CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commis 00065973 | ssion Filers) | 2 Total pages file | |
|-------------------------|---|-----------------|--|----------------------------------|--|-----------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | SE ONLY |
| OFFICEHOLDER NAME | The Honorable | Giovanni S. | | | Date Received | |
| | | | | | ELECTRONICA | I I V EII ED |
| | | | | | 01/15/2025 | LETTILLD |
| | NICKNAME | LAST | | SUFFIX | 01/15/2025 | |
| | | Capriglione | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| OFFICEHOLDER MAILING | 1352 Ten Bar Trail | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Southlake, TX 76092 | | | | | |
| 🗀 . | | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| 5 CAMPAIGN TREASURER | | | | MI | | |
| NAME | Mrs. | Elisa B. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Capriglione | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP1 | / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER ADDRESS | 1352 Ten Bar Trail | | | | | |
| (Residence or Business) | | | | | | |
| (Residence of Business) | Southlake, TX 76092 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | E NUMBER E | EXTENSION | | | |
| PHONE | (214) 500-3302 | | | | | |
| | | | | | | |
| 8 REPORT TYPE | | 7 | | 5 · · " | T 450 4 | |
| ''' - | X January 15 | 30th day before | election | Runoff | 15th day after cam appointment (office | |
| | July 15 | 8th day before | election | Exceeded modified | Final Report (Attac | ch C/OH-FR) |
| | | _ | | reporting limit | _ | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 10/27/2024 | TH | IROUGH | 12/31/202 | 4 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | Pi | rimary | Runoff | Other | |
| | | | eneral | Special | _ | |
| | | | Cherai | Борески | | |
| 11 055105 | OFFICE HELD (if and) | | | 12 OFFICE COLICUIT | (if known) | |
| 11 OFFICE | OFFICE HELD (if any) State Representative Distr | iot 00 Tarrant | | 12 OFFICE SOUGHT State Represent | | |
| | State Representative Distr | ici 96 Tarrani | | State Represent | alive District 90 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |
| I | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 55

| 13 C / OH NAME | (Ethics Co | nmission Filers) | | | | | |
|--|----------------------------------|--------------------|--|---|----------------|-------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | s accepted or political expendit s may have been made without equired to report this information | the candidate's or office | ceholder's k | nowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAM | 1E | | | | |
| Ш | GENERAL | | | | | | |
| | | COMMITTEE ADD | RESS | | | | |
| | SPECIFIC | | | | | | |
| | | COMMITTEE CAM | IPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAM | IPAIGN TREASURER ADDRE | SS | | | |
| | | | | | | | |
| 16 CONTRIBUTION TOTALS | | | ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE | | , \$ | 0.00 | |
| | \$ | 148,467.05 | | | | | |
| EXPENDITURE TOTALS | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THE I | AST DAY OF THE | \$ | 367,925.04 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | LL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 | |
| 17 AFFIDAVIT | - | | | | | | |
| | | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | | | |
| | | | The Heneral | alo Ciovanni S. Con | ialiono | | |
| | | | | ole Giovanni S. Capr f Candidate or Officeho | | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | g | | | | |
| Consume to and only | | a: d | | Aloio Aloo | | dou | |
| | | | my hand and seal of office. | , this the | | day | |
| | ,, , , , , , | , | , | | | | |
| Signature of office | cer administering | Printed name | of officer administering | Title of office | er administe | ring oath | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | C | JVER SI | 3 of 55 |
|----|--------|---|-----------------------------|-------------|------------------|
| I | ER NAM | ME e, Giovanni S. (The Honorable) | 19 Filer ID 00065973 | (Ethics Cor | nmission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBT | OTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 148,467.05 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 34,915.36 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 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 FOR TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDU | LE A1 |
|---|----------------------------|---|------------------------------|----------------|---|--------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 1/25 Rpt: 4/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | | Austin, TX 78701 | | Ĺ | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | S) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID: AFSCME TX Correctional Officers PAC Contributor address; City; State; Zip Code | #:) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Huntsville, TX 77320 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | ' | , | | | | |
| | Date 12/09/2024 | Full name of contributor out-of-state PAC (ID: AT&T Texas PAC Contributor address; City; State; Zip Code | #:) | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 12/12/2024 | Date Full name of contributor X out-of-state PAC (ID#: C00040279) | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 11/15/2024 | Full name of contributor X out-of-state PAC (ID: Advance Financial Administration LLC Contributor address; City; State; Zip Code Nashville, TN 37204 | #: C00702308) | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDUL | E A1 |
|---|--|--|-----|---|---|---|------------|
| | The Instru | ction Guide explains how to complete this fo | orı | m. | 1 | Total pages Schedule A1: Sch: 2/25 Rpt: 5/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$5,000.00 |
| _ | Duinning Langu | Irving, TX 75038 | • | Franksian (Cookaranian | | | |
| 8 | NA | pation / Job title (See Instructions) | 9 | Employer (See Instructions NA | 5) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Houston, TX 77027 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | Fillicipal occu | pation / Job title (See Instructions) | | Employer (See instructions | ») | | |
| | Date 12/13/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | Chicago, IL 60631 pation / Job title (See Instructions) | | Employer (See Instructions | :, | | |
| | Timolpai occa | pation / oob title (occ motituetions) | | Employer (See Instructions | ,, | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$5,000.00 | |
| | Principal occu Attorney | Houston, TX 77007 pation / Job title (See Instructions) | | Employer (See Instructions Arnold Itkin LLP | <u> </u> | | |
| | Date 12/13/2024 | Full name of contributor | 000 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDU | LE A1 |
|---|-----------------------|---|-------------------------------------|---|----------------|---|--------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 3/25 Rpt: 6/55 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | | Giovanni S. (The Honorable) | | | L | 00065973 | |
| 4 | Date 11/15/2024 | 5 Full name of contributor Ennett, Montgomery 6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) | \$2,500.00 |
| | | Dallas, TX 75254 | | | | | |
| 8 | Principal occu CEO | pation / Job title (See Instructions) | (| 9 Employer (See Instructions Ashford Inc. | s) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/12/2024 | Bentley Public Affairs | | | | | \$500.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | S) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 12/12/2024 | Braun, Lou | | | | | \$100.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | Southlake, TX 76092 | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | retired | | | retired | | | |
| | Date | Full name of contributor | x out-of-state PAC (ID#: CI | 00354241) | | Amount of Contribution (\$) | |
| | 12/12/2024 | CGI Technologies and Solu Contributor address; City; Sta | | | • | | \$2,500.00 |
