CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00080443	sion Filers)	 Total pages fil 3 	ed: 2		
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY		
OFFICEHOLDER	The Honorable	Rhetta A.						
NAME					Date Received			
					ELECTRONICA	ALLY FILED		
	NICKNAME	LAST		SUFFIX	01/15/2025			
		Bowers						
			-> /	710 0005	Date Hand-delivered or	- Data Destmarked		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Y;	ZIP CODE	Date Hand-delivered of	Date Postinarkeu		
MAILING	3526 Lakeview Pkwy. Ste	В, #211			Receipt #	Amount		
ADDRESS						Anount		
Change of Address	Rowlett, TX 75088				Date Processed			
					Dale Flocessed			
					Date Imaged			
					Date mayeu			
5 CAMPAIGN	MS/MRS/MR	FIRST		MI				
TREASURER	Mr.	Richie L.						
NAME	1111.	Richie E.						
	NICKNAME	LAST		SUFFIX				
		Butler						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER ADDRESS	5710 E. R L Thorton Fwy.							
ADDRE33								
(Residence or Business)	Dallas, TX 75223							
	Dallas, 1X 15225							
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION					
TREASURER	(214) 887-3903							
PHONE								
8 REPORT								
TYPE	X January 15	30th day before	e election	Runoff	15th day after car	npaign treasurer		
					appointment (offic	ceholder only)		
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ich C/OH-FR)		
				reporting innit				
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	10/27/2024	TI	HROUGH	12/31/2024	4			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year		Primary	Runoff	Other			
	03/03/2026		General	Special				
			Serierai					
				1				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT				
	State Representative Distr	ict 113 Dallas		State Representa	ative District 113			
	GO TO PAGE 2							
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.us	5	Versio	on V4.1.0.5dd2ace2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 32

13 C / OH NAME	Bowers, Rhetta A. (T	he Honorable)	14 Filer ID (I 00080443	Ethics Comm	ission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's know	vledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	_	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THAI						
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	1,448.23			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$	24,813.23			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	28,150.16			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	18,712.45			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT	-							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		The Honor	able Rhetta A. Bowe	rs				
		Signature of	Candidate or Officehold	der	_			
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subso	ribed before me, by the s	aid	, this the		day			
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering	g oath			
Forms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us	١	/ersion V4 1	L.0.5dd2ace2			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 32 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Bowers, Rhetta A. (The Honorable) 00080443 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 24,813.23 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 28,150.16 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 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. X \$ 1,498.04 TO FILER

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	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		etta A. (The Honorable)				00080443	,
4	Date	5 Full name of contributor 🗌 out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/05/2024	Bass, Chasity					\$100.00
	1	6 Contributor address; City; State; Zip C	Code				
	1	1					
	ł	1					
		Garland, TX 75040					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Date	Full name of contributor 🗌 out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024 Commit to Students PAC						\$5,000.00
	ł	Contributor address; City; State; Zip C					
	1	1					
	ł	1					
	ł	Dallas, TX 75247					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)			
	Date	Full name of contributor out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Delisi Communications PAC					\$250.00
	,	Contributor address; City; State; Zip C	Code				
	1	1					
	1	1					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
L							
	Date	Full name of contributor out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/05/2024	Duckworth, Robert					\$200.00
	1	Contributor address; City; State; Zip C					
	1	1					
	ł	Contract TV 75040					
⊢	Drivel easy	Garland, TX 75040			ŕ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
⊨	Date	Full name of contributor	of-state PAC (ID#:			Amount of Contribution (\$)	
	11/25/2024	Houston Police Retired Officers As		′ A.C.		Allount of Continention (+)	\$250.00
		Contributor address; City; State; Zip C					T
	1		2000				
	1	1					
	1	Houston, TX 77219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
1							

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/32	
2	FILER NAME			2	Filer ID (Ethics Commissio	n Filers)
ľ		etta A. (The Honorable)		ľ	00080443	51111013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	IBAT PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
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 (\$)	
	12/14/2024	Jablonski, Carol				\$50.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Jackson Walker L.L.P. PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201-2725				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/22/2024	Kull, Veda				\$50.00
		Contributor address; City; State; Zip Code		1		
		ROWLETT, TX 75088				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Lloyd, Gosselink, Rochelle & Townsend				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
