45 Rpt: 52/100		Hinojosa, Regina (The Honorable)				00080440			
4	Date 07/07/2024	5	Payee name ActBlue							
6	Amount (\$) \$0.99									
8	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online contribution processing fees 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held			
	Date		Payee name							
	07/07/2024		ActBlue							
	Amount (\$) \$0.99		Payee address; City; State; Zip Co PO Box 441146	de						
			West Somerville, MA 02144-0031							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin, T	ΓX, α	e of Texas. Complete Schedule T. officeholder living expense n processing fees			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ght			Office held			
	Date		Payee name							
	07/14/2024		ActBlue							
	Amount (\$) \$7.91		Payee address; City; State; Zip Co PO Box 441146	de						
			West Somerville, MA 02144-0031							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees		Check if Austin, T	ΓX, α	e of Texas. Complete Schedule T. officeholder living expense n processing fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office sour	ght			Office held			

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Imittee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	5		uc o.p			3	Filer ID (Ethics Commission Filers)	
	Sch: 3/45 Rpt: 53/100	2	Hinojosa, Regina (The Hono	rable)			3	00080440	
4	Date 07/21/2024	5	Payee name ActBlue						
6	Amount (\$)	7	Payee address; City;	Ctoto	Zip Coo				
\$1.00 PO Box 441146 West Somerville, MA 02144-0031									
8	PURPOSE	(a)	Catagony			(b) Decoription			
U	OF	ιαj	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online contribution processing fees 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	07/28/2024		ActBlue						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$0.99		PO Box 441146 West Somerville, MA 02144-	0031					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Fees	e top of this sche	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense on processing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	08/04/2024		ActBlue						
	Amount (\$) \$10.28		Payee address; City; PO Box 441146	State;	; Zip Coo	le			
			West Somerville, MA 02144-	0031					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Fees	e top of this sche	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense on processing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E	verhea xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		3	3	Filer ID (Ethics Commission Filers)				
	Sch: 4/45 Rpt: 54/100		Hinojosa, Regina (The Honorable)				00080440				
4	Date 08/18/2024	5	Payee name ActBlue								
6	Amount (\$) \$1.59		Payee address; City; State; Zip Co PO Box 441146 West Somerville, MA 02144-0031	ode							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin, T	TX, d	e of Texas. Complete Schedule T. officeholder living expense n processing fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ught			Office held				
	Date		Payee name								
	09/01/2024		ActBlue								
	Amount (\$) \$17.20		Payee address; City; State; Zip Co PO Box 441146	ode							
			West Somerville, MA 02144-0031								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin, T	TX, d	e of Texas. Complete Schedule T. officeholder living expense n processing fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ught			Office held				
	Date		Payee name								
	09/08/2024		ActBlue								
	Amount (\$) \$145.77		Payee address; City; State; Zip Co PO Box 441146	ode							
			West Somerville, MA 02144-0031	-							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin, T	TX, d	e of Texas. Complete Schedule T. officeholder living expense n processing fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ught			Office held				

			EXPENDIT	JRE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memori mittee Legal Services	Fees Office Overhead/Rental Expense Transportation Equipme Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)		
	Sch: 5/45 Rpt: 55/100		Hinojosa, Regina (The He	onorable)				00080440		
4	Date 09/15/2024		Payee name ActBlue							
6	Amount (\$) \$279.97		Payee address; City; PO Box 441146 West Somerville, MA 021		; Zip Coo	le				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed Fees	at the top of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense On processing fees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	09/22/2024		ActBlue							
	Amount (\$) \$198.76		Payee address; City; PO Box 441146	State;	; Zip Coo	le				
	PURPOSE	<u> </u>	West Somerville, MA 021 Category (See Categories listed		edule)	b) Description				
	OF EXPENDITURE		Fees			Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense On processing fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	09/29/2024		ActBlue							
	Amount (\$) \$46.42		Payee address; City; PO Box 441146	State;	; Zip Coo	le				
			West Somerville, MA 021	44-0031	i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed Fees	at the top of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense On processing fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held		

			EXPENDITUR	E CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Imittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 6/45 Rpt: 56/100		Hinojosa, Regina (The Hono	orable)				00080440
4	Date	5	Payee name				•	
	09/30/2024		ActBlue					
6	Amount (\$) \$9.29		Payee address; City; PO Box 441146 West Somerville, MA 02144		; Zip Coo	le		
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	b) Description		
	OF		Fees		,		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense
						online contrib	outi	on processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	10/06/2024		ActBlue					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le		
	\$4.94		PO Box 441146					
			West Somerville, MA 02144	-0031				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at th Fees	e top of this sche	edule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense on processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	10/13/2024	I	ActBlue					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$4.35		PO Box 441146		·			
			West Somerville, MA 02144	-0031				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Fees	e top of this sche	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense on processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 7/45 Rpt: 57/100		Hinojosa, Regina (The Honorable)				00080440				
4	Date 10/20/2024	5	Payee name ActBlue								
6	Amount (\$) \$46.03		Payee address; City; State; Zip Co PO Box 441146 West Somerville, MA 02144-0031	ode							
8	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online contribution processing fees 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ight			Office held				
	Date		Payee name								
	11/03/2024		ActBlue								
	Amount (\$) \$12.46		Payee address; City; State; Zip Co PO Box 441146	ode							
			West Somerville, MA 02144-0031								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin,	TX,	le of Texas. Complete Schedule T. officeholder living expense on processing fees				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ight			Office held				
	Date		Payee name								
	11/05/2024		ActBlue								
	Amount (\$) \$0.16		Payee address; City; State; Zip Co PO Box 441146	de							
			West Somerville, MA 02144-0031								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin,	тx,	le of Texas. Complete Schedule T. officeholder living expense on processing fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office sou	ght			Office held				

			EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awar mittee Legal Ser	erage Expense ds/Memorials Expense	Offic Poll Prin Sala	e Overhea ng Expens ting Exper tries/Wage	ise s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2		•				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 8/45 Rpt: 58/100	I	Hinojosa, Regina (The Honorable))			-	00080440			
4	Date 11/24/2024	I	Payee name ActBlue									
6	Amount (\$) \$0.60		Payee address; PO Box 441146 West Somerville, N		State; Zip	o Code						
8	PURPOSE	(a)	Category (See Catego	ries listed at the top of t	his schedule)	(b)	Description					
	OF EXPENDITURE	I	Fees				Check if travel	, TX, (le of Texas. Comp officeholder living DN PROCESSIN	expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office	sought			Office he	eld		