| | | Fairfax, VA 22030 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>1</u> S) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) | |
| | 12/12/2024 | CLEAT PAC | | | | | \$1,000.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | S) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDULI | E A1 |
|---|----------------------------------|--|--|---|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/25 Rpt: 7/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | n Filers) |
| 4 | Date 11/15/2024 | Full name of contributor out-of-state PAC (ID#:_Calpine Corporation PAC Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$1,500.00 |
| _ | | Houston, TX 77002 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Capital Leadership Fund Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | , , | | | | |
| | Date 11/15/2024 | Full name of contributor x out-of-state PAC (ID#: C00348938) Chubb Group Holdings Inc. PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Philadelphia, PA 19106 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Clark, Douglas Contributor address; City; State; Zip Code Grapevine, TX 76051 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu EVP | pation / Job title (See Instructions) | Employer (See Instructions Financial Operating, Inc | | | |
| | Date 12/05/2024 | Full name of contributor out-of-state PAC (ID#:_ Colyandro, John Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Public Affairs | pation / Job title (See Instructions) | Employer (See Instructions Colyandro Public Affairs | | | |
| | . 22.37 (10.01) | | 23.7 3.1.3.3 1 45.10 7 114.10 | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|----------------------------|---|-------------------------|------------------------------|----------|---|------------|
| | The Instru | ction Guide explains hov | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 5/25 Rpt: 8/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | 5 Full name of contributorComcast Corporation & N6 Contributor address; City; S | | | 7 | Amount of Contribution (\$) | \$2,000.00 |
| | | Philadelphia, PA 19103 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | s) | | |
| | Date 12/13/2024 | Full name of contributor Commit to Students PAC Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Dallas, TX 75247 pation / Job title (See Instructions | 5) | Employer (See Instructions | ;) | | |
| | Timelpai occa | pation / oob title (occ motivotions | , | Employer (See Instructions | ,, | | |
| | Date 11/15/2024 | Full name of contributor Constellation Energy Cor Contributor address; City; S | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | | Wshington, DC 20001 | | | <u> </u> | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor Cornerstone Government Contributor address; City; S Washington, DC 20024 | | | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| | Date 12/13/2024 | Full name of contributor Crestline Solutions Contributor address; City; S Austin, TX 78701 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUI | LE A1 |
|---|----------------------------|---|---|---|---|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/25 Rpt: 9/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Dallas, TX 75215 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Davis Kaufman PLLC Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Draude, John Contributor address; City; State; Zip Code Colleyville, TX 76034 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu COO | pation / Job title (See Instructions) | Employer (See Instructions B&F Finance |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ ENPAC TEXAS Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDU | LE A1 |
|---|----------------------------|--|------------------------------|------------|--|--------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 7/25 Rpt: 10/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | 5 Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,500.00 |
| | | Dallas, TX 75230 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Foster, Mark Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Dallas, TX 75244 pation / Job title (See Instructions) | Employer (See Instructions | .) | | |
| | Attorney | pation / cos title (cos monastro) | Self | , | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Friends of UNT Political Action Committee Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,500.00 |
| | | Dallas, TX 75380 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Friends of the TTU System PAC Contributor address; City; State; Zip Code Lubbock, TX 79409 |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Friends of the University Political Action Committ Contributor address; City; State; Zip Code Austin, TX 78763 | | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TION | S | | SCHEDUL | E A1 |
|---|----------------------------|--|----------|---------------------------------|--|--|------------|
| | The Instru | ction Guide explains how to complete th | nis forr | n. | 1 | Total pages Schedule A1: Sch: 8/25 Rpt: 11/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Duinning Langu | Southlake, TX 76092 | - 10 | Franks on (Cook bath others | | | |
| 8 | Self | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC Gonzalez, Larry Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Drincinal occu | Round Rock, TX 78681 pation / Job title (See Instructions) | 1 | Employer (See Instructions | ·/ | | |
| | G. Affairs | pation / 300 title (See instructions) | | Desk 138, LLC | ·) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC Gray Reed PAC Contributor address; City; State; Zip Code | (ID#: |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | | Houston, TX 77056 | _ | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>1 </u> | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC HCA Good Government Fund Contributor address; City; State; Zip Code Dallas, TX 75240 | (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | S | | SCHEDUL | E A1 |
|---|----------------------------|---|------------------------|--|---|--|------------|
| | The Instruc | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 9/25 Rpt: 12/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | 5 Full name of contributor HILLCO PAC6 Contributor address; City; State; | | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | Doing in all a second | Austin, TX 78701 | lo. | Faradaya (Can Instruction | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor HOMEPAC of TEXAS Contributor address; City; State; | |) | | Amount of Contribution (\$) | \$500.00 |
| | Deire sin al acces | Austin, TX 78701 | | Farada a (Osa da tanta atiana | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor HS Law PAC Contributor address; City; State; | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor Hamer, Jonathan Contributor address; City; State; Austin, TX 78735 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions Hometown Hero |) | | |
| | Date 12/12/2024 | Full name of contributor Hausenfluck, Amber Contributor address; City; State; Austin, TX 78704 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu VP | pation / Job title (See Instructions) | | Employer (See Instructions T X Public Affairs |) | | |
| | | | 1 | | | | |

| | MONET | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|-------------------------------|---|--|-------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 10/25 Rpt: 13/55 | | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) | |
| 4 | Date 11/15/2024 | Full name of contributor | <u>C00199711</u> | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| Ļ | | Chicago, IL 60601 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | | |
| | Date 11/15/2024 | Full name of contributor out-of-state PAC (ID#: HeartPlace PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | Dallas, TX 75248 upation / Job title (See Instructions) | Employer (See Instructions | | | | |
