# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers) 00086453		2 Total pages filed: 45	
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	The Honorable Staci D.			Date Received	
10.000				ELECTRONICALLY	EILED
					FILLD
	NICKNAME LAST		SUFFIX	01/12/2025	
	Childs				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date F	Postmarked
OFFICEHOLDER MAILING	405 Main Street				
ADDRESS	Suite 450			Receipt # Am	ount
Change of Address	Houston, TX 77002				
l Li	17002			Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRST		NAL		
5 CAMPAIGN TREASURER			MI		
NAME	Mr. Phil				
	NICKNAME LAST		SUFFIX		
	Vhondo				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE	#; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	405 Main Street				
(Residence or Business)	Suite 450				
(Residefice of Busiliess)	Houston, TX 77002				
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(404) 376-1451				
8 REPORT TYPE			_	1	
	X January 15 30th day b	efore election Runoff	Х	15th day after campaign appointment (officehold	n treasurer er only)
	July 15 8th day be	fore election Exceeded		Final Report (Attach C/0	
		reporting I	limit	1	
9 PERIOD	Month Day Year	Mo	onth Day	Year	
COVERED	07/01/2024	THROUGH	12/31/2024		
10 ELECTION	ELECTION DATE	ELEC	TION TYPE		
	Month Day Year	Primary Rui	noff	Other	
	11/05/2024	X General Spe	ecial	_	
		X General Spe	eciai		
44 055:05	OFFICE UELD (%	1	105 001 12: :=	(if the second)	
11 OFFICE	OFFICE HELD (if any) State Board Of Education Place NA D		FICE SOUGHT		ictrict 1
	State Board Of Education Place NA D	VISUICU 4 Marris Stat	ie Board Of E	ducation Place NA D	ISHICL 4
	G	O TO PAGE 2			
I					

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 45

13 C / OH NAME	Childs, Staci D. (The	Honorable)	14 Filer ID 00086453	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expen These expenditures may have been made with officeholders are required to report this informa	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	<b>\$</b> 9,755.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 11,657.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	<b>\$</b> 321.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		l swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required t	
		The H	onorable Staci D. Child	s
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			OVER OTIEE	3 of 45				
Childs,	18 FILER NAME19 Filer ID(Ethics Commission Filers)Childs, Staci D. (The Honorable)00086453							
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL A	√MOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,755.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	11,657.56				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

MONETARY POLITICAL CONTRIBUTIONS				LE <b>A1</b>		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/45	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	on Filers)
4	Date 10/07/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/07/2024 Barnes, Barbara  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
Principal occupation / Job title (See Instructions)  Employer (See Instruction			Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Best, Brandon  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_ Boilling, Julia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ Education Reform Now  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/45	
2	FILER NAME Childs, Staci	D. (The Honorable)				3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 12/29/2024			7	Amount of Contribution (\$)	\$100.00		
8	Principal occur	Houston, TX 77004 pation / Job title (See Instructions	2)		Employer (See Instructions	;) 		
•	Elected Offic		•		City of Houston	•)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/25/2024 Fisher, Toni  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$250.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/24/2024 Gendron, Christine  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00			
	Detections	Austin, TX 78721	\		Frankrije (Operlandsvetige			
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	s)		
	Date 10/10/2024	Full name of contributor Grundy, Stacy Contributor address; City; St			)		Amount of Contribution (\$)	\$100.00
	Principal occu	TX pation / Job title (See Instructions	;)		Employer (See Instructions	<u> </u> s)		
	Date 10/07/2024	Full name of contributor Hall, Melinda Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	(3)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/45	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	on Filers)
4	Date 10/16/2024	ate 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Hartsfield, Tommia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Hayes-McMahon, Shellie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#: James, Andrea Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Jones, Teresa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/45	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	on Filers)
4	Date 10/29/2024			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/08/2024 LEADERSHIP FOR EDUCATIONAL EQUITY  Contributor address; City; State; Zip Code  NEW YORK, NY 10004			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/24/2024 List, Amanda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Principal occu	TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	·	. , ,	_		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Manjee, Abbas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Morgan, Darren Contributor address; City; State; Zip Code  Little Rock, AR 72211			Amount of Contribution (\$)	\$100.00
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions Arkansas Commitment	)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/45	
2	FILER NAME	i D. (The Henerable)		3	Filer ID (Ethics Commission	n Filers)
4	Date 10/22/2024	<ul> <li>D. (The Honorable)</li> <li>Full name of contributor  out-of-state PAC (ID#:_Ochigbo, Denise</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	O0086453  Amount of Contribution (\$)	\$25.00
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/29/2024	Full name of contributor out-of-state PAC (ID#:_Sales, Courtney  Contributor address; City; State; Zip Code  Rosharon, TX 77583			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Scudder, Kendall Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		тх				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Tameka  Contributor address; City; State; Zip Code  WA			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Tameka  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					E <b>A1</b>	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/45	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 09/16/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$2.00
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Smith, Tameka  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00	
Principal occupation / Job title (See Instructions)  Employer (See Instruction			)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/16/2024 Smith, Tameka  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00	
	Principal occu	TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ Soora, Karthik Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Sterling, Gwendolyn  Contributor address; City; State; Zip Code  TX			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					E <b>A1</b>	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 7/7 Rpt: 10/45	
2	FILER NAME Childs, Stac	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 10/07/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	TX upation / Job title (See Instructions)	9 Employer (See Instructions	) s)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#: Weido, Jeanne Dupre Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Wood, Justin Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	TX upation / Job title (See Instructions)	Employer (See Instructions	 		
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_ Young, Lawrence Contributor address; City; State; Zip Code		-	Amount of Contribution (\$)	\$100.00
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/35 Rpt: 11/45	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	
	11/20/2024	32 Market River Falls	
6	Amount (\$) \$10.45	7 Payee address; City; State; Zip Code	
		TX	
8	PURPOSE OF EXPENDITURE	1 dea/Beverage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense I SeSSiON
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought DH	Office held
	Date	Payee name	
	12/12/2024	7-Eleven	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 4085 Gulf Fwy	
		Houston, TX 77023	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense tin to Houston
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought OH	Office held
	Date 12/12/2024	Payee name 7-Eleven	
	Amount (\$) \$3.45	Payee address; City; State; Zip Code 4085 Gulf Fwy	
		Houston, TX 77023	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ut of district travel
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought OH	Office held