	Date		Payee name									
	12/01/2024		ActBlue									
	Amount (\$)		Payee address;	City; S	State; Zip	Code						
	\$11.27		PO Box 441146 West Somerville, N	IA 02144-0031								
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Fees	ies listed at the top of t	his schedule)	(b)		, TX, (le of Texas. Comp officeholder living ON Processin	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office	sought			Office he	eld		
	Date		Payee name		_				-			
	12/08/2024		ActBlue									
	Amount (\$) \$1.98		Payee address; PO Box 441146	City; S	State; Zip	Code						
		,	West Somerville, N	IA 02144-0031								
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Fees	ries listed at the top of t	his schedule)	(b)		, TX, (le of Texas. Comp officeholder living ON Processin	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office	sought			Office he	ld		

			EXP	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Award	erage Expense Is/Memorials Expense	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Relat			
_	Tatal same Oak adula E1			indetion Guide expla		mpie			File 10	(Ethics Com			
1	Total pages Schedule F1: Sch: 9/45 Rpt: 59/100		Hinojosa, Regina (The Honorable)					Filer ID 00080440	(Ethics Comn	lission Filers)		
4	Date 12/15/2024		Payee name ActBlue										
6	Amount (\$)			City; S	tate; Zip Co	oho							
U	\$197.87		PO Box 441146 West Somerville, N			Juc							
8	PURPOSE	(a)	Category (See Categor			(h)	Description						
Ū	OF		Fees	ies listed at the top of th	is schedule)	(5)	Check if travel of	, TX, (officeholder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ught			Office he	eld			
	Date		Payee name										
	12/10/2024		American Airlines										
	Amount (\$)		Payee address;	City; S	tate; Zip Co	ode							
	\$170.00		PO Box 619616 Dfw Airport, TX 75	261-9616									
	PURPOSE OF EXPENDITURE		Category _{(See Categor} Travel Out of Distri		is schedule)	(b)	Description	, TX, (officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ught			Office he	eld			
	Date		Payee name										
	11/14/2024		American Airlines										
	Amount (\$)		Payee address;	City; S	tate; Zip Co	ode							
	\$445.96		PO Box 619616	, ,	2 I								
			Dfw Airport, TX 75	261-9616									
	PURPOSE OF EXPENDITURE		Category _{(See Categor} Travel Out of Distri		is schedule)	(b)	Description X Check if travel of Check if Austin, Check if Austin, airfare to atte Check if Austin,	, TX, (officeholder living	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ught			Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 10/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440	
4	Date	5	Payee name						
	10/14/2024		Biden Victory Fund						
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode				
	\$500.00		PO Box 96663						
			Washington, DC 20090-6663						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Con	mmittee			, TX,	officeholder living expense	
						Contribution			
_	Operation ONITY if diverse			0.45					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ugnt			Office held	
	Date		Payee name						
	07/29/2024		Blue Action Democrats						
	Amount (\$)		Payee address; City; St	ate; Zip C	ode				
	\$1,000.00		PO Box 41424						
	,								
			Austin, TX 78704-0024						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By	•				de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Con	mmittee			, IX,	officeholder living expense	
						Contribution			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l uaht			Office held	
	expenditure to benefit C/OI				-9				
	Date		Payee name						
	07/31/2024		Bowman, Ruby						
	Amount (\$)		Payee address; City; St	ate; Zip C	ode				
	\$200.00		212 W 33rd St						
			Austin, TX 78705-2316						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.	
						Salary supple		officeholder living expense	
						Salary Supple	21110	Site	
	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office held	
	expenditure to benefit C/OI			Cince 30	agin				
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services The Instruction Guide explains ho	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)						
-	Sch: 11/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date 08/30/2024	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	OF Salaries/Mages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name Of	ïce sought	Office held						
	Date	yee name								
	09/30/2024	owman, Ruby								
	Amount (\$) \$200.00	yee address; City; State; .2 W 33rd St Istin, TX 78705-2316	Zip Code							
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this sched alaries/Wages/Contract Labor	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense I ment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name Of	ice sought	Office held						
	Date	yee name								
	10/31/2024	owman, Ruby								
	Amount (\$) \$200.00	yee address; City; State; 2 W 33rd St	Zip Code							
		ıstin, TX 78705-2316	i							
	PURPOSE OF EXPENDITURE	ttegory (See Categories listed at the top of this sched alaries/Wages/Contract Labor	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense ment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name Of	ïce sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 12/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440						
4	Date 11/29/2024	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	OF Salaries/W/ages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/20/2024	Committee for Austin's Children							
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. a, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/17/2024	For All Texans							
	Amount (\$) \$10,000.00	Payee address; City; State; Zip Code PO Box 33079							
		Washington, DC 20033-0079							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Relate Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By - Giff/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 Credit Card Payment The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)							
Sch: 13/45 Rpt:Hinojosa, Regina (The Honorable)00080440	,							
4 Date 5 Payee name								
07/24/2024 Freedoms for Texans PAC								
6 Amount (\$) 7 Payee address; City; State; Zip Code								
\$1,000.00 3500 Werner Ave								
Austin, TX 78722-1816								
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
Candidate/Officeholder/Political Committee Contribution								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
Date Payee name								
07/31/2024 GNI Strategies								
Amount (\$) Payee address; City; State; Zip Code								
\$200.00 6814 E Riverside Dr								
Unit 42								
Austin, TX 78741-6670								
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
OF Consulting Expense								
Check if Austin, TX, officeholder living expense								
Digital consulting								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
Date Payee name								
08/30/2024 GNI Strategies								
Amount (\$) Payee address; City; State; Zip Code								
\$200.00 6814 E Riverside Dr								
Unit 42								
Austin, TX 78741-6670								
OF Consulting Expense								
EXPENDITURE								
Digital consulting								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
-	Sch: 14/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date	5 Payee name								
	09/30/2024	GNI Strategies								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$200.00 6814 E Riverside Dr									
		Unit 42								
		Austin, TX 78741-6670								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense								
		Digital consulting								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/31/2024	GNI Strategies								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$200.00	6814 E Riverside Dr								
	Φ200.00									
		Unit 42								
		Austin, TX 78741-6670								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
		Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Digital consulting								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	4								
_	Date	Payee name								
	11/29/2024	GNI Strategies								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$200.00	6814 E Riverside Dr								
		Unit 42								
		Austin, TX 78741-6670								
	PURPOSE									
	OF									
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Digital consulting								