| | Date 11/06/2024 | Full name of contributor out-of-state PAC (ID#: Heede, Conrad Contributor address; City; State; Zip Code Colleyville, TX 76034 | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Real Estate | upation / Job title (See Instructions) | Employer (See Instructions) Self |) | | | |
| | Date 12/10/2024 | Full name of contributor out-of-state PAC (ID#: Heller, J David Contributor address; City; State; Zip Code Boca Raton, FL 33432 | | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu CEO | upation / Job title (See Instructions) | Employer (See Instructions) The NRP Group |) | | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#: Hill, Laura Contributor address; City; State; Zip Code Southlake, TX 76092 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu Publisher | upation / Job title (See Instructions) | Employer (See Instructions) Downey Publishing |) | | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|----------------------------|--|------------------------------|-------------|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 11/25 Rpt: 14/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/09/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ IBAT PAC 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | | Austin, TX 78701 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | |
| | Date 12/12/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | Pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Attorney | | Arnold Itkin LLP | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#: Jackson Walker LLP PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Dallas, TX 75201 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Jocelyn Dabeau Government Affairs Contributor address; City; State; Zip Code Austin, TX 78731 |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Junior and Community College PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|-------------------------------|---|--|-------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/25 Rpt: 15/55 | | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) | |
| 4 | Date 12/12/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| _ | | Dallas, TX 75201 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Keffer Konsulting LLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | Eastland, TX 76448 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Lafavers, Mike Contributor address; City; State; Zip Code Southlake, TX 76092 | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Self | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_Laine, Dale Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu President | pation / Job title (See Instructions) | Employer (See Instructions Laine Strategy Group |) | | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_Lesch, Eric Contributor address; City; State; Zip Code Grapevine, TX 76051 | | | Amount of Contribution (\$) | \$1,041.02 | |
| | Principal occu Surety Agen | rpation / Job title (See Instructions) t | Employer (See Instructions PCL Contract Bonding A | | ncy | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | S | SCHEDULE A1 | | | | |
|---|-----------------------------|---|--|-------------|--|-----------|---|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 13/25 Rpt: 16/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 10/31/2024 | Full name of contributor Magnuson, Craig Contributor address; City; Sta | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$26.03 |
| _ | B | Colleyvile, TX 76034 | T. | | 5 1 (O 1 i ii | <u></u> | | |
| 8 | Attorney | pation / Job title (See Instructions) | 9 | | Employer (See Instructions Self | 5) | | |
| | Date 12/12/2024 | Full name of contributor Massingill, Gavin Contributor address; City; Sta | | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78767 pation / Job title (See Instructions) | T | | Employer (See Instructions | رد آ | | |
| | Consulting | padotty out the (out mondonon) | | | Self | <i>''</i> | | |
| | Date 12/12/2024 | Full name of contributor McCormick, Travis Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code | | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78704 | | | | | | |
| | Principal occu Principle | pation / Job title (See Instructions) | | | Employer (See Instructions McCormick Strategies | 5) | | |
| | Date 12/13/2024 | Full name of contributor McGuire Revocable Trust Contributor address; City; Sta Dallas, TX 75205 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu | pation / Job title (See Instructions) | | | Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor McGuire Revocable Trust Contributor address; City; Sta Dallas, TX 75205 | out-of-state PAC (ID#: atte; Zip Code | |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu | pation / Job title (See Instructions) | | | Employer (See Instructions | s) | | |
| | | | <u>'</u> | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|--|---|---|-------------|---|------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 14/25 Rpt: 17/55 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| _ | | Giovanni S. (The Honorable) | | Ļ | | |
| 4 | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID# Moak Casey, LLC Contributor address; City; State; Zip Code | :) | , | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78701 | _ | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 12/12/2024 | NAIFA Texas Pac | | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | Austin, TX 78746 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 12/13/2024 | Nabers, Mary | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78735 | _ | | | |
| | Principal occu CEO | pation / Job title (See Instructions) | Employer (See Instructions Strategic Partnerships | 5) | | |
| | Date | Full name of contributor ut-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 12/12/2024 | North Texas Automobile Dealers PAC | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Irving, TX 75062 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 12/11/2024 | Oney, Tom | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78756 | | | | |
| | Principal occu Attorney | ipation / Job title (See Instructions) | Employer (See Instructions LCRA | 5) | | |
| | | | • | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO |)NS | | SCHEDUI | _E A1 |
|---|----------------------------|---|-------------------------|------------------------------|----------------|---|--------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 15/25 Rpt: 18/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/13/2024 | Full name of contributor Otsuka America Pharmace Contributor address; City; St. | | 200553834) | 7 | Amount of Contribution (\$) | \$500.00 |
| | | Rockville, MD 20850 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) | 9 Employer (See Instructions | s) | | |
| | Date 12/12/2024 | Otsuka America Pharmaco Contributor address; City; St | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Rockville, MD 20850 spation / Job title (See Instructions |) | Employer (See Instructions | <u> </u> ;) | | |
| | Date 12/12/2024 | Full name of contributor POLITICAL ACTION COM Contributor address; City; St. Austin, TX 78768 | - | DEPENDENT | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 12/12/2024 | Full name of contributor Penn Entertainment Inc To Contributor address; City; St Wyomissing, PA 19610 | | C00085811) | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | ipation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor PharmPac Contributor address; City; St | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78757 Ipation / Job title (See Instructions) |) | Employer (See Instructions | <u> </u> 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|----------------------------|---|---|-------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 16/25 Rpt: 19/55 | | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) | |