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/35 Rpt: 12/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/25/2024	ALOFT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.97	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food during session
		1 ood during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	11/29/2024	Atlanta AIRP
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	
L		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Airport parking
		7 in port parking
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dayso nama
	12/02/2024	Payee name Atlanta HD STU
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	
		<del></del>
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising for SBOE office
		, a.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	it/Awards/Memorials I gal Services ne Instruction Gu			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ove)
1	Total pages Schedule F1:	2					-	1	3	Filer ID	(Ethics Commissi	on Eilere\
Ĺ	Sch: 3/35 Rpt: 13/45	ے		D. (The Honora	able)				3	00086453	(Luncs Commissi	on i licio)
4	Date	5	Payee name									
	09/13/2024		Buc-ee's									
6	Amount (\$)	7	Payee address	City;	State;	Zip Cod	de					
	\$33.17		3535 S Texas	6								
			Houston, TX	77082								
8	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out of			,		Check if travel of		de of Texas. Com		
	LAFENDITORE							_		officeholder living	expense	
								Travel to and	tro	m session.		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	Of	ffice souç	ght			Office he	eld	
L												
	Date		Payee name									
	12/11/2024		CSC Service									
	Amount (\$)		Payee address	City;	State;	Zip Cod	de					
	\$2.50											
			TX									
	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Com		
								Bank Fee	, IX,	officeholder living	expense	
								Dankiec				
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name	Of	ffice soug	thr			Office he	əld	
	expenditure to benefit C/OI		Sanarauto/Onio		OI	3000	9.11			Omice ne		
H	Date	Ε	Payee name									
	11/18/2024		Carrabas									
_		$\vdash$		Cit- ::	Chaha	Zin O	da					
	Amount (\$)		Payee address	City;	State;	Zip Coo	ue					
	\$63.82											
			TX									
	PURPOSE OF	(a)	Category (See		e top of this sche	dule)	(b)	Description	, .			
	EXPENDITURE		Food/Beveraç	je Expense				<b></b>		de of Texas. Com officeholder living		
								DFER Confer			опролос	
	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI											