	Complete ONU V if alive -t	Condidets/Officeholder.nome								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 15/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440							
4	Date 07/31/2024	Payee name Gilberg, Julie								
6	Amount (\$) \$400.00	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 Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Salary supplement										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/30/2024	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	utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/30/2024	Gilberg, Julie								
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 109 W 32nd St								
		Austin, TX 78705-2301								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F		Filer ID (Ethics Commission Filers)							
	Sch: 16/45 Rpt:		inojosa, Regina (The Honorable)					00080440			
4	Date 10/31/2024		Payee name Gilberg, Julie								
6	Amount (\$) \$400.00	10	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 Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Salary supplement							officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ight			Office held			
	Date	P	ayee name								
11/29/2024 Gilberg, Julie											
	Amount (\$) \$400.00										
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this alaries/Wages/Contract Labor	schedule)			TX,	de of Texas. Complete Schedule T. officeholder living expense ent			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ght			Office held			
	Date	P	ayee name								
	12/19/2024	G	ilberg, Julie								
	Amount (\$) \$1,500.00		ayee address; City; Sta 09 W 32nd St	ate; Zip Co	ode						
		A	ustin, TX 78705-2301								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this alaries/Wages/Contract Labor	schedule)			ΤX,	de of Texas. Complete Schedule T. officeholder living expense ent			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ight			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 17/45 Rpt:	Н	Hinojosa, Regina (The Honorable) 00080440								
4	Date 12/09/2024		Payee name HEB								
6	Amount (\$)	7 P	' Payee address; City; State; Zip Code								
	\$166.75	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for Together We Rise event							expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder nam	e C	Dffice soug	ht		Office he	ld		
	Date	P	ayee name								
	08/19/2024	н	EB								
	Amount (\$) \$135.02		ayee address; City; 000 E 41st St	State;	; Zip Coo	le					
			ustin, TX 78751-4810								
	PURPOSE OF EXPENDITURE		ategory (See Categories liste ffice Overhead/Rental		iedule)		, TX,	de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder nam	e C	Office soug	ht		Office he	eld		
	Date	P	ayee name								
	10/15/2024		adley, Lauren								
	Amount (\$) \$9,261.03		ayee address; City; 929 Republic Of Texas		; Zip Coo	le					
		A	ustin, TX 78735-6399								
	PURPOSE OF EXPENDITURE		ategory (See Categories liste alaries/Wages/Contrad		edule)		, TX,	de of Texas. Comp officeholder living ulting			
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder nam	e C	Dffice soug	ht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 18/45 Rpt:		Hinojosa, Regina (The Honorable) 00080440								
4	Date	5	Payee name								
	07/31/2024		Hadley, Lauren								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$500.00		5929 Republic Of Texas Blvd								
			Austin, TX 78735-6399								
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense			
						Salary supple					
						Suldry Supple		Sitt			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C) Office sou	ght			Office held			
_	Date		Payee name								
	08/30/2024		Hadley, Lauren								
	Amount (\$)			ZIP CO	ue						
	\$500.00 5929 Republic Of Texas Blvd										
			Austin, TX 78735-6399								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense			
						Salary supple					
						, , , ,					
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	ght			Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	12/22/2024		Hillside Farmacy								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$284.72		1209 E 11th St								
	+=0 =										
			Austin, TX 78702-1947								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						HDCC meetir	iy e	ехрепре			
	Complete ONLV if direct	Ļ	andidate/Officeholder name C	Office sou	abt			Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			SULCE SUL	yılı			Onice neid			
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Legal Services	e Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense		
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 19/45 Rpt:		nojosa, Regina (The	00080440							
4	Date 12/17/2024		Payee name Hinojosa, Gina								
6	Amount (\$)	7 Pa	Payee address; City; State; Zip Code								
	\$152.75	PO Box 300095 Austin, TX 78703-0002									
8	PURPOSE	(a) Ca				b) Description					
Ū	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement for expenses							expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder na	ime C	Office soug	ht		Office he	ld		
	Date	Pa	yee name								
	12/17/2024	Hi	nojosa, Gina								
	Amount (\$)	Pa	yee address; City	; State;	; Zip Coo	le					
	\$113.60		9 Box 300095 stin, TX 78703-000	2							
	PURPOSE OF EXPENDITURE		tegory _{(See Categories li} an Repayment/Reir		nedule)		ı, TX,	de of Texas. Comp officeholder living Or expenses	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder na	ime C	Office soug	ht		Office he	ld		
	Date	Pa	yee name								
	09/13/2024		nojosa, Gina								
	Amount (\$) \$10,000.00		yee address; City D Box 300095	; State;	; Zip Coo	le					
		Au	stin, TX 78703-000	2							
	PURPOSE OF EXPENDITURE		tegory _{(See Categories II} an Repayment/Reir		nedule)		ı, TX,	de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder na	ime C	Office soug	ht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment							Travel in District Travel Out of Distr	upment & Related Expense	
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
1	Sch: 20/45 Rpt:	2	Hinojosa, Regina (The Honorab	ole)			3	00080440	
4	Date	5	Payee name						
	10/23/2024		Hinojosa, Gina						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$6,000.00		PO Box 300095						
			Austin, TX 78703-0002						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description			
		[``	Loan Repayment/Reimburseme		icuaic)		outs	ide of Texas. Compl	ete Schedule T.
	EXPENDITURE					<u> </u>		, officeholder living e	xpense
						loan repaym	ent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office hel	d
	Date		Payee name						
	12/17/2024		Hinojosa, Gina						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le			
	\$409.47		PO Box 300095						
			Austin, TX 78703-0002						
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	iedule)	(b) Description			
	EXPENDITURE		Loan Repayment/Reimburseme	ent				ide of Texas. Comple , officeholder living e	
								for campaign	
								ion occurptingin	on ponio o
	Complete ONLY if direct		andidate/Officeholder name	0	Office soug	ht		Office held	d
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	12/17/2024		Hinojosa, Gina						
_	Amount (\$)		Payee address; City;	State:	; Zip Co	le			
	\$399.48		PO Box 300095	,					
			Austin, TX 78703-0002						
	PURPOSE OF	(a)	Category (See Categories listed at the top		iedule)	(b) Description			
	EXPENDITURE		Loan Repayment/Reimburseme	ent				ide of Texas. Comple	
								, officeholder living e for campaign	
						10111DUISEIIIE	, i i t	ioi campaiyn	слренос
-	Complete ONLY if direct	L	andidate/Officeholder name		Office soug	ht		Office held	4
	expenditure to benefit C/OI			C	Since Soul	pric		Onice Hei	4

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 21/45 Rpt:		Hinojosa, Regina (The Honorable)				00080440				
4	Date	5	Payee name								
	09/09/2024		Hopfields								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$147.33		3110 Guadalupe St								
			Ste 400								
			Austin, TX 78705-2800								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description						
	OF	Ľ	Food/Beverage Expense	ieuuie)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE						officeholder living expense				
					campaign me	eti	ng expense				
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	12/17/2024		Hopfields								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$234.84		3110 Guadalupe St								
		Ste 400									
			Austin, TX 78705-2800								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.				