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	The Instru	ction Guide explains how to complete this for	rm.		Total pages Schedule A1: Sch: 3/6 Rpt: 6/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		etta A. (The Honorable)			00080443	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Matz and Company, LLC				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions) 9	9 Employer (See Instructions)	s)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/08/2024 PharmPac				.,	\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Randy Cain Attorney At Law				\$150.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78763				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Red Rock Texas PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/03/2024	Rodgers, Kenya				\$150.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		tta A. (The Honorable)		-	00080443	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/12/2024	SANDERS, MONIQUE				\$250.00
		6 Contributor address; City; State; Zip Code				
		Pearland, TX 77584				
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 (\$)	
	12/12/2024	SANDERS, MONIQUE				\$250.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/11/2024	Stevens, Victoria)			\$15.00
	11/11/2021	Contributor address; City; State; Zip Code				\$10.00
		Contributor address, City, State, Zip Code				
		Garland, TX 75040				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
			, . ,	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texans for Lawsuit Reform				\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	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	Texas Automobile Dealers Association	· · · · · · · · · · · · · · · · · · ·			\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	-					
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/32	
2	FILER NAME			2	Filer ID (Ethics Commissio	n Filers)
		etta A. (The Honorable)		3	00080443	JII FIIEIS)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Texas Lobby Strategies				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texas McDonalds Operators Asso. PAC, INC.				\$1,000.00
	12/13/2024					Ψ1,000.00
		Contributor address; City; State; Zip Code				
		Athens, TX 75751				
	Principal occu	pation / Job title (See Instructions))			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texas Optometric PAC			(1)	\$1,000.00
	12/10/2024					φ <u>1</u> ,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texas Sands PAC				\$4,000.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Austin TX 79701				
		Austin, TX 78701		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texas State Association of Firefighters Action Co	ommittee			\$750.00
		Contributor address; City; State; Zip Code				
		Austin TX 78745				
⊢	Deize i i	Austin, TX 78745	Freedow (C. 1. 1. 1.	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bowers, Rhetta A. (The Honorable) 00080443 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 12/13/2024 **Texas Trial Lawyers Association PAC** \$1,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/04/2024 \$150.00 Watkins, Myron Contributor address; City; State; Zip Code Dallas, TX 75370 Principal occupation / Job title (See Instructions) Employer (See Instructions) **MV** Transportation Executive Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Wholesale Beer Distributors of TX PAC \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

			EXPENDITURE CATE	GORI	IES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 10/32		Bowers, Rhetta A. (The Honorable))				00080443
4	Date 11/04/2024		Payee name ADVANTAGE					
6	Amount (\$) \$85.00		Payee address; City; S 5280 Highway 78 Sachse, TX 75048	tate;	Zip Coo	e		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Office Overhead/Rental Expense	is schec	dule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held
	Date		Payee name					
	12/04/2024		ADVANTAGE					
	Amount (\$) \$85.00		Payee address; City; S 5280 Highway 78	tate;	Zip Coo	e		
	PURPOSE		Sachse, TX 75048			b) Description		
	OF		Category (See Categories listed at the top of thi Office Overhead/Rental Expense	is sched	dule)	Check if travel		ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held
	Date		Payee name					
	12/16/2024		AT&T Hotel & Conference Center					
	Amount (\$) \$128.42		Payee address; City; S 1900 University Ave.	tate;	Zip Coo	e		
			Austin, TX 78705					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Office Overhead/Rental Expense	is schec	dule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense tol for Legislative Duties
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held

		EXPENDITURE CAT	EGORIES FOR BO	DX 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:		•		3 Filer ID (Ethics Commission Filers)	
-	Sch: 2/22 Rpt: 11/32	Bowers, Rhetta A. (The Honorabl	e)		00080443	
4	Date 11/18/2024	ayee name Ioft Austin Downtown				
6	Amount (\$) \$460.97	vayee address; City; 09 E 7th St. Nustin, TX 78701	State; Zip Code			
8	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 Travel to Capitol for Legislative Duties					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held	
	Date	ayee name				
11/18/2024 Aloft Austin Downtown						
	Amount (\$) \$33.96	09 E 7th St.	State; Zip Code			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Cood/Beverage Expense	this schedule) (b)		butside of Texas. Complete Schedule T. TX, officeholder living expense J/Bev	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held	
	Date	ayee name				
	12/04/2024	merican Airlines				
	Amount (\$) \$40.00	ayee address; City; 333 Amon Carter Blvd.	State; Zip Code			
		t. Worth, TX 76155	İ			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of ees	this schedule) (b)	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense NCSL Conference	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/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	/ _ I Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	, xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 3/22 Rpt: 12/32		Bowers, Rhetta A. (The Honorable)				00080443	
4	Date	5	Payee name					
	12/04/2024		American Airlines					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode			
	\$45.00		4333 Amon Carter Blvd.					