| 4 | Date 12/12/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Purdue, Brandon, Fielder, Collins & Mott LLP 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$500.00 | |
| _ | | Lubbock, TX 79408 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Riceland Consulting LLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | Eagle Lake, TX 77434 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_Riddle, Dean Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions Riddle & Williams |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | • | pation / Job title (See Instructions) Relations Consultant | Employer (See Instructions Offices of Marc A. Rodr | | ez | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|----------------------------|--|------------------------------------|-------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 17/25 Rpt: 20/55 | | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) | |
| 4 | Date 12/13/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,500.00 | |
| 8 | Principal occu | San Antonio, TX 78201 pation / Job title (See Instructions) | 9 Employer (See Instructions | | | | |
| • | Fillicipal occu | pation / 300 title (See Instructions) | 5 Employer (See Instructions | , | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Sabine Pilot PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | Port Arthur, TX 77640 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | · | | | | | | |
| | Date 12/12/2024 | Full name of contributor X out-of-state PAC (ID#: C Safelight Group Contributor address; City; State; Zip Code | C00526509) | | Amount of Contribution (\$) | \$1,500.00 | |
| | | Colombus, OH 43235 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Shipton, Patricia Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | • | pation / Job title (See Instructions) Affairs Consulting | Employer (See Instructions Self |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Southwest Airlines Co Political Action Committe Contributor address; City; State; Zip Code Dallas, TX 75235 | e | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| S | SCHEDULE A1 | | | | |
|---|----------------------------|---|------------------------|-------------|------------------------------------|----------------|---|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 18/25 Rpt: 21/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/11/2024 | 5 Full name of contributor Stahl, Susan6 Contributor address; City; States | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | | Grapevine, TX 76092 | | | | Ĺ | | |
| 8 | Principal occu retired | pation / Job title (See Instructions | s) | | Employer (See Instructions retired | 5) | | |
| | Date 11/15/2024 | Full name of contributor Strategic Link Consulting Contributor address; City; S | | | | • | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occur | Kennesaw, GA 30144 pation / Job title (See Instructions | 9 | | Employer (See Instructions | <u>:)</u> | | |
| | i illicipai occu | pation 7 300 title (See Instituctions | " | | Employer (See mandenoria | " | | |
| | Date 12/13/2024 | Full name of contributor Sullivan, Raymond Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occur | Austin, TX 78735 pation / Job title (See Instructions | | | Employer (See Instructions | ·/- | | |
| | | overnment relations consultar | · | | Sullivan Public Affairs | " | | |
| | Date 12/12/2024 | Full name of contributor TALAPAC Contributor address; City; S Austin, TX 78759 | out-of-state PAC (ID#: | | | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions | (3) | | Employer (See Instructions | <u>l</u> S) | | |
| | Date 12/12/2024 | Full name of contributor TBA Bank Pac Contributor address; City; S Austin, TX 78701 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | pation / Job title (See Instructions | (3) | | Employer (See Instructions | 5) | | |
| | | | 1 | | | | | |

| | MONET | ARY POLITICAL C | NS | SCHEDULE A1 | | | |
|---|----------------------------|---|---------------------------------------|------------------------------|----------|---|------------|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 19/25 Rpt: 22/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 11/15/2024 | TENASKA INC EMPLOYE | | L ACTION COMMITTEE | 7 | Amount of Contribution (\$) | \$500.00 |
| | | Omaha, NE 68154 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) | 9 Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor TEXPAC Contributor address; City; St | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$2,500.00 |
| | | Austin, TX 78701 | | | <u> </u> | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor TXTA TruckPAC Contributor address; City; St. | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78762 | · · · · · · · · · · · · · · · · · · · | | <u></u> | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor Texas Alliance for Life PA Contributor address; City; St Austin, TX 78754 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | <u>(</u> | | |
| | Date 12/12/2024 | Full name of contributor Texas Beverage Alliance of Contributor address; City; St. Austin, TX 78701 | - | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions | | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|----------------------------|---|------------------------------|-------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 20/25 Rpt: 23/55 | | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) | |
| 4 | Date 12/12/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| _ | | New Braunfels, TX 78131 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Finance Association PAC Contributor address; City; State; Zip Code Kerrville, TX 78028 | | | Amount of Contribution (\$) | \$3,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$2,500.00 | |
| | <u> </u> | Dallas, TX 75265 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$2,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas McDonald's Operator Association PAC, II Contributor address; City; State; Zip Code Athens, TX 75751 | nc. | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|----------------------------|--|------------------------------|-------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 21/25 Rpt: 24/55 | | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) | |
| 4 | Date 11/15/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$3,000.00 | |
| _ | <u> </u> | Austin, TX 78701 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Property Tax Lienholders Association PA Contributor address; City; State; Zip Code Austin, TX 78759 | | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 11/15/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Radiological Society PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Daine in all account | San Antonio, TX 78257 | Farely (Contracting) | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 11/15/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Restaurant Association PAC Contributor address; City; State; Zip Code Austin, TX 78767 | | | Amount of Contribution (\$) | \$1,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Firefighters Action C Contributor address; City; State; Zip Code Austin, TX 78701 | ommittee | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDUI | LE A1 |
|---|----------------------------|---|------------------------------|----|---|------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 22/25 Rpt: 25/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 12/12/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,500.00 |
| | | Austin, TX 78701 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 11/15/2024 | Full name of contributor out-of-state PAC (ID) Texas and Southwestern Cattle Raisers Assoc Contributor address; City; State; Zip Code Fort Worth, TX 76185 | ciation | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID# The Alan and Gay Erwin Trust Contributor address; City; State; Zip Code | <u>*:</u> | | Amount of Contribution (\$) | \$250.00 |