	-				officeholder s		officeholder living expense				
					officeriolder 5	iui					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held				
	expenditure to benefit C/OI	Н			5						
	Date		Payee name								
	09/11/2024		Hyatt Regency								
-	Amount (\$)	\vdash		; Zip Co	de						
	\$385.23		1200 Louisiana St	,							
			Houston, TX 77002-5209								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T. officeholder living expense				
					lodging for ca						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held				
	expenditure to benefit C/OF	Н									

EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 22/45 Rpt:	inojosa, Regina (The Honorable)		00080440	
4	Date 07/25/2024	ayee name Ituit			
6	Amount (\$) \$55.96	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140			
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ccounting/Banking		de of Texas. Complete Schedule T. officeholder living expense /are	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF				
	Date	ayee name			
	08/18/2024	ituit			
	Amount (\$) Payee address; City; State; Zip Code \$55.96 2700 Coast Ave Mountain View, CA 94043-1140				
	PURPOSE OF EXPENDITURE			de of Texas. Complete Schedule T. officeholder living expense /are	
Complete <u>ONLY</u> if direct Candidate/C expenditure to benefit C/OH		ndidate/Officeholder name Office soug	nt	Office held	
	Date Payee name				
	10/21/2024	ituit			
	Amount (\$) Payee address; City; State; Zip Code \$59.69 2700 Coast Ave				
	Mountain View, CA 94043-1140				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ccounting/Banking		de of Texas. Complete Schedule T. officeholder living expense /are	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office soug	nt	Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
	Sch: 23/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440								
4	Date 09/18/2024	Payee name Intuit									
6	Amount (\$) \$59.69	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140									
8	PURPOSE	(b) Description									
0	OF		outside of Texas. Complete Schedule T. n, TX, officeholder living expense coftware								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/18/2024	Intuit									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$59.69	2700 Coast Ave Mountain View, CA 94043-1140									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense coftware								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/18/2024	Intuit									
	Amount (\$) \$59.69	Payee address; City; State; Zip Code 2700 Coast Ave									
		Mountain View, CA 94043-1140									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense coftware								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 24/45 Rpt:		Hinojosa, Regina (The Honorable)				00080440				
4	Date	5	Payee name			I					
	10/15/2024		Laurel Swift for Texas								
6	Amount (\$)			Zip Co	de						
	\$20,000.00		PO Box 6866								
			Con Antonio TV 70200 0066								
_		<u> </u>	San Antonio, TX 78209-0866		<i>a</i> .						
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee			, officeholder living expense				
					Contribution						
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held				
	Date		Payee name								
	10/28/2024		Laurel Swift for Texas								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$5,000.00		PO Box 6866								
			San Antonio, TX 78209-0866								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittoo			ide of Texas. Complete Schedule T. , officeholder living expense				
			Candidate/Oniceriolder/Political Commi	lillee	Contribution	, 17,					
					001111001001						
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	iht		Office held				
	expenditure to benefit C/OI										
-	Date		Payee name								
	11/18/2024		Legislative Solutions Inc.								
	Amount (\$)			Zip Co	1e						
	\$350.00		PO Box 5643	210 00							
	\$000.00										
			Austin, TX 78763-5643								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.				
	_/						, officeholder living expense				
					Email event i	I IVÍ	ιαιιστ				
		Ļ	Condidate/Officeholder	ffico com	. ht		Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	JIIL		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitf/Awards/Memorials Expense Printing Expense hmittee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 25/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440							
4	Date 10/15/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/19/2024	Lyft								
	Amount (\$) \$9.98	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/22/2024	Lyft								
	OG/LE/SOL4 Lyn Amount (\$) Payee address; City; State; Zip Code \$15.99 1455 Market St Ste 400 San Francisco, CA 94103-1355									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel in y - Gift/Awards/Memorials Expense Printing Expense Travel O					Fundraising Expense on Equipment & Related Expense strict of District ter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)				
	Sch: 26/45 Rpt:	linojosa, Regina (The	Honorable)			0008044	40				
4	Date	ayee name									
	08/23/2024	yft									
6	Amount (\$)	ayee address; City;	State; Z	Zip Code							
	\$11.20	455 Market St									
		ite 400									
		an Francisco, CA 941	03-1355								
8	PURPOSE	ategory (See Categories list		(b)	Description						
	OF	ravel Out of District	ed at the top of this schedu		Check if travel of	outside of Texas. , TX, officeholder	Complete Schedule T. living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nan	ne Offi	ce sought		Office	e held				
	Date	ayee name									
	08/23/2024	yft									
	Amount (\$)	ayee address; City;	State; Z	Zip Code							
	\$13.93	455 Market St									
		ite 400									
		an Francisco, CA 941	03-1355								
	PURPOSE OF EXPENDITURE	category (See Categories list ravel Out of District	ed at the top of this schedu			outside of Texas. , TX, officeholder	Complete Schedule T. living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nan	ne Offi	ce sought		Office	e held				
	Date	ayee name									
	09/11/2024	yft									
	Amount (\$)	ayee address; City;	State; Z	Zip Code							
	\$133.98	455 Market St									
		ite 400									
		an Francisco, CA 941	03-1355								
	PURPOSE	Category (See Categories list		(h)	Description						
	OF EXPENDITURE	ravel Out of District	ea at the top of this schedu		Check if travel of	outside of Texas. , TX, officeholder	Complete Schedule T. living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nan	ne Offi	ce sought		Office	e held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in Distr Gift/Awards/Memorials Expense Printing Expense Travel Out of						Travel in District Travel Out of District	pment & Related Expense		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID (E	Ethics Commission Filers)		
	Sch: 27/45 Rpt:	Hinojosa, Ro	egina (The Honor	able)				00080440			
4	Date	Payee name									
	09/13/2024	Lyft									
6	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le					
	\$6.83	1455 Marke	t St								
		Ste 400									
		San Francis	co, CA 94103-13	55							
8	PURPOSE					b) Description					
Ū	OF EXPENDITURE	Travel Out c	e Categories listed at the l f District	top of this sche	edule)	Check if travel		de of Texas. Complete officeholder living exp			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	С)ffice soug	ht		Office held			
	Date	Payee name									
	09/17/2024	Lyft									
	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le					
	\$8.32	1455 Marke	t St								
		Ste 400									
		San Francis	co, CA 94103-13	55							
	PURPOSE OF EXPENDITURE	Category _{(Se} Travel Out c	e Categories listed at the l f District	top of this sche	edule)			de of Texas. Complete officeholder living exp			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Office soug	ht		Office held			
	Date	Payee name									
	09/19/2024	Lyft									
	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le					
	\$21.97	1455 Marke	t St								
		Ste 400									
		San Francis	co, CA 94103-13	55							
	PURPOSE					b) Description					