			Ft. Worth, TX 76155					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees	,	Check if tra		side of Texas. Complete Schedule T.	
	EXPENDITORE						X, officeholder living expense	
					Baggage	ee N	CSL Conference	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight		Office held	
	Date		Payee name					
	12/09/2024		American Airlines					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$85.00		4333 Amon Carter Blvd.					
			Ft. Worth, TX 76155					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees				side of Texas. Complete Schedule T. X, officeholder living expense	
							CSL Conference	
	Complete ONLY if direct		candidate/Officeholder name 0	Office sou	ight		Office held	
	expenditure to benefit C/OI	H			•			
	Date		Payee name					
	12/04/2024		American Airlines					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$505.47		4333 Amon Carter Blvd.	, בוף כס				
	\$000.41		Hold Fuller Blvd.					
			Ft. Worth, TX 76155					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Fees				side of Texas. Complete Schedule T.	
	EXPENDITORE						X, officeholder living expense	
					Travel to [DC fo	r NBCSL	
	Complete <u>ONLY</u> 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	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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: 4/22 Rpt: 13/32		Bowers, Rhetta A. (The Honorable)				00080443		
4	Date	5	Payee name						
	12/12/2024		American Airlines						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$24.00		4333 Amon Carter Blvd.						
			Ft. Worth, TX 76155						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF		Fees	ouuloy		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Baggage fee	NC	CSL Conference		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held		
	Date		Payee name						
	12/05/2024		American Airlines						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$100.00		4333 Amon Carter Blvd.						
			Ft. Worth, TX 76155						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Tours Complete Only duly T		
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. K, officeholder living expense		
							/el to DC for NBCSL		
					3 - - - - ,				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	yht		Office held		
	expenditure to benefit C/OF	Н							
	Date		Payee name						
	12/11/2024		American Airlines						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$80.00		4333 Amon Carter Blvd.						
	+00.00								
			Ft. Worth, TX 76155						
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description				
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.		
							a, officeholder living expense		
					Agent ⊢ee, T	rav	vel to DC for NBCSL		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	jnt		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 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/22 Rpt: 14/32	Bowers, Rhetta A. (The Honorable)	00080443						
4	Date 10/31/2024	5 Payee name Andrews, Anthony							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$900.00 4705 Parkhaven Dr. Garland, TX 75043								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. . TX, officeholder living expense DrK						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/31/2024	Bands of Hope							
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 850442							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. 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							
	11/06/2024	Biden Victory Fund							
	Amount (\$) \$575.00	Payee address; City; State; Zip Code P.O. Box 96663							
		Washington, DC 20077							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide		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: 6/22 Rpt: 15/32		Bowers, Rhetta A. (The Honora	able)				00080443	
4	Date	5	Payee name						
	10/28/2024		Circle K						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$63.55		4902 Lakeview Pkwy						
			Rowlett, TX 75088						
8	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description			
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Gas for vehic			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	Jht		Office held	
	Date		Payee name						
	12/12/2024		Circle K						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$61.56		4902 Lakeview Pkwy						
			Rowlett, TX 75088						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	o of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	Jht		Office held	
	Date		Payee name						
	12/17/2024		Daddeo, Michael						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$1,500.00		20506 S. 198th Place						
			Queen Creek, AZ 85142						
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expension					ide of Texas. Complete Schedule T.	