| _ | Principal occu | Austin, TX 78746 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 11/15/2024 | Full name of contributor X out-of-state PAC (ID# The Home Depot Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004 | #: C00284885) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID# The Posey Law Firm, P.C. Contributor address; City; State; Zip Code Austin, TX 78701 | *:) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIB | UTION | IS | | SCHEDUI | E A1 |
|---|----------------------------|---|------------|----------------------------|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete | e this for | m. | 1 | Total pages Schedule A1: Sch: 23/25 Rpt: 26/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00065973 | on Filers) |
| 4 | Date 11/15/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$500.00 |
| | | Dallas, TX 75201 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78767 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | , | | , . , . (| , | | |
| | Date 12/12/2024 | Full name of contributor 🗵 out-of-state P. The Travelers Companies Inc. Political A Contributor address; City; State; Zip Code | nmittee | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu | Hartford, CT 06183 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor x out-of-state PAC (ID#: C00542365) Toyota Motor North America Inc PAC Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | Washington, DC 20004 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state P. TravelPAC Contributor address; City; State; Zip Code Austin, TX 78746 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|----------------------------|--|-------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 24/25 Rpt: 27/55 | |
| 2 | FILER NAME Capriglione, | Giovanni S. (The Honorable) | | 3 | Filer ID (Ethics Commission 00065973 | n Filers) |
| 4 | Date 12/12/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$2,000.00 |
| | | San Antonio, TX 78288 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor | 000274431) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Washington, DC 20004 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | · | , | | | | |
| | Date 12/12/2024 | Full name of contributor | SIBLE GOVERNMENT | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Political A Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Wilbanks, Paul Contributor address; City; State; Zip Code Austin, TX 78738 | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu NA | pation / Job title (See Instructions) | Employer (See Instructions NA |) | | |
| | | | | | | |

| MONE | TARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A1 |
|-----------------------------|---|--------------------------------------|---|
| The Instru | uction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 25/25 Rpt: 28/55 |
| 2 FILER NAMI Capriglione | E, Giovanni S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065973 |
| 4 Date 12/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Wine And Spirits Wholesalers of Texas PAC Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$2,500.00 |
| | Austin, TX 78701 | | |
| 8 Principal occ | cupation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Date 11/15/2024 | Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation Political Action Committee Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$500.00 | |
| | San Antonio, TX 78265 | | |
| Principal occ | cupation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | d Cor | | Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | | | Expens /Wages | e /Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | trict category not listed above) |
|---|---|----------|---------------------------|---|-----------------|-----------|------------------|----------------------|--------|---|-------------------------------------|
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| L | Sch: 1/27 Rpt: 29/55 | | Capriglione | , Giovanni S. (The | Honorab | le) | | | L | 00065973 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 11/25/2024 | | Adobe | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip C | ode | | | | |
| | \$21.64 | | 345 Park Av | venue . | | | | | | | |
| | | | | | | | | | | | |
| | | | San Jose, C | CA 95110 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at the to | op of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | head/Rental Exper | | , | | _ | | de of Texas. Comp | |
| | EXI ENDITORE | | | | | | | _ | | officeholder living | expense |
| | | | | | | | | Software Sub | JSCI | ιμιισπ | |
| 9 | Complete ONLY if direct | <u> </u> | andidate/Offi | ceholder name | | Office so | ught | | | Office he | ald |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | anuluale/Offi | cendidel Haiffe | | mice so | uynı | | | Onice ne | au |
| | Date | | Payee name | | | | | _ | | | |
| | 12/23/2024 | | Adobe | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip C | ode | | | | |
| | \$21.64 | | 345 Park Av | /enue | | | | | | | |
| | | | | | | | | | | | |
| | | | San Jose, C | CA 95110 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the to | op of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | head/Rental Exper | | • | | — | | de of Texas. Comp | |
| | ZA ZABITORZ | | | | | | | — | | officeholder living | expense |
| | | | | | | | | Software Sub | JOU | ιριιστι | |
| _ | Complete ONLY if direct | <u> </u> | Candidate/Offi | ceholder name | 0 | Office so | llaht | | | Office he | ald |
| | expenditure to benefit C/O | | zaradato/OIII | osholdol Halilo | O | 30 | agrit | | | Omoc ne | |
| _ | Date | Π | Daveo nama | | | | | | | | |
| | 12/01/2024 | | Payee name Aldredge, K | atv | | | | | | | |
| | | | | | Ctata: | Zin O | ods. | | | | |
| | Amount (\$) | | Payee addres | , | State; | Zip C | oue | | | | |
| | \$1,000.00 | | 4330 Bull C | ieek Ruau | | | | | | | |
| | | | Austin, TX 7 | 78732 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the to | op of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Salaries/Wa | ages/Contract Lab | or | | | ш | | de of Texas. Comp | |
| | | | | | | | | Campaign Sa | | officeholder living | expense |
| | | | | | | | | Jampaigii 36 | ai (UI | y | |
| _ | Complete ONLY if direct | Щ | Candidate/Offic | ceholder name | | Office so | luaht | | | Office he | hld |
| | expenditure to benefit C/O | | zaradato/OIII | osholdol Halilo | O | 30 | agrit | | | Omoc ne | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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 Legal Services 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/Officenoider/Politi 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: 2/27 Rpt: 30/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 Date | 5 Payee name |
| 11/25/2024 | Atomic Legion |
| 6 Amount (\$) \$1,443.97 | 7 Payee address; City; State; Zip Code 3907 Warehouse Row Austin, TX 78704 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Christmas Retreat |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held OH |
| Date | Payee name |
| 11/22/2024 | Austin Proper Hotel |
| Amount (\$) \$360.33 | Payee address; City; State; Zip Code 600 West 2nd Street Austin, TX 78701 |
| 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 C/OH lodging expense, Austin |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held OH |
| Date | Payee name |
| 11/25/2024 | Best Buy |
| Amount (\$) \$3,946.97 | Payee address; City; State; Zip Code 1515 W STATE HWY 114 |
| | Grapevine, TX 76051 |
| 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 A/V equipment for hearings, meetings, and bill reviews. |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held OH |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/27 Rpt: 31/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 12/04/2024 | Budget |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$255.93 | 617 E Dallas Rd |