	OF	Travel Out c	e Categories listed at the f	top of this sche	edule)	Check if travel		de of Texas. Complete officeholder living exp			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra					ransportation Ec ravel in District ravel Out of Dist	aising Expense quipment & Related Expense trict category not listed above)			
1	Total pages Schedule F1:	FILER NAME				3 Fi	iler ID	(Ethics Commission Filers)			
	Sch: 28/45 Rpt:		jina (The Honorabl	e)		0	0080440				
4	Date 09/23/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office sou	ght		Office he	ld			
	Date	Payee name									
	10/10/2024	Lyft									
	Amount (\$) \$11.90	Payee address; 1455 Market \$ Ste 400 San Francisco		State; Zip Co	de						
	PURPOSE OF EXPENDITURE	Category _{(See (} Travel Out of	Categories listed at the top o District	f this schedule)			of Texas. Comp ficeholder living	olete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office sou	ght		Office he	ld			
	Date	Payee name									
	10/14/2024	Lyft									
	Amount (\$) \$31.68	Payee address; 1455 Market \$ Ste 400 San Francisco	-	State; Zip Co	de						
	PURPOSE OF EXPENDITURE	Category _{(See (} Travel Out of	Categories listed at the top o District	f this schedule)			of Texas. Comp ficeholder living	olete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office sou	ght		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equip Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 29/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440			
4	Date	5	Payee name								
	10/16/2024		Lyft								
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de						
	\$21.55		1455 Market St								
			Ste 400								
			San Francisco, CA 94103-1355								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b)	Description					
	OF	ľ	Travel Out of District	ieuuie)	.,		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE						, TX,	officeholder living expense			
						ride share					
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held			
	Date		Payee name								
	12/15/2024		Lyft								
	Amount (\$)		Payee address; City; State;	; Zip Co	de						
	\$56.94		1455 Market St								
			Ste 400								
			San Francisco, CA 94103-1355								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.			
						ride share	, TX,	officeholder living expense			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held			
	expenditure to benefit C/OF				gin						
	Date		Payee name								
	08/04/2024		Mihaela Plesa Campaign								
	Amount (\$)			; Zip Co	do						
	\$1,000.00		PO Box 796311	, 20 00	uc						
	\$1,000.00										
			Dallas, TX 75379-6311								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	(b)	Description					
	EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T. officeholder living expense			
			Candidate/Officeholder/Political Comm	nitee			, 17,	unceroider iving expense			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name C	Office sou	ght			Office held			
	expenditure to benefit C/OF										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper nmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 30/45 Rpt:		Hinojosa, Regina (The Honorab	le)				00080440			
4	Date	5	Payee name								
	07/09/2024		NAACP								
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le					
	\$1,000.00		1050 E 11th St								
			Ste 120								
			Austin, TX 78702-1959								
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made E		,		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE		Candidate/Officeholder/Political	Comm	ittee			, officeholder living expense			
						state confere	nce	e sponsorship			
_			Sandidata (Office helden neme								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name		Office soug	int		Office held			
	Date		Payee name								
	08/06/2024		NGP Van								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$533.00		655 15th St NW								
			Ste 650								
			Washington, DC 20005-5738								
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expens		ŕ			ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Database so	ILVVč	are			
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	iht		Office held			
	expenditure to benefit C/OI										
╞─	Date		Payee name								
	11/03/2024		NGP Van								
	Amount (\$)		Payee address; City;	State:	Zip Coo	le					
	\$266.50		655 15th St NW	,							
			Ste 650								
			Washington, DC 20005-5738								
	DUDDOCE		-								
	PURPOSE OF	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Once Overneau/Kentai Expens					, officeholder living expense			
						Database so	ftwa	are			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	Jht		Office held			
-											

		E	XPENDITURE CATE	EGORIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til / - Gift/Awards/Memorials Expense Printing Expense Til					ansportation Eo avel in District avel Out of Dist	aising Expense quipment & Related Expense trict category not listed above)			
1	Total pages Schedule F1:	FILER NAME				3 Fil	ler ID	(Ethics Commission Filers)			
	Sch: 31/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440									
4	Date 12/02/2024	Payee name NGP Van									
6	Amount (\$) \$266.50										
		Ste 650 Washington, DC 20005-5738									
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Database software										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officehc	lder name	Office souc	ht		Office he	ld			
	Date	Payee name									
	09/03/2024	NGP Van									
	Amount (\$) \$266.50	Payee address; 655 15th St NW Ste 650		State; Zip Coo	le						
		Washington, DC	20005-5738								
	PURPOSE OF EXPENDITURE		egories listed at the top of the difference of t	nis schedule)	(b) Description	ı, TX, offi	ceholder living	olete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehc	lder name	Office soug	ht		Office he	ld			
	Date	Payee name									
	10/03/2024	NGP Van									
	Amount (\$) \$266.50	Payee address; 655 15th St NW Ste 650 Washington, DC		State; Zip Coo	le						
	PURPOSE OF EXPENDITURE		egories listed at the top of the difference of t	nis schedule)	(b) Description	ı, TX, offi	ceholder living	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehc	lder name	Office sou	ht		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 32/45 Rpt:	Hinojosa, Regina (The Honorable)	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		utside of Texas. Complete Schedule T. TX, officeholder living expense m ent							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/31/2024	Pena, Brian								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$300.00	2400 San Gabriel St Austin, TX 78705-4714								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/29/2024	Pena, Brian								
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 2400 San Gabriel St								
		Austin, TX 78705-4714								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	xpense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/R rhead/R pense pense ages/Co	Reimbursement ental Expense ontract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2							2	Filer ID	(Ethics Commiss	ion Filers)
1		 ²							3			IUIT FILEIS)
	Sch: 33/45 Rpt:		Hinojosa, I	Regina (The H	lonorable)					00080440		
4	Date	5	Payee name	è								
	09/19/2024		Planned P	arenthood Vo	tes							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	do					
ľ		ľ			State	, zip co	ue					
	\$1,000.00		2708 S La	nar Bivu								
			Ste 200A									
			Austin, TX	78704-3966								
8	PURPOSE	(2)	Catagony				(h) D	escription				
ľ	OF	(")		See Categories liste	d at the top of this sch	nedule)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE				Political Comm	nittee	-			officeholder livin		
			Gundidute	Chiecholden		intee	Ċ	ontribution				
	Complete ONI V if direct		Condidate/Of	fia a la a la la recenta	-					Office h		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/OI	ficeholder nam	e c	Office sou	ynt			Office h	eiu	
	Date		Payee name	9								
	10/29/2024			xican Restau	rant							
⊢		┢				. 710 00	4.0					
	Amount (\$)		Payee addre		State	; Zip Co	ue					
	\$111.64		2004 S 1st	St								
			Austin, TX	78704-5142								
	PURPOSE OF	(a)	Category (See Categories liste	d at the top of this sch	nedule)	(b) D	escription				
	EXPENDITURE		Food/Beve	rage Expens	е		Ļ	_			nplete Schedule T.	