								officeholder living expense	
						Downpayme	ni U	on Austin Housing	
	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office soug	uht		Office held	
	expenditure to benefit C/OI			C	2000 3000	j			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overl Polling Expe Printing Exp Salaries/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: 7/22 Rpt: 16/32		Bowers, Rhetta A. (The Honorable)				00080443	
4	Date	5	Payee name					
	11/04/2024		Dallas County Democratic Party					
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	e			
	\$240.00		1414 N. Washington Ave					
			Dallas, TX 75204					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee	tee		ι, TΧ,	, officeholder living expense	
					Road Signs			
	Complete ONLY if direct		Candidate/Officeholder name Offi		ht.		Office held	
9	expenditure to benefit C/OF		candidate/Onicenoider name Oni	fice soug			Onice heid	
	Date		Payee name					
	11/04/2024		Dallas County Democratic Party					
	Amount (\$)		Payee address; City; State; 2	Zip Cod	e			
	\$120.00		1414 N. Washington Ave					
			Dallas, TX 75204					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee	tee	Road Signs	I, IX,	, officeholder living expense	
					Road Signs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	ht		Office held	
	Date		Payee name					
	11/15/2024		Delta Sigma Theta Sorority, Inc., North D	Dallas S	uburban Chapte	r		
	Amount (\$)	\vdash	Payee address; City; State; 2		-			
	\$470.00		P.O. Box 830604	2.10 000	0			
	+							
			Richardson, TX 75083					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committe	taa			ide of Texas. Complete Schedule T. , officeholder living expense	
				lee			ees - Community Event/Luncheon	
	ſ							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice 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 Exper mittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pense ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/22 Rpt: 17/32		Bowers, Rhetta A. (The Honora	ble)					00080443	
4	Date 11/07/2024		Payee name El Chico							
6	Amount (\$) \$631.76		Payee address; City; 503 1-30 Frontage Rd. Rockwall, TX 75087	State;	; Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	of this sch	edule)	(b)	Check if Austin,	, TX,	officeholder living	plete Schedule T. gexpense er for Staff/Supporters
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	əld
	Date		Payee name							
	10/31/2024		Fragoso, Daisy							
	Amount (\$) \$1,500.00		Payee address; City; 1207 Cedar Branch Dr.	State;	; Zip Co	de				
			Wylie, TX 75098							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this sch	edule)	(b)		, TX,	officeholder living	plete Schedule T. J expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld
	Date		Payee name						-	
	11/15/2024		Fragoso, Daisy							
	Amount (\$) \$3,000.00		Payee address; City; 1207 Cedar Branch Dr.	State;	; Zip Co	de				
		,	Wylie, TX 75098							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Salaries/Wages/Contract Labor		edule)	(b)		, TX,	officeholder living	plete Schedule T. J expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght			Office he	eld

	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 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	Filer ID (Ethics Commission Filers)					
	Sch: 9/22 Rpt: 18/32		Bowers, Rhetta A. (The Honorable)				00080443		
4	Date 10/28/2024	5	Payee name Goodman Campaigns						
6	Amount (\$)	7		- Zin Co	10				
0	Amount (\$) 7 Payee address; City; State; Zip Code \$912.50 211 E 7th St., Ste. 20 Austin, TX 78701								
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Consulting Expense	edule)	Check if Austin	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense I Communications Service		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	10/28/2024		Goodman Campaigns						
	Amount (\$) \$650.00		Payee address; City; State; 211 E 7th St., Ste. 20	; Zip Co	le				
	DUDDOOF		Austin, TX 78701		(1-)				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Consulting Expense	edule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Communications Service		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held		
	Date		Payee name						
	10/28/2024		Goodman Campaigns						
	Amount (\$) \$729.65		Payee address; City; State; 211 E 7th St., Ste. 20	; Zip Co	le				
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Consulting Expense	edule)	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense I Communications Service		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		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	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: 10/22 Rpt: 19/32		Bowers, Rhetta A. (The Honorable)				00080443		
4	Date	5	Payee name						
	10/28/2024		Goodman Campaigns						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$840.67		211 E 7th St., Ste. 20						
			Auctin TX 79701						
			Austin, TX 78701						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					i unuruising a		Communications Service		
_	Osmalata ONII X if dina at				.1-4				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office held		
	Date		Payee name						