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/35 Rpt: 14/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	12/10/2024	Cranky Carrot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.57	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff meeting
		1 ood for stail friceting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	10/24/2024	DOLLAR TREE
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.36	9499 Main Street
	Ψ47.30	5455 Main Street
		HOUSTON, TX 77054
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- p	
	Date	Payee name
	08/23/2024	Davis, Isaiah
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staffer office key
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
一		
1		
ı		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 5/35 Rpt: 15/45	Childs, Staci D. (The Honorable) 00086453	
4	Date	5 Payee name	
	08/29/2024	Davis, Isaiah	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,200.00		
		TX	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Salary	
		Suldity	
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	_
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	09/04/2024	Davis, Isaiah	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Colon (	
		Salary	
	0 1 0 0 1 1 1 1		_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	09/10/2024	Davis, Isaiah	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Salary	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/Ol	1	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/35 Rpt: 16/45	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	
l	10/08/2024	Davis, Isaiah	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$150.00		
l			
l		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	intion
l	OF		eck if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Che	eck if Austin, TX, officeholder living expense
		Salar	У
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	·	ı	
l	Date	Payee name	
L	11/21/2024	Davis, Isaiah	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$204.00		
		TX	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
l	OF EXPENDITURE	Only Wards/Memorials Expense	eck if travel outside of Texas. Complete Schedule T.
l		I — I —	eck if Austin, TX, officeholder living expense  oyee award
			oyee awara
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/O		
H	Date	Payee name	
l	08/08/2024	Delta	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	\$298.48	Tayoo addisoo, Oily, State, Elp Sode	
l	<del>+</del> 2001.0		
		l <sub>TX</sub>	
L	PURPOSE		torat a co
l	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Descr	ipuloff eck if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Have out of District   L	eck if Austin, TX, officeholder living expense
l		Texas	s Southern Fundraiser in Massachusetts.
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	п	

#### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to comp		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 7/35 Rpt: 17/45	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		<u>'</u>
	11/25/2024	Delta		
6	Amount (\$) \$340.50	7 Payee address; City; State; Zip Code  TX	!	
8	PURPOSE			
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	[ [	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel to Atlanta
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	t	Office held
	Date	Payee name		
	09/04/2024	Doordash		
	Amount (\$) \$271.01	Payee address; City; State; Zip Code 303 2nd Street 8th Floor	!	
		San Francisco, CA 94107		
	PURPOSE OF EXPENDITURE	(a) 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 event.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	t	Office held
	Date	Payee name		
	09/10/2024	Doordash		
	Amount (\$) \$61.12	Payee address; City; State; Zip Code 303 2nd Street 8th Floor	!	
		San Francisco, CA 94107		
	PURPOSE OF EXPENDITURE	(a) 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 during session
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	t	Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Giff/Awards/Memorials Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed above	e)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/35 Rpt: 18/45		Childs, Stac	i D. (The Hono	rable)					00086453		
4	Date	5	Payee name									
	09/11/2024		Doordash									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$64.22		303 2nd Stre	eet 8th Floor								
			San Francis	co, CA 94107								
8	PURPOSE	(a)		e Categories listed at t	the ten of this cabo	dula)	(b)	Description				
	OF	(")		e Categories listed at 1 age Expense	ine top of this sche	eaule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			g p				Check if Austin,	TX,	officeholder livin	ig expense	
								Food during s	ses	sion		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	ield	
	experialitate to beliefit C/Oi											
	Date		Payee name									
	10/18/2024		Doordash									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$70.13		303 2nd Stre	eet 8th Floor								
			San Francis	co, CA 94107								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<u></u>			nplete Schedule T.	
	-							Food for office		officeholder livin		
								1 dou lot office	C 3	ian meetin	3	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	0	ffice sou	aht			Office h	neld	
	expenditure to benefit C/OI		za. a. a	oriolaer riairie	· ·		9			000		
-	Date	Π	Payee name									
	11/18/2024		Doordash									
	Amount (\$)		Payee addres	ss; City;	Stato:	Zip Co	do					
	\$25.32		303 2nd Stre	•	State,	Zip Co	ue					
	Ψ20.02		JOJ Zna Juk									
			San Erancic	co, CA 94107								
	DUDDOOF	(-)				- 1	/I- \					
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(a)	Description  Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				ш		officeholder livin	•	
								Cookies durin	ng s	session		
	Complete ONLY if direct		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
L	expenditure to benefit C/OI	H										