							Ļ	4		officeholder livin	g expense	
							н	IDCC staff Iu	unc	n		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nam	e C	Office sou	ght			Office h	eld	
⊨	Date	Г	Payee name	2								
	07/04/2024			. xican Restau	rant							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$125.69		2004 S 1st	St								
			Austin, TX	78704-5142								
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	nedule)	(b) D	escription				
	OF EXPENDITURE		Food/Beve	rage Expens	e			4			nplete Schedule T.	
								_		officeholder living	g expense	
		1					of	fficeholder s	staf	t lunch		
	Complete ONLY if direct		Candidate/Of	ficeholder nam	e (Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	н										
⊢												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · · ·	Filer ID (Ethics Commission Filers)						
-	Sch: 34/45 Rpt:	-	Hinojosa, Regina (The Honorable)				00080440			
4	Date	5	Payee name							
	10/23/2024		Solomon Ortiz for Texas							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$5,000.00		PO Box 286							
			Corpus Christi, TX 78403-0286							
8	PURPOSE	(a)	-		(b) Description					
ľ	OF	(")	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austin	, тх	, officeholder living expense			
					Contribution					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	yht		Office held			
	Date		Payee name							
	11/28/2024		Sonder Hotel							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$239.60		1301 Ocean Ave							
	+_00.00									
			Santa Monica, CA 90401-1019							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
							ot used and not refunded)			
							· · · · · · · · · · · · · · · · · · ·			
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	iht		Office held			
	expenditure to benefit C/OI			· · · · ·						
_	Date		Payee name							
	09/16/2024		Southwest Airlines							
				Zin Co	10					
	Amount (\$) \$266.98		Payee address; City; State; 2702 Love Field Dr	Zip Co	le					
	φ200.98									
			Dallas, TX 75235-1908							
	PURPOSE	(0)								
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
							aign meetings			
	Complete ONLY if direct	(Candidate/Officeholder name O	office sou	jht		Office held			
	expenditure to benefit C/OI	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
-	Sch: 35/45 Rpt:		Hinojosa, Regina (The Honorable)				5	00080440			
4	Date 07/01/2024		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 Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense airfare to attend DNC convention										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held			
	Date	I	Payee name								
	09/23/2024	:	Squarespace								
	Amount (\$) \$294.22	I	Payee address; City; Sta 3 Clarkson St	ate; Zip Co	ode						
			Fl 12 New York, NY 10014-4301								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	-	andidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	11/18/2024		Stephen F. Austin Hotel								
	Amount (\$) \$342.65	I	Payee address; City; Sta 701 Congress Ave	ate; Zip Cc	ode						
		,	Austin, TX 78701-3216		1						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Event Expense	schedule)	(b)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense n night watch party			
ļ	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Offi Poll Prin Sala	ce Over ing Expe ating Exp aries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 36/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440			
4	Date	5	Payee name								
	07/18/2024		Susan Harry Consulting								
6	Amount (\$)	ount (\$) 7 Payee address; City; State; Zip Code									
\$350.00 PO Box 301074											
	Austin, TX 78703-0018										
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schodulo		b) Description					
	OF	Ľ	Consulting Expense	iis schedule,	, [`		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		5			Check if Austir	ı, TX	, officeholder living expense			
						Compliance	con	isulting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office	e soug	ht		Office held			
	Date		Payee name								
	09/19/2024		Susan Harry Consulting								
	Amount (\$)		Payee address; City; S	State; Zij	n Cod	e					
	\$2,500.00		PO Box 301074			•					
	Ψ2,300.00										
			Austin, TX 78703-0018								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Consulting Expense	iis schedule)) (Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
						Fundraising	con	sulting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held			
	Date	Γ	Payee name								
	08/08/2024		Texas Democratic Party								
	Amount (\$)	-	-	State: Zij		0					
	\$5,000.00		PO Box 15707	naie, zij		e					
	\$3,000.00		FO B0X 13707								
			Austin, TX 78761-5707								
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)) (b) Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Co	ommittee	9	Contribution	ı, TX	, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	e soug	ht		Office held			
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Office Polling Printin Salarie	Overhe Expens g Exper s/Wage	ise s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 37/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440			
4	Date	5	Payee name								
	10/14/2024		Texas HDCC								
6	Amount (\$)	7	Payee address; City; S	ate; Zip	Code						
\$15,000.00 PO Box 1925											
		Austin, TX 78767-1925									
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Co	mmittee			ι, TΧ,	, officeholder living expense			
						Contribution					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office s	ought			Office held			
	Date		Payee name								
	10/16/2024		Texas HDCC								
	Amount (\$)		Payee address; City; S	ate; Zip	Code						
	\$15,000.00		PO Box 1925								
			Austin, TX 78767-1925								
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	mmittaa				ide of Texas. Complete Schedule T. , officeholder living expense			
			Candidate/Onicenoiden/Political Co	mmillee		Contribution	I, I <i>N</i> ,	, oncertoider invitig expense			
						Continoution					
	Complete ONLY if direct		andidate/Officeholder name	Office s	ought			Office held			
	expenditure to benefit C/OI			Office 3	ougin						
_	Data	_									
	Date		Payee name								
	10/16/2024		Texas HDCC								
	Amount (\$)			ate; Zip	Code						
	\$5,000.00		PO Box 1925								
			Austin, TX 78767-1925								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Co	mmittee			ι, TΧ,	, officeholder living expense			
						Contribution					
	Operations Operations			<i></i>	<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office s	ought			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhead kpense Expens Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 38/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440		
4	Date 10/16/2024	5	Payee name Texas HDCC							
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode					
	\$5,000.00	\$5,000.00 PO Box 1925 Austin, TX 78767-1925								
0	DUDDOCE	(0)			(h)	D :				
8	OF EXPENDITURE									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	10/16/2024		Texas HDCC							
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode					
	\$20,000.00		PO Box 1925 Austin, TX 78767-1925		Ŧ					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Contributions/Donations Made By Candidate/Officeholder/Political Com		(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	12/22/2024		Texas HDCC							
	Amount (\$) \$2,000.00		Payee address; City; Sta PO Box 1925	te; Zip Co	ode					
			Austin, TX 78767-1925							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Contributions/Donations Made By Candidate/Officeholder/Political Com		(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 39/45 Rpt:		Hinojosa, Regina (The Honorable)				00080440			
4	Date	5	Payee name							
	12/03/2024		Texas House Democratic Caucus							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,500.00									
	Austin, TX 78711-2453									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Commit	ttee		1, TX	, officeholder living expense			
					Dues					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ght		Office held			
⊨	Date		Payee name							
	08/07/2024		The Allegro Royal Sone							
-	Amount (\$)			Zip Co	de					
	\$1,498.04		171 W Randolph St	210 000						
			Chicago, IL 60601-3121							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	outo	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
							nding DNC convention			
							5			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ght		Office held			
	Date		Payee name							
	08/26/2024		The Allegro Royal Sone							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$374.51		171 W Randolph St							
			-							
			Chicago, IL 60601-3121							
	PURPOSE OF		Category (See Categories listed at the top of this sched	dule)	(b) Description	outo	ida of Tayloo, Complete Cohedula T			
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
							nding DNC convention			
							~			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice sou	ght		Office held			
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 40/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440	
4	Date	5	Payee name						
	10/29/2024	University Democrats							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
\$1,500.00 907 W 23rd St									
	Austin, TX 78705-5035								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.	