| | | |
| | | Grapevine, TX 76051 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | LAFENDITORE | Expense Check if Austin, TX, officeholder living expense |
| | | Campaign Rental - DFW to Austin |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/12/2024 | Capital Grill |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$195.18 | |
| | \$195.18 | 1201 E State Highway 114 |
| | | Ste 100 |
| | | Southlake, TX 76092 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | LA LIBITORE | Check if Austin, TX, officeholder living expense |
| | | Constituent Dinner |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiulture to beriefft C/Oi | |
| | Date | Payee name |
| | 12/09/2024 | Capitol Gift Shop |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,732.00 | 1400 N. Congress Avenue |
| | + =,. = =.00 | _ 100 11 |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Christmas Ornaments |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| ı | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6 | Salaries | Expens /Wages | se s/Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | strict category not listed above) |
|---|--|-----------------|---|-------------------|------------------|------------------------------|--------|---|--------------------------------------|
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/27 Rpt: 32/55 | Capriglione | e, Giovanni S. (The H | lonorable) | | | | 00065973 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 12/06/2024 | Capitol Gif | : Shop | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | | State; Zip C | ode | | | | |
| | \$217.30 | 1400 N. Co | ongress Avenue | | | | | | |
| | | A = | 70704 | | | | | | |
| _ | DUDESSE | Austin, TX | | | 10. | | | | |
| 8 | PURPOSE OF | | See Categories listed at the top | | (b) | Description Check if travel | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | GilvAward | s/Memorials Expense | 5 | | | | officeholder living | |
| | | | | | | Christmas Or | nar | ments, Chris | stmas Cards |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | <u> </u> | | | | | | |
| | 11/25/2024 | Cava | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$125.18 | 515 Congr | ess Ave | | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78745 | | | | | | |
| | PURPOSE | (a) Category (S | See Categories listed at the top | of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | | | de of Texas. Com officeholder living | |
| | | | | | | Staff Lunch | , , ,, | omocnoider iiviiilig | , experise |
| | | | | | | | | | |
| | Complete ONLY if direct | | ficeholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | 4 | | | | | | | |
| | Date | Payee name |) | | | | | | |
| | 12/19/2024 | Cava | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$101.43 | 515 Congr | ess Ave | | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78745 | | | | | | |
| | PURPOSE | (a) Category (S | See Categories listed at the top | of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | | | de of Texas. Com officeholder living | |
| | | | | | | Staff Lunch | , т. | onicentiaer living | l evheuse |
| | | | | | | | | | |
| | Complete ONLY if direct | | ficeholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/O | 4 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Gitt/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | Travel Out of District OTHER (enter a category not listed above) | | | | |
|----------|---|-----|----------------|---|---------------------|-------------|------|---------------|-------|---|----------------------------|--|--|--|
| L | | | | The Instruction G | iuide explains | now to cor | mple | te this form. | _ | | | | | |
| 1 | Total pages Schedule F1: | 1 | | | | | | | 3 | | (Ethics Commission Filers) | | | |
| | Sch: 5/27 Rpt: 33/55 | | Capriglione, | Giovanni S. (1 | The Honoral | ble) | | | | 00065973 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | | |
| | 11/15/2024 | | Challa, Man | u | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State | ; Zip Co | de | | | | | | | |
| | \$150.00 | | 1209 Norma | ndy Dr | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Southlake, 1 | X 76092 | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sch | nedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | | ges/Contract L | | , | | | | | mplete Schedule T. | | | |
| | EXPENDITORE | | | | | | | _ | | officeholder livir | ng expense | | | |
| | | | | | | | | Campaign Int | terr | 1 | | | | |
| | | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offic | eholder name | (| Office sou | ght | | | Office h | neld | | | |
| L | experialitie to beliefft C/OI | 11 | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | | |
| | 12/18/2024 | | Chuy's - Aus | stin | | | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State | ; Zip Co | de | | | | | | | |
| | \$130.61 | | 1728 Barton | Springs Rd | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8704 | | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sch | nedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Food/Bevera | age Expense | | | | - | | | mplete Schedule T. | | | |
| | - | | | | | | | Staff Lunch | , TX, | officeholder livir | ng expense | | | |
| | | | | | | | | Stall LullCli | | | | | | |
| <u> </u> | Complete ONLY if direct | | andidate/Off: | oholder neme | | Office com | ab+ | | | Office h | aold | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | ai iuiuate/ΟΠΙ | eholder name | (| Office sou | ynı | | | Office r | leiu | | | |
| L | · | _ | | | | | | | | | | | | |
| | Date | ı | Payee name | h | | | | | | | | | | |
| | 12/03/2024 | | Colleyville C | hamber of Coi | | | | | | | | | | |
| | Amount (\$) | 1 | Payee addres | | State | ; Zip Co | de | | | | | | | |
| | \$25.00 | | 5601 Colley | ville Blvd | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Colleyville, | X 76034 | | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sch | nedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Food/Bevera | age Expense | | | | 브 | | | mplete Schedule T. | | | |
| | | | | | | | | | | officeholder livir | ng expense | | | |
| | | | | | | | | Chamber Lur | iCH | | | | | |
| | Complete ONLY if alice of | Ļ | andidate Off | obolder neme | | Office carr | abt | | | Office ! | aold | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | ai iuiuate/ΟΠΙ | eholder name | (| Office sou | ynı | | | Office h | leiu | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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

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

| | Credit Card Payment | The Instruction Guide explains how to com | plete | e this form. |
|---|---|--|-------|---|
| 1 | Total pages Schedule F1: Sch: 6/27 Rpt: 34/55 | 2 FILER NAME Capriglione, Giovanni S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065973 |
| 4 | Date 11/05/2024 | 5 Payee name Cork & Pig | | 00003373 |
| 6 | Amount (\$) \$30.00 | 7 Payee address; City; State; Zip Cod 1431 E Southlake Blvd Suite 551 Southlake, TX 76092 | | Description |
| | OF EXPENDITURE | Food/Beverage Expense | [| Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Lunch |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht | Office held |
| | Date 12/12/2024 | Payee name DFW Airport Parking | | |
| | Amount (\$) \$3.00 | Payee address; City; State; Zip Cod 2400 Aviation Drive North DFW Airport, TX 75261 | е | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht | Office held |
| | Date 11/11/2024 | Payee name Del Frisco's Grille | | |
| | Amount (\$) \$143.77 | Payee address; City; State; Zip Cod 1200 E Southlake Blvd | е | |
| | | Southlake, TX 76092 | | |
| | 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 Campaign Lunch |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht | Office held |
| | | | | |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff(Alwards/Me)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|----|
| _ | | | |
| 1 | | | i) |