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/35 Rpt: 19/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/18/2024	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.07	303 2nd Street 8th Floor
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/19/2024	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.48	303 2nd Street 8th Floor
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food during session
	Operation ONLY if allowed	One distributed Office health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	11/20/2024	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.57	303 2nd Street 8th Floor
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	Sift/Awards/Memorials egal Services The Instruction G			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
<u> </u>	Tatalana Oliver	٦.				10 001		1	_	E1 15	/F#L:- 0 : : :	
1	Total pages Schedule F1: Sch: 10/35 Rpt: 20/45	2		D. (The Honor	able)				3	Filer ID 00086453	(Ethics Commission	on Filers)
4	Date	5	Payee name					<b>'</b>				
	11/21/2024		Doordash									
_		<u> </u>		0:5	04-4	7: 0	-1 -					
6	Amount (\$)	7	Payee address		State;	Zip Co	ae					
	\$136.28		303 2nd Stre	et 8th Floor								
			San Francisc	o, CA 94107								
8	PURPOSE	(a)	Category (See	Categories listed at t	he ton of this sche	edule)	(b)	Description				
	OF		Food/Bevera		110 top 01 tillo 00110	suu.o,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder living	g expense	
								Food during s	ses	sion		
9	Complete ONLY if direct		Candidate/Office	eholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
_	Date	Π	Payee name									
	11/25/2024		Doordash									
		┡		0		7' 0						
	Amount (\$)		Payee address	•	State;	Zip Co	ae					
	\$101.20		303 2nd Stre	et 8th Floor								
			San Francisc	o, CA 94107								
	PURPOSE	(a)	Category (See	Categories listed at t	he ton of this sche	edule)	(b)	Description				
	OF	` `	Food/Bevera		ne top of this serie	cudic)		`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			9 P				Check if Austin,	, TX,	officeholder living	g expense	
								Food for visit	to .	Atlanta		
	Complete ONLY if direct		Candidate/Office	eholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
H	Date		Payee name									
	11/25/2024		Doordash									
				O.E.		7: 0	al c					
	Amount (\$)		Payee address	•	State;	Zip Co	ue					
	\$81.32		303 2nd Stre	et 8th Floor								
			San Francisc	co, CA 94107								
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF		Food/Bevera			,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							ш		officeholder living	g expense	
								Food for visit	to .	Atlanta		
L												
	Complete ONLY if direct		Candidate/Office	eholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										

#### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 21/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/26/2024	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.68	303 2nd Street 8th Floor
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for visit to Atlanta
		1 00d 101 VIOL to 7 Manua
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	12/02/2024	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.42	303 2nd Street 8th Floor
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Out of district travel food
		Out of district traver rood
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Oł	
_	_	
	Date	Payee name
	12/02/2024	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.93	303 2nd Street 8th Floor
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	<b></b>	Check if Austin, TX, officeholder living expense
		Out of district travel food
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 12/35 Rpt: 22/45	2 FILER NAME Childs, Staci D. (The Honorable) 3 Filer ID (Ethics Commission Filers 00086453	s)
4	Date 12/02/2024	5 Payee name Doordash	
6	Amount (\$) \$105.55	7 Payee address; City; State; Zip Code 303 2nd Street 8th Floor	
		San Francisco, CA 94107	
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  Out of district travel food.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 12/13/2024	Payee name Doshi House	
	Amount (\$) \$42.64	Payee address; City; State; Zip Code 3419 Emancipation Ave	
		Houston, TX 77004	
	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 staff meeting.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 11/25/2024	Payee name Double Tree	
	Amount (\$) \$191.43	Payee address; City; State; Zip Code 303 W 15th St	
		Austin, TX 78701	
	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  Hotel	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/35 Rpt: 23/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	12/12/2024	Double Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.00	303 W 15th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Hotel
		Tiotol
Ļ	Commiste ONII V if diseast	Condidate/Officeholder news Office south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/26/2024	ETC Lab
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation to fund mentorship program
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experialitare to benefit 6/01	
	Date	Payee name
	11/29/2024	ETC Lab
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	
		TX
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Donation to fund mentorship program
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/35 Rpt: 24/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	12/11/2024	Exxon
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 3901 OLD SPANISH TRAIL
		HOUSTON, TX 77021
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  Gas to travel to Austin
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Fahnbulleh, Nahab
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2024	Fahnbulleh, Nahab
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Salarie  Guide explains how to	s/Wages/Contrac complete this		d above)
1	Total pages Schedule F1: Sch: 15/35 Rpt: 25/45	P. FILER NAME Childs, Staci D. (The Hon	orable)		<b>3</b> Filer ID (Ethics Comr 00086453	nission Filers)
4	Date 07/05/2024	Payee name Fahnbulleh, Nahab	· · · · · · · · · · · · · · · · · · ·			
6	Amount (\$) \$100.00	Payee address; City; 18202 Thicket Grove Rd Houston, TX 77084	State; Zip	Code		
8	PURPOSE OF EXPENDITURE	a) Category (See Categories listed a Salaries/Wages/Contract			ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office s	ought	Office held	
	Date 07/12/2024	Payee name Fahnbulleh, Nahab				
	Amount (\$) \$250.00	Payee address; City; 18202 Thicket Grove Rd Houston, TX 77084	State; Zip	Code		
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed a Salaries/Wages/Contract		· -	ck if travel outside of Texas. Complete Schedule T teck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office s	ought	Office held	
	Date 07/13/2024	Payee name Fahnbulleh, Nahab				
	Amount (\$) \$250.00	Payee address; City; 18202 Thicket Grove Rd Houston, TX 77084	State; Zip	Code		
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed a Salaries/Wages/Contract			ck if travel outside of Texas. Complete Schedule T ck if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office s	ouaht	Office held	<del></del>