	10/28/2024		Goodman Campaigns						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$952.40 211 E 7th St., Ste. 20								
	\$00 <u>2</u> .+0								
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Fundraising a	ano	Communications Service		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	jht		Office held		
	expenditure to benefit e/or								
	Date		Payee name						
	10/28/2024		Goodman Campaigns						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$161.70		211 E 7th St., Ste. 20	•					
	+								
			Austin, TX 78701						
-	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF	Ľ	Consulting Expense	- 10.0,		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense		
					Fundraising a	and	Communications Service		
	Complete ONLY if direct		Candidate/Officeholder name	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		Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					quipment & Related Expense rrict	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 11/22 Rpt: 20/32		Bowers, Rhetta A. (The Honorable)					00080443	
4	Date	5	Payee name						
	12/09/2024		Hilton Capitol Washington						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip (Code				
	\$50.44		525 New Jersey Ave NW						
			Washington, DC 20001						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comp	
						Lodging for N		officeholder living	
						Louging for it	IDC		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office he	ld
	Date		Payee name						
	12/10/2024		Hilton Capitol Washington						
	Amount (\$)		Payee address; City; Sta	ate; Zip (Code				
	\$201.76	I	525 New Jersey Ave NW	· •					
			· · · · · · · · · · · · · · · · · · ·						
	DUDDOOF		Washington, DC 20001						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	outei	de of Texas. Comp	lata Schadula T
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living	
						Lodging for N	IBC	SL Conferer	nce
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office he	ld
	Date		Payee name						
	11/14/2024		InFocus Campaigns						
	Amount (\$)		Payee address; City; Sta	ate; Zip (Code				
	\$3,494.20		700 K Street NW, Ste. 300						
			Washington, DC 20001		-				
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	ou+-'	de of Tours Or	lata Cabadula T
	EXPENDITURE		Advertising Expense					de of Texas. Comp officeholder living	
						Campaign Te			
						1 3 1 3	- 14		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			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	/ - al Corr	Event Expense Fees Food//Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Exp Salaries/W	rhead bense 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: 12/22 Rpt: 21/32		Bowers, Rhetta A. (The Honorab	le)					00080443
4	Date 10/31/2024		Payee name Jackson, Passion						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$1,000.00		6211 Melody Ln., Apt. 2309						
			Dallas, TX 75231						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this sch	edule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	10/30/2024		Mailchimp						
	Amount (\$)		Payee address; City;	State	Zip Co	de			
	\$117.26		195 Montague St. Brooklyn Heights, NY 11201	,	, _,p				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	this sch	edule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	12/02/2024		Mailchimp						
-	Amount (\$)		Payee address; City;	State	Zip Co	de			
	\$117.26		195 Montague St.	etato,	, <u> </u>				
			Brooklyn Heights, NY 11201						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	this sch	edule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	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 Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (I	Ethics Commission Filers)
1	Sch: 13/22 Rpt: 22/32	1	Bowers, Rhetta A. (The Hor	iorable)				00080443	
4	Date	5	Payee name						
	12/30/2024		Mailchimp						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	е			
	\$117.26		195 Montague St.						
			ů –						
			Prooklyn Hoighte, NV 11201						
_		<u> </u>	Brooklyn Heights, NY 11201		i.				
8	PURPOSE OF		Category (See Categories listed at th	e top of this sche	edule)	b) Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Complet , officeholder living ex	
						Email Tool	I, I.A.	, onicendider living ex	pense
_	Complete ONILV if direct		andidate (Office balder name			b t			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nı		Office held	
	Date		Payee name						
	12/04/2024		National Black Caucus of St	ate Legisla	ators				
	Amount (\$)		Payee address; City;	State;	; Zip Cod	е			
	\$200.00		444 North Capitol St. NW S ⁻	TE 622					
			Washington, DC 20001						
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	b) Description			
	EXPENDITURE		Fees					ide of Texas. Complet	
								, officeholder living ex	pense
						Membership	Du	es	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	11/21/2024		Planned Parenthood						
	Amount (\$)		Payee address; City;	State;	; Zip Cod	е			
	\$300.00		7424 Greenville Ave., Ste. 1	.01					
			Dallas, TX 75231						
-	PURPOSE		Category (See Categories listed at th	o top of this ask		b) Description			
	OF		Contributions/Donations Ma		ieaule)		outsi	ide of Texas. Complet	te Schedule T.