	-		Candidate/Officeholder/Political Commi	ittee				officeholder living expense	
						shuttles for el	ieci	lion day	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office held	
	Date		Payee name						
	08/12/2024		Violet Crown						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$1,126.89		434 W 2nd St						
	.,								
			Austin, TX 78701-3898						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	outoi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expense					officeholder living expense	
						Event venue			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office held	
	Date		Payee name						
	09/17/2024		Violet Crown						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$1,210.01		434 W 2nd St						
			Austin, TX 78701-3898						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	outoi	de ef Toures, Complete Cabadula T	
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Event venue			
							ſ		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office sou	ght			Office held	
⊢									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper	Loan Office Polling nse Printir Salari	Repay Overl g Expe ng Exp es/Wa	ment/Reimbursement head/Rental Expense ense iense iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 41/45 Rpt:		Hinojosa, Regina (The Honorab	ole)				00080440	
4	Date	5	Payee name				1		
	07/25/2024		Vonlane						
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e			
-	\$110.50		6310 Lemmon Ave						
Ste 125									
			Dallas, TX 75209-5812						
8	PURPOSE	<u> </u>							
0	OF		Category (See Categories listed at the top Travel Out of District	of this schedule)	ľ	b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District					, officeholder living expense	
						bus fare			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offices	soug	ht		Office held	
	Date		Payee name						
	09/09/2024		Vonlane						
	Amount (\$)		Payee address; City;	State; Zip	Cod	е			
	\$145.00		6310 Lemmon Ave						
			Ste 125						
			Dallas, TX 75209-5812						
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE		Travel Out of District	,			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE						ι, TΧ	, officeholder living expense	
						bus fare			
						-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	soug	ht		Office held	
	Date		Payee name						
	09/10/2024		Vonlane						
	Amount (\$)		Payee address; City;	State; Zip	Cod	e			
	\$145.00		6310 Lemmon Ave						
			Ste 125						
			Dallas, TX 75209-5812						
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
							ι, TΧ,	, officeholder living expense	
						bus fare			
		Ĺ	endidate (Office - Leter	077		b 4			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	soug	nı		Office held	
	-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & Rela Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list								
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 42/45 Rpt:	F	linojosa, Regina (The Honora	ble)				00080440		
4	Date	5 F	ayee name				<u> </u>			
	09/16/2024		/onlane							
6	Amount (\$)	7 F	ayee address; City;	State; Zip	Cod	e				
-	\$145.00		310 Lemmon Ave							
			te 125							
			allas, TX 75209-5812							
_										
8	PURPOSE OF		ategory (See Categories listed at the to	o of this schedule)	0	b) Description Check if travel	outei	ide of Texas. Complete Schedule T.		
	EXPENDITURE	I	ravel Out of District					, officeholder living expense		
						bus fare				
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	soug	ht		Office held		
	Date	F	ayee name							
	10/07/2024	V	'onlane							
	Amount (\$)	F	ayee address; City;	State; Zip	Cod	e				
	\$270.00	6	310 Lemmon Ave							
		S	ite 125							
			Dallas, TX 75209-5812							
	PURPOSE	(a) (ategory (See Categories listed at the to	o of this schedule)	(b) Description				
	OF EXPENDITURE		ravel Out of District					ide of Texas. Complete Schedule T.		
							ι, TΧ,	, officeholder living expense		
						bus fare				
				- <i>m</i>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	soug	ht		Office held		
	Date		ayee name							
	10/09/2024	١	'onlane							
	Amount (\$)	F	ayee address; City;	State; Zip	Cod	e				
	\$270.00	6	310 Lemmon Ave							
		S	ite 125							
		C	allas, TX 75209-5812							
	PURPOSE	(a) (ategory (See Categories listed at the to	o of this schedule)	(b) Description				
	OF EXPENDITURE		ravel Out of District					ide of Texas. Complete Schedule T.		
							η, TX,	, officeholder living expense		
						bus fare				
	0									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	soug	nt		Office held		
	r									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ov Polling Ex Printing E Salaries/V	erhea kpens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 43/45 Rpt:		Hinojosa, Regina (The Honorable)					00080440	
4	Date	5	Payee name						
	10/22/2024		Vonlane						
6	Amount (\$)	7	Payee address; City; S	State; Zip Co	ode				
\$135.00 6310 Lemmon Ave									
Ste 125									
			Dallas, TX 75209-5812						
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of th	via askadula)	(b)	Description			
-	OF		Travel Out of District	lis scriedule)			outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE						, TX,	officeholder living expense	
						bus fare			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
07/09/2024 Worley Printing									
Amount (\$) Payee address; City; State; Zip Code									
\$286.25 3217 N Interstate 35 Frontage Rd									
			Austin, TX 78722						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Printing Expense	iis schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	l ught			Office held	
	Date								
	07/04/2024		Payee name Zoom						
				Natas Zin Co					
	Amount (\$) \$70.35		Payee address; City; S 55 Almaden Blvd	State; Zip Co	Jue				
	\$70.55		55 Almaden bivu						
			San Jose, CA 95113-1608						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense	
								oftware subscription	
							5-	·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Offic Polli Prin Sala	ce Overh ing Expe ting Expe aries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_		-	The Instruction Guide expl	ains now	to com	piete this form.	1.			