expenditure to benefit C/OH

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/35 Rpt: 26/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	07/19/2024	Fahnbulleh, Nahab
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	18202 Thicket Grove Rd
		Houston, TX 77084
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/23/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Salary
		Sulary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/31/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Salary
		Sulary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/35 Rpt: 27/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/02/2024	Fannin, Amber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$405.00	
		TX
8	PURPOSE	,
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/12/2024	Gems Pantry
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	
		TX
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Snacks for out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/12/2024	Gems Pantry
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.56	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Snacks for out of district
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 0/01	•

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/35 Rpt: 28/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/18/2024	Go Fan Tix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.50	
		тх
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Student game
		Student game
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	11/20/2024	Here Nor There
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.36	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for out of district travel
		Food for out of district traver
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
⊨	Data	
	Date	Payee name Hilton Hotel
	08/13/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.05	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Texas Southern fundraiser in Massachusetts
		Texas Southern fundased in Massachusetts
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/35 Rpt: 29/45	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		·
	09/13/2024	Hilton Hotel		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$229.63			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Session travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	11/18/2024	IAH-HOU Parking		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$84.00			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	giit	Cilide Held
	Date	Payee name		
	11/29/2024	IHOP		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$24.33	rayee address, City, State, Zip Col	uc	
	4200			
		TX		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(1)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oou/Develage Expense		Check if Austin, TX, officeholder living expense
				Food out of district travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	exponentare to benefit 6/01	•		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abov	/e)
⊢				e explains now to e	ompi	cte tins form.	_			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 20/35 Rpt: 30/45	Childs, Sta	ci D. (The Honorab	ole)				00086453		
4	Date	5 Payee name	1							
l	10/18/2024	Juice Land								
L										
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode					
	\$50.00									
		l <sub>TX</sub>								
Ļ	DUDDOCE				(6)					
8	PURPOSE OF		See Categories listed at the t		(a)	Description		d4.T O	whate Oak adula T	
	EXPENDITURE	Gift/Award:	s/Memorials Expen	ise		<b>=</b>		officeholder living	plete Schedule T.	
l						Employee aw			усхренае	
						Linployee aw	rait	u		
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	н								
F	Date	Payee name	1							
	12/16/2024	Kenz Egyp								
L				0: : 7: 0						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	oae					
	\$29.88									
		TX								
H	PURPOSE	(a) Cotogon			(h)	Description				
	OF		See Categories listed at the t	op of this schedule)	(5)	_	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	F00u/beve	rage Expense					officeholder living		
						Food for staff	f me	embers		
⊢	Complete ONLY if direct	Candidate/Of	iceholder name	Office so	uaht			Office he	ald	
	expenditure to benefit C/OI		icenoluei name	Office 30	ugnt			Office In	siu	
	Date	Payee name	•							
	10/24/2024	Kroger								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$244.35	1801 S Vo		, ,						
	Ψ211.00	10010 10	50 1 (4							
		Houston, T	X 77057							
	PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe							plete Schedule T.	
	EXPENDITORE					_		officeholder living		
1						Supplies nee	ded	d for fundrai	ser	
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
$\vdash$										

#### SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/35 Rpt: 31/45	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		•
	11/15/2024	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$43.18	185 Berry Street		
		San Francisco, TX 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Travel Out of District	-	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel DFER Conference.
_				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
_	·			
	Date	Payee name		
	11/18/2024	Lyft		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$18.12	185 Berry Street		
		San Francisco, TX 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense DFER Conference
				DI EIX Comercine
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	11/18/2024	Lyft		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$128.40	185 Berry Street	C	
	Ψ120.40	103 Belly Street		
		San Francisco, TX 94107		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				School visits
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/35 Rpt: 32/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/19/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.57	185 Berry Street
		San Francisco, TX 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel during session
		Travel during Session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	11/25/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.25	185 Berry Street
		San Francisco, TX 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rides while in Austin
		rides wille illy dodil
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	12/02/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.59	185 Berry Street
		San Francisco, TX 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rides for out of district travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	•

#### SCHEDULE F1

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

Fees Office Overhead/Rent:
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contr

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ers)
	Sch: 23/35 Rpt: 33/45	Childs, Staci D. (The Honorable) 00086453	,
4	Date	5 Payee name	
	12/16/2024	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.95	185 Berry Street	
		San Francisco, TX 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Rides to gala on 12/13	
		Nides to gaia on 12/13	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
		1	
	Date	Payee name	
	11/13/2024	Mai's Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.64		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Food after in district travel	
		1 ood after in district traver	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Davis rema	
	12/17/2024	Payee name Mai's Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.19		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Lunch with principal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/35 Rpt: 34/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	08/14/2024	Metropolis
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	Metropolis
	Amount (\$) \$15.00	Payee address; City; State; Zip Code  TX
	PURPOSE	(a) a
	OF EXPENDITURE	Fees    Category   (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Parking   Parking   Check if Austin, TX   Check if Austin, TX
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Metropolis
	Amount (\$) \$15.00	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/35 Rpt: 35/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	08/22/2024	Metropolis
6	Amount (\$) \$45.00	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/23/2024	Metropolis
	Amount (\$) \$15.00	Payee address; City; State; Zip Code  TX
	PURPOSE	(a) a
	OF EXPENDITURE	Fees    Category   (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Parking   Parking   Check if Austin, TX   Check if Austin, TX
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Metropolis
	Amount (\$) \$30.00	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 26/35 Rpt: 36/45	Childs, Staci D. (The Honorable) 00086453	
4	Date	5 Payee name	
	11/01/2024	Metropolis	
6	Amount (\$) \$120.00	7 Payee address; City; State; Zip Code	
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Parking	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/01/2024	Metropolis	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Parking	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
H	Date	Payee name	_
	12/01/2024	Metropolis	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00		
		тх	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Parking	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
L	Superiordie to beliefit 0/01		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	•••
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	on Filers)
	Sch: 27/35 Rpt: 37/45		
4	Date	5 Payee name	
	11/13/2024	O Athletik	
6	Amount (\$) \$180.47	7 Payee address; City; State; Zip Code	
L		TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gym Membership	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/02/2024	O Athletik	
	Amount (\$) \$167.79	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gym membership	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/05/2024	O Athletik	
	Amount (\$) \$7.58	Payee address; City; State; Zip Code	
		TX	
	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  Gym water	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	mplet	te this form.
1 T	otal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
S	Sch: 28/35 Rpt: 38/45	Childs, Staci D. (The Honorable)		00086453
<b>4</b> D	ate	5 Payee name		•
1	2/09/2024	O Athletik		
6 A	mount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$300.00			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
١.	OF EXPENDITURE	Gift/Awards/Memorials Expense	Ì	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	·		Check if Austin, TX, officeholder living expense
				Gym
		0.51.40%		000
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	·			
	ate	Payee name		
1	0/25/2024	Office Max		
Α	mount (\$)	Payee address; City; State; Zip Coo	de	
	\$34.09			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense	ļ	Check if Avetic TV, officeholder living avenue.
				Check if Austin, TX, officeholder living expense Printing out name tags
				Timing out hamo tage
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
e	xpenditure to benefit C/OI			
D	oate	Payee name		
	1/01/2024	Oshotyouflimz		
	mount (\$)	Payee address; City; State; Zip Coo	de	
ĺ '`	\$225.00			
		TX		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(D)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	/ laverasing Expense		Check if Austin, TX, officeholder living expense
				Creating voting informational video.
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
6.	Aponditure to beliefit C/OI	,		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 29/35 Rpt: 39/45	Childs, Staci D. (The Honorable) 00086453			
4	Date	5 Payee name			
	10/15/2024	Paperless Post			
6	Amount (\$) \$37.31	7 Payee address; City; State; Zip Code  TX			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General election fundraiser advertisement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/10/2024	Perez-Diaz, Marisa			
	Amount (\$) \$35.00	Payee address; City; State; Zip Code  TX			
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food during session			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	12/04/2024	Prime Spot			
	Amount (\$) \$10.59	Payee address; City; State; Zip Code			
		TX			
	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 in district travel			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/35 Rpt: 40/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	11/20/2024	Royal Blue Grocery
6	Amount (\$) \$81.28	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food during session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2024	Saint Pen
	Amount (\$) \$40.00	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Creating voting informational video.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/08/2024	Shell
	Amount (\$) \$44.52	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel several in district events
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/35 Rpt: 41/45	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	·
	11/25/2024	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.61		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Gas
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	11/18/2024	Signia Atlanta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$206.89		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  DFER Conference
			2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	11/18/2024	Southwest Airlines	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.00	2702 Love Field Dr	
	+5.00		
		Dallas, TX 75235	
	PURPOSE	i	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel III District	Check if Austin, TX, officeholder living expense
			Internet while on flight
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1 	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/35 Rpt: 42/45	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	10/18/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	303 2nd Street 8th Floor
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Employee award
		Employee awaru
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/02/2024	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.12	303 2nd Street 8th Floor
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Out of district travel food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/13/2024	Steele, Shalese
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Graduation gift
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
I		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers)	$\neg$
	Sch: 33/35 Rpt: 43/45		ci D. (The Honorable)					00086453	,	
4	Date	5 Payee name								
	11/27/2024	Texas Secr	etary of State							
6	Amount (\$) \$308.10	7 Payee addre	ss; City;	State; Zip Co	ode					
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	OF		ns/Donations Made By			Check if travel	outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Officeholder/Political (			Check if Austin,	, TX,	officeholder living	expense	
						Filing fee to s	tar	t business		
9	Complete ONLY if direct expenditure to benefit C/ON		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	09/11/2024	The Star Ca	afe							
	Amount (\$)	Payee addre	ss; City;	State: Zip Co	ode					_
	\$24.68	j	, ,,	, ,						
		TX								
	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bever	age Expense			<b>=</b>		de of Texas. Comp		
	EXI ENDITORE					<b>—</b>		officeholder living	expense	
						Food during s	ses	sion		
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								=
	11/15/2024	Velvet Tacc	)							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					_
	\$64.77									
		TX			ı					
	PURPOSE OF		ee Categories listed at the top of	f this schedule)	(b)	Description				
	EXPENDITURE	Food/Bever	age Expense			ш		de of Texas. Comp		
	<del></del>					_		officeholder living	expense	
						Food out of s	iate	е เгапіс		
					<u> </u>					_
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ıght			Office he	eld	
										_
l										