| | Sch: 7/27 Rpt: 35/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | |
| 4 | Date | 5 Payee name | |
| | 12/20/2024 | Del Frisco's Grille | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$120.93 | 1200 E Southlake Blvd | |
| | | | |
| | | Southlake, TX 76092 | |
| Ļ | | | |
| 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 | |
| | | Campaign Lunch | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| 9 | expenditure to benefit C/O | | |
| _ | | <u> </u> | |
| | Date | Payee name | |
| | 12/06/2024 | Desano Pizza | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$346.62 | 301 Lavaca Street | |
| | | #200 | |
| | | Austin, TX 78701 | |
| | 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 | |
| | | Campaign Event | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | H | |
| | Date | Payee name | _ |
| | 11/15/2024 | Doubletree Suites | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$266.19 | 303 W 15th St | |
| | Ψ200.10 | | |
| | | Austin TV 79701 | |
| | | Austin, TX 78701 | |
| | PURPOSE OF | (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. | |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Lodging for C/OH Duties. | |
| | | | |
| | 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Memor Legal Services The Instruction | | | /ages | /Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed | above) |
|---|--|----------|--|--|-----------------------|------------|------------|-----------------|-------|-------------------------------------|--------------------------------|---------------|
| 1 | Total pages Schedule F1: | 12 | | | | | | | 12 | Filer ID | (Ethics Commi | ssion Filors) |
| | Sch: 8/27 Rpt: 36/55 | | | Giovanni S. | (The Honora | ıble) | | | 3 | 00065973 | (Ethics Commi | SSION FILETS) |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 12/18/2024 | | | s Bagels - K | eller | | | | | | | |
| 6 | Amount (\$) \$14.40 | 7 | Payee addres 751 Keller F Keller, TX 7 | Pkwy | State | e; Zip Co | de | | | | | |
| Ļ | BUBBBBB | <u> </u> | | | | | <i>a</i> > | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | e Categories listed age Expense | | chedule) | (b) | 브 | , TX, | officeholder living | plete Schedule T. g expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 11/13/2024 | | - | ood Fired Gri | II | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | e; Zip Co | de | | | | | |
| | \$41.00 | | 450 W State | Highway 11 | 4 | | | | | | | |
| | | | | 0 | | | | | | | | |
| | | | Grapevine, | TX 76051 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed | at the top of this so | chedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | - | | | plete Schedule T. | |
| | | | | | | | | — | | officeholder living | g expense | |
| | | | | | | | | Constituent M | /lee | eting | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | | Office sou | ght | | | Office he | eld | |
| - | Data | | | | | | | | | | | |
| | Date | | Payee name | | 11 | | | | | | | |
| | 11/21/2024 | | Firebiras w | ood Fired Gri | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | e; Zip Co | de | | | | | |
| | \$56.45 | | 450 W State | e Highway 11 | 4 | | | | | | | |
| | | | | | | | | | | | | |
| | | | Grapevine, | TX 76051 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed | at the top of this so | chedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | ш | | | plete Schedule T. | |
| | | | | | | | | _ | | officeholder living | g expense | |
| | | | | | | | | Constituent M | лее | ung | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Office | ceholder name | | Office sou | ght | | | Office he | eld | |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/27 Rpt: 37/55 Capriglione, Giovanni S. (The Honorable) 00065973 4 Date Payee name 11/22/2024 Fresas - South First 6 Amount (\$) Payee address; State; Zip Code \$146.15 1703 S 1st St Austin, TX 78704 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/2024 GRAPEVINE CHAMBER OF COMMERCE Amount (\$) Payee address; City; State; Zip Code \$320.00 200 Vine Street Grapevine, TX 76051 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Annual Dues** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/03/2024 GRAPEVINE CHAMBER OF COMMERCE Amount (\$) Payee address: City: State: Zip Code \$25.00 200 Vine Street Grapevine, TX 76051 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Chamber Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 | | Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp | | Vages | /Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed above) |
|----------|--|------------------|--|---------------|-----------|---------------------------------|-------|-------------------------------------|-----------------------------------|
| ┢ | Total pages Schedule F1: | 2 FILED NAME | | | - | | 2 | Filor ID | (Ethics Commission Filers) |
| ľ | | 2 FILER NAME | | orabla) | | | 3 | Filer ID 00065973 | (Ethics Commission Filers) |
| L | Sch: 10/27 Rpt: 38/55 | | , Giovanni S. (The Hon | iorable) | | | | 00005973 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 11/01/2024 | Google | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; S | State; Zip Co | ode | | | | |
| | \$15.35 | 1600 Amph | itheatre Pkwy | | | | | | |
| | | | | | | | | | |
| | | Mountain V | iew, CA 94043 | | | | | | |
| Ļ | | | | | <i></i> | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the top of the | nis schedule) | (b) | Description | | df.T O | whete Cohendrale T |
| | EXPENDITURE | Office Over | head/Rental Expense | | | = | | officeholder living | plete Schedule T. |
| | | | | | | Google Gsuit | | | |
| | | | | | | | _ | | |
| 9 | Complete ONLY if direct | Candidata/Offi | ceholder name | Office sou | l naht | | | Office he | ald |
| ľ | expenditure to benefit C/O | | centituer name | Office Sou | igni | | | Office H | au |
| \vdash | · | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 12/02/2024 | Google | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip Co | de | | | | |
| | \$15.35 | 1600 Amph | itheatre Pkwy | | | | | | |
| | | | | | | | | | |
| | | Mountain V | iew, CA 94043 | | | | | | |
| H | PURPOSE | | | | (h) | Description | | | |
| | OF | | ee Categories listed at the top of the | nis schedule) | (0) | Description Check if travel of | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | Office Over | head/Rental Expense | | | = | | officeholder living | |
| | | | | | | Google Gsuit | e - | drive, works | space |
| | | | | | | | | | |
| H | Complete ONLY if direct | Candidate/Offi | ceholder name | Office sou | ght | | | Office he | eld |
| | expenditure to benefit C/O | Н | | | | | | | |
| H | Date | Davies name | | | | | | | |
| | 11/13/2024 | Payee name | per of Commerce | | | | | | |
| | | | | | | | | | |
| | Amount (\$) | Payee addre | | State; Zip Co | ode | | | | |
| | \$35.00 | 2109 Martir | ı Dr | | | | | | |
| | | | | | | | | | |
| | | Bedford, TX | 76021 | | | | | | |
| Г | PURPOSE | (a) Category (Si | ee Categories listed at the top of the | nis schedule) | (b) | Description | | | |
| | OF | | age Expense | , | | Check if travel | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | — | | officeholder living | j expense |
| | | | | | | Chamber Lur | nch | | |
| L | | | | | | | | | |
| | Complete ONLY if direct | | ceholder name | Office sou | ght | | | Office he | eld |
| | expenditure to benefit C/O | Н | | | | | | | |
| | | | | | | | | | |
| 1 | | | | | | | | | |
| ı | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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: 11/27 Rpt: 39/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 12/22/2024 | Harry & David | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$400.39 | 2500 S. Pacific Hwy. | | | | | | |
| | | | | | | | | |
| | | Medford, OR 97501 | | | | | | |
| 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 | | | | | | |
| | | Constituent Gifts | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | н | | | | | | |