	EXPENDITURE		Candidate/Officeholder/Polit		nittee	Check if Austin	, тх,	, officeholder living ex	pense
						Donation			
-	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held	
	expenditure to benefit C/Oł				9				

	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	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: 14/22 Rpt: 23/32		Bowers, Rhetta A. (The Honorable)				00080443	
4	Date 12/31/2024	5	Payee name Project Unity					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
0	\$500.00 624 N. Good Latimer Expy., Ster. 300							
			Dallas, TX 75204					
8	PURPOSE	(2)			(b) Description			
	OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	-	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austin	, TX,	officeholder living expense	
					Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	jht		Office held	
_	Date		Payee name					
	10/28/2024		SWGR Management					
_	Amount (\$)	┝	_	Zip Co	10			
	\$664.78		5909 Berkshire Ln.					
	\$004.70		5505 Derkshille Ell.					
			Dallas, TX 75225					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.	
	-				Campaign O		officeholder living expense	
					Campaign O	mee	e Kent	
	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	ıht		Office held	
	expenditure to benefit C/OF				,			
	Date		Payee name					
	11/26/2024		SWGR Management					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$664.78		5909 Berkshire Ln.					
	ſ							
			Dallas, TX 75225					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense	
					Campaign O			
					Campaign O			
-	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	aht		Office held	
	expenditure to benefit C/OF				y			
-								

	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: 15/22 Rpt: 24/32	Bowers, Rhetta A. (The Honorable)	00080443						
4	Date 12/12/2024	5 Payee name Sawyer, Kimberly							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$1,000.00 P.O. Box 434 Fate, TX 75132 Fate, TX 75132								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/18/2024	Simply To Impress							
	Amount (\$)Payee address;City;State;Zip Code\$276.7423801 Calabasas Rd.								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ting						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/08/2024	Southwest Airlines							
	Amount (\$) \$5.60	Payee address;City;State;Zip CodeP.O. Box 36647-1CR							
		Dallas, TX 75235							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. 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	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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: 16/22 Rpt: 25/32		Bowers, Rhetta A. (The Honorable)	00080443					
4	Date 11/08/2024	5 Payee name Southwest Airlines							
_		<u> </u>							
6	Amount (\$) \$308.98	7	Payee address; City; State; P.O. Box 36647-1CR	Zip Co	le				
	Dallas, TX 75235								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.		
							officeholder living expense I for Legislative Duties		
					Haver to Cap	ло	i loi Legisialive Dulles		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Dffice sou	yht		Office held		
	Date		Payee name						
	12/13/2024		Southwest Airlines						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$563.96		P.O. Box 36647-1CR	•					
			Dallas, TX 75235						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T. , officeholder living expense		
							I for Legislative Duties		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Dffice sou	Jht		Office held		
	expenditure to benefit C/OI								
	Date		Payee name						
	11/07/2024		Spectrum						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$75.39		400 Atlantic St.						
			Stamford, CT 06901						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					District Cable	;			
	Complete ONUV if direct	Ļ	Condidate/Officebolder same	Office com	t		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	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		-		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: 17/22 Rpt: 26/32	В	owers, Rhetta A. (The	00080443					
4	Date 12/09/2024		ayee name pectrum						
6	Amount (\$) \$7 Payee address; City; State; Zip Code 400 Atlantic St. Stamford, CT 06901								
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 District Cable									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder nam	ie C	Office soug	ht		Office held	
	Date	P	ayee name						
	11/07/2024	S	witchboard Public Ber	efit Corp.					