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

eimbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
ntract Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 34/35 Rpt: 44/45	Childs, Staci D. (The Honorable) 00086453	
4	Date	5 Payee name	
	12/11/2024	Vespaio	
6	Amount (\$) \$90.85	7 Payee address; City; State; Zip Code	
		TX	
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  Dinner for out of district travel	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/22/2024	WALMART	
	Amount (\$) \$147.05	Payee address; City; State; Zip Code 702 S.W. 8TH STREET	
		BENTONVILLE, AK 72716	
	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  Supplies needed while out of town	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 12/11/2024	Payee name Whatburger	
	Amount (\$) \$10.92	Payee address; City; State; Zip Code 601 Barton Springs Rd	
		Austin, TX 78704	
	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  In district travel - food	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card r dyment	The Instruction Guide explains how to complete	te this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 35/35 Rpt: 45/45	Childs, Staci D. (The Honorable)	00086453				
4	Date	5 Payee name					
	11/22/2024	Whole Foods					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$143.63						
l							
l		TX					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
l	OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE		Check if Austin, TX, officeholder living expense				
l			Goodbye gifts to outgoing SBOE members				
L							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
l	expenditure to benefit C/O	п					
F	Date	Payee name					
l	09/20/2024	Willis, Fani					
┝	Amount (\$)	Payee address; City; State; Zip Code					
l	\$500.00	. ayou dadi ooo,y,					
l	4000.00						
l		TV					
L		TX					
l	PURPOSE OF	1 · · · · · · · · · · · · · · · · · · ·	Description				
l	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		·	Donation to DA office.				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
l	expenditure to benefit C/OH						
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