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	5	Payee name				I			
-	08/04/2024		Zoom							
6	Amount (\$)	7	Payee address; City; S	tate; Zip	o Code	9				
	\$70.35		55 Almaden Blvd							
			San Jose, CA 95113-1608							
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(1) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	o seriedule)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						virtual meetir	ng s	software subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sough	nt		Office held		
	Date		Payee name							
	09/04/2024		Zoom							
	Amount (\$)		Payee address; City; S	tate; Zip	Code	9				
	\$70.35		55 Almaden Blvd							
			San Jose, CA 95113-1608							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedule)	(1			de of Texas. Complete Schedule T. officeholder living expense		
						virtual meetir	ng s	software subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sough	nt		Office held		
	Date		Payee name							
	10/04/2024		Zoom							
	Amount (\$)		Payee address; City; S	tate; Zip	o Code	9				
	\$70.35		55 Almaden Blvd							
			San Jose, CA 95113-1608							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedule)	(1	Check if Austir	n, TX,	de of Texas. Complete Schedule T. officeholder living expense software subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sough	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	pense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2 F	ILER NAME	<u>.</u>				3	Filer ID	(Ethics Commission Filers)	
	Sch: 45/45 Rpt:	ŀ	Hinojosa, R	egina (The H	onorable)				00080440		
4	Date	5 F	Payee name								
	11/03/2024	Z	Zoom								
6	Amount (\$) \$70.35										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense virtual meeting software subscription									expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	C	office soug	Jht		Office he	eld	
	Date	F	Payee name								
	12/03/2024	Z	Zoom								
	Amount (\$) \$70.35	Ę	Payee addres 55 Almader San Jose, C			Zip Coo	de				
	PURPOSE OF EXPENDITURE			ee Categories listed head/Rental I	at the top of this sche Expense	edule)		in, TX	ide of Texas. Com , officeholder living SOftware sub	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	C	office soug	Jht		Office he	eld	

POLITICAL EX	(PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)						
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	1						
6 Amount (\$) \$409.47 X 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 X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense airfare to attend meetings for HDCC						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
Date	Payee name							
12/17/2024	American Airlines							
Amount (\$) \$399.48	Payee address; City; State; Zip C PO Box 619616	ode						
X political contributions intended	Dfw Airport, TX 75261-9616							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense airfare to attend meetings for HDCC						
Complete <u>ONLY</u> 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 X Reimbursement from political contributions intended	Payee address; City; State; Zip C 1100 S Lamar Blvd Ste 1116 Austin, TX 78704-0379	ode						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for townhall event						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing f	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule 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						
	Amount (\$) \$113.60 X Reimbursement from political contributions intended	 7 Payee address; City; State; Zip C 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 [[food for townhall	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
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

						4 -		-
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/3 Rpt: 98/100			
2 FILER NAME						·		
	2 FILER NAME Hinojosa, Regina (The Honorable)					3 Filer ID (Ethics Commission Filers) 00080440		
4 Name of Contribut	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee							
American Airline	s							
5 Contribution / Expe	5 Contribution / Expenditure reported on:							
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2						Schedule D	Schedule F1
Schedule F2		Schedule F4	X Schedule G		Schedule H		Schedule COH-UC	
6 Dates of Travel 7 Name of person(s) traveling								
	Hinojo	osa, Gina (Rep.)						
	8 Depart	ure city or name of	departure location					
12/12/2024	Austin	1						
	9 Destina	ation city or name o	of destination location					
12/15/2024	Los A	ngeles						
10 Means of transpor	tation	11 Purpose of tra	vel (including name of c	onfere	ence, seminar, o	r other	event)	
Commercial Airp	olane	attend meeti	ngs for HDCC					
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee				
American Airline	s							
Contribution / Expe	enditure rep	ported on:						
Schedule A2		Schedule B	Schedule B(J)		Schedule C2		Schedule D	Schedule F1
Schedule F2		Schedule F4	X Schedule G		Schedule H	Ľ	Schedule COH-UC	
Dates of Travel	Dates of Travel Name of person(s) traveling							
	Hinojo	osa, Gina (Rep.)						
	Depart	ure city or name of	departure location					
12/12/2024	Los A	ngeles						
	Destina	ation city or name o	of destination location					
12/15/2024	Austin	1						
Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Commercial Airplane attend meetings for HDCC								
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee				
American Airline	s							
Contribution / Expe	enditure rep	ported on:						
Schedule A2		Schedule B	Schedule B(J)		Schedule C2	Γ	Schedule D	X Schedule F1
Schedule F2		Schedule F4	Schedule G		Schedule H	Ē	Schedule COH-UC	
Dates of Travel Name of person(s) traveling								
Hinojosa, Gina (Rep.)								
Departure city or name of departure location 12/12/2024 Austin Destination city or name of destination location								
12/15/2024 Los Angeles								
Means of transpor		-	vel (including name of c		ence, seminar, o	other	event)	
Commercial Airplane airfare to attend meeting			end meetings for HDC	CC				

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 / Expe	penditure reported on:							
Schedule F2		Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
6 Dates of Travel		of person(s) trave osa, Gina (Rep.						
			·					
12/12/2024								
12/12/2024	Austin							
12/15/2024	9 Destination city or name of destination location							
12/15/2024 Los Angeles 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Commercial Airp			tings for HDCC	somercinee, seminar, or e				
Southwest Airlin		auon of Lador Of	ganization / Pledgor /Pay	CC				
Contribution / Exp		orted on:						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel	Name	of nerson(s) trave						
Duice of Haver	Dates of Travel Name of person(s) traveling Hinojosa, Gina (Rep.)							
	Departure city or name of departure location							
08/18/2024								
	Destination city or name of destination location							
08/23/2024	Chicago							
Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Commercial Airp	olane	attend DNC	C convention					
Name of Contribut	or / Corpora	ation or Labor Or	ganization / Pledgor /Pay	ee				
The Allegro Roy	al Sone							
Contribution / Expe	enditure rep	oorted on:						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel		of person(s) trave						
		sa, Gina (Rep.						
00/10/2024	Departure city or name of departure location							
08/18/2024	08/18/2024 Austin							
08/33/3034	Destination city or name of destination location							
	08/23/2024 Chicago							
Means of transportationPurpose of travel (including name of conference, seminar, or other event)Commercial Airplaneattend DNC convention								
Forms provided by 1	Toyoc Ethi	cc Commission	h hanna othic	s.state.tx.us		ersion V4.1.0.5dd2ace2		

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 Roy	The Allegro Royal Sone								
5	Contribution / Expe	enditure rep	orted on:							
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
	Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6	Dates of Travel	7 Name	of person(s) trave	eling						
	Hinojosa, Gina (Rep.)									
		8 Departure city or name of departure location								
	08/18/2024	Austin								
				e of destination location						
	08/23/2024	Chica								
10	0 Means of transpor				conference, seminar, or o	ther event)				
	Commercial Airp	biane	attend DNC	C convention						