	Amount (\$) Payee address; City; State; Zip Code \$171.69 P.O. Box 33485 Image: Compare the state of the								
			ashington, DC 20033/						
	PURPOSE OF EXPENDITURE		ategory (See Categories liste dvertising Expense	ed at the top of this sch	ledule)		ide of Texas. Complete Schedule T. , officeholder living expense DCAIIS		
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH								Office held	
	Date	Р	ayee name						
	12/04/2024	Т	exas House Democra	ic Caucus					
	Amount (\$) \$1,500.00		ayee address; City; .O.Box 12453	State;	; Zip Coo	le			
		A	ustin, TX 78735						
	PURPOSE OF EXPENDITURE		ategory (See Categories liste	ed at the top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder nam	ie 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		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: 18/22 Rpt: 27/32	Bowers, Rhetta A. (The Honorable)	00080443								
4	Date	Payee name									
	11/21/2024	Truist Bank									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$75.00	214 N. Tryon St., Ste. 3									
		Charlotte, NC 28202									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
		Service Charg									
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
12/23/2024 Truist Bank											
Amount (\$) Payee address; City; State; Zip Code											
	\$38.50	214 N. Tryon St., Ste. 3									
	Charlotte, NC 28202										
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Charges</li> </ul> </li> </ul>									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/08/2024	UBER									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$85.63	555 Market St									
	San Francisco, CA 94105										
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense tol for Legislative Duties								
	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         Tr           Food/Beverage Expense         Polling Expense         Tr           By -         Gift/Awards/Memorials Expense         Printing Expense         Tr						Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 19/22 Rpt: 28/32	В	owers, Rhetta A. (The Hon	00080443					
4	Date 11/14/2024		ayee name BER						
6	Amount (\$) \$52.60	55	ayee address; City; 55 Market St an Francisco, CA 94105	State;	Zip Coo	le			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description 							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Pa	ayee name						
11/15/2024 UBER									
	Amount (\$) \$21.60	55	ayee address; City; 55 Market St	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Ca	an Francisco, CA 94105 ategory (See Categories listed at the avel Out of District	e top of this sch	edule)		n, TX,	de of Texas. Com officeholder living for Legislat	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Pa	ayee name						
	11/15/2024	U	BER						
	Amount (\$) \$23.41		ayee address; City; 55 Market St	State;	; Zip Coo	le			
		Sa	an Francisco, CA 94105						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the avel Out of District	e top of this sch	edule)		n, TX,	de of Texas. Com officeholder living for Legislat	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	łd
					_		_		

	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	B Filer ID (Ethics Commission Filers)							
	Sch: 20/22 Rpt: 29/32	Bowers, Rhetta A. (The Honorable)	00080443							
4	Date 11/15/2024	5 Payee name UBER								
6	Amount (\$) \$27.12	<ul> <li>Payee address; City; State; Zip Code</li> <li>555 Market St</li> <li>San Francisco, CA 94105</li> </ul>								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Travel to Capitol for Legislative Duties										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/15/2024	UBER								
	Amount (\$) \$20.49	Payee address; City; State; Zip Code 555 Market St								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense							
Travel to Capitol for Legislative Duties										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/18/2024	UBER								
	Amount (\$) \$72.10	Payee address; City; State; Zip Code 555 Market St								
		San Francisco, CA 94105								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense col for Legislative Duties							
	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/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete the	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 21/22 Rpt: 30/32	Bowers, Rhetta A. (The Honorable)	00080443						
4	Date 12/04/2024	Payee name UBER							
6	Amount (\$) \$159.87	Payee address; City; State; Zip Code 555 Market St San Francisco, CA 94105							
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 Travel in DC for NBCSL									
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
12/09/2024 UBER									
	Amount (\$) \$63.85	Payee address; City; State; Zip Code 555 Market St							
	PURPOSE OF EXPENDITURE	Travel Out of District	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wel in DC for NBCSL						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/13/2024	UBER							
	Amount (\$) \$54.69	Payee address; City; State; Zip Code 555 Market St							
		San Francisco, CA 94105							
	PURPOSE OF EXPENDITURE		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ivel in DC for NBCSL						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/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		nmittee	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 22/22 Rpt: 31/32		Bowers, Rhetta A. (The Honorable) 00									
4	Date	5	Payee name	9								
	12/19/2024			o Communic	ations Inc.							
6	Amount (\$)	7	Payee addr	ess; City;	State:	Zip Co	de					
	\$34.10		-	n Blvd / 6th F		p						
						r						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Video communications platform								g expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder nam	ie C	office sou	ght			Office h	eld	
	Date		Payee name	9								
	11/04/2024Zoom Video Communications Inc.											
	Amount (\$) \$34.10		Payee addro 55 Almade San Jose,	n Blvd / 6th F		Zip Co	de					
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense				Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Video communications platform						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder nam	ie C	office sou	ght			Office h	eld	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/1 Rpt: 32/32				
2	FILER NAME	D (Ethics Commission Filers)				
	Bowers, Rhe	)443				
4	Date 11/19/2024		Name of person from whom amount is received The Allegro Royal			8 Amount (\$) \$1,498.04
		6	Address of person from whom amount is received; City; State; Zip Code			
			Chicago, IL 60601			
		7	Purpose for which amount is received Check if p Refund for Unused Lodging on 8/9/2024	olitio	cal cont	ribution returned to filer