| _ | Date | Payee name | | | | | | |
| | 11/08/2024 | Hilton Austin | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$485.61 | 500 East 4th Street | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78701 | | | | | | |
| | 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 C/OH lodging expense, Austin | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | Н | | | | | | |
| | Date | Payee name | | | | | | |
| | 10/28/2024 | Hobby Lobby #0045 | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$8.11 | 8000 Research Blvd | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78758 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | - | Check if Austin, TX, officeholder living expense Office Decor | | | | | | |
| | | | | | | | | |
| | 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

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 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: 12/27 Rpt: 40/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 10/27/2024 | Home Depot - #6839 |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.68 | 1200 Barbara Jordan Blvd |
| | | |
| | | Austin, TX 78723 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Supplies |
| | | Стос Стррисс |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ٥ | expenditure to benefit C/O | |
| _ | Date | Davies warms |
| | 10/28/2024 | Payee name HomeGoods #0537 |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$432.99 | 12700 Shops Parkway |
| | | |
| | | Bee Cave, TX 78738 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Decor |
| | | S65 2555. |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | Data | |
| | Date | Payee name Indeed Tower |
| | 12/09/2024 | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$9.00 | 210 W 6th St |
| | | |
| | | Austin, TX 78701 |
| | 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 Fee |
| | | raiking ree |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

rertising 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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
r 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) | | | |
| | Sch: 13/27 Rpt: 41/55 | Capriglione, Giovanni S. (The Honorable) | 00065973 | | | |
| 4 | Date 11/15/2024 | 5 Payee name Install Connect Inc | | | | |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 505 W State St Garland, TX 75040 | | | | |
| 8 | PURPOSE OF EXPENDITURE | Advertising Expense | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense up) | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | Date 11/04/2024 | Payee name Lawson Strategies, LLC | | | | |
| | Amount (\$) \$5,436.14 | Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Messages | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | Date 11/04/2024 | Payee name Lawson Strategies, LLC | | | | |
| | Amount (\$) \$91.96 | Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704 | | | | |
| | PURPOSE OF EXPENDITURE | Check if Aust | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense tintenance (Go Daddy) | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| | 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: 14/27 Rpt: 42/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 11/14/2024 | Lillard, Coby |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 4713 Van Zandt Dr |
| | | |
| | | Keller, TX 76244 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LXI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Intern |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| | Data | |
| | Date | Payee name |
| | 10/30/2024 | Lillard, Coby |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 4713 Van Zandt Dr |
| | | |
| | | Keller, TX 76244 |
| | 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 |
| | | Campaign Intern |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 12/01/2024 | Lone Star Executive Suites |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,157.00 | 312 W Northwest Hwy |
| | | |
| | | Grapevine, TX 76051 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign Office Rent |
| | | |
| | 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 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
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) |
| | Sch: 15/27 Rpt: 43/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 11/01/2024 | Lone Star Executive Suites |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,157.00 | 312 W Northwest Hwy |
| | | |
| | | Grapevine, TX 76051 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Office Rent |
| | | Sampaign emes non |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Date | |
| | Date | Payee name |
| | 10/28/2024 | MailChimp |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$47.97 | 675 Ponce de Leon Ave NE |
| | | Suite 500 |
| | | Atlanta, GA 30308 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/27/2024 | MailChimp |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$47.97 | 675 Ponce de Leon Ave NE |
| | | Suite 500 |
| | | Atlanta, GA 30308 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |

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 Expe Legal Services The Instruction Guide | Salaries/\ | Wages | s/Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed above) | |
|---|--|-----------------|---|----------------------|-----------|------------------|-------|-------------------------------------|--------------------------------------|---------|
| ┰ | Total pages Schedule F1: | 2 EII ED NAM | | | | | 3 | Filer ID | (Ethics Commission I | =ilers) |
| ľ | Sch: 16/27 Rpt: 44/55 | | e, Giovanni S. (The | Honorable) | | | ľ | 00065973 | (Ethios Commission) | licio) |
| 4 | Date | 5 Payee name | ; | | | | • | | | |
| L | 12/27/2024 | MailChimp | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$47.97 | 675 Ponce | de Leon Ave NE | | | | | | | |
| | | Suite 500 | | | | | | | | |
| | | Atlanta, GA | A 30308 | | | | | | | |
| 8 | PURPOSE | (a) Category (s | See Categories listed at the to | in of this schedule) | (b) | Description | | | | |
| | OF | Advertising | | p of this scriedule) | `´ | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | • | | | Check if Austin | , TX, | officeholder living | expense | |
| | | | | | | Email Market | ing | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office sou | ught | | | Office he | eld | |
| | Date | Payee name |) | | | | | | | |
| | 10/28/2024 | Matt's El R | ancho | | | | | | | |
| H | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$75.36 | 2613 S Laı | mar Blvd | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX | 78704 | | | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the to | p of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | = | | de of Texas. Com | | |
| | | | | | | Staff Lunch | , ΙΛ, | officeholder living | expense | |
| | | | | | | Stail Lancii | | | | |
| H | Complete ONLY if direct | | ficeholder name | Office sou | l ught | | | Office he | eld | |
| | expenditure to benefit C/O | H | | | | | | | | |
| | Date | Payee name | | | | | | | | · · · · |
| | 11/12/2024 | McCaslin, | Charlie | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$4,250.00 | 3525 Plym | outh Avenue | | | | | | | |
| | | | | | | | | | | |
| | | Fort Worth | , TX 76109 | | | | | | | |
| H | PURPOSE | (a) Category (s | See Categories listed at the to | p of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | ages/Contract Labo | | | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | | officeholder living | expense | |
| | | | | | | Campaign W | age | es | | |
| L | | | | | | | | | | |
| | Complete ONLY if direct | | ficeholder name | Office sou | ught | | | Office he | eld | |
| L | expenditure to benefit C/O | П | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 | |
|----------|--|---|
| Ļ | | |
| 1 | Total pages Schedule F1: Sch: 17/27 Rpt: 45/55 | 2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973 |
| 4 | Date | 5 Payee name |
| • | 11/04/2024 | Michaels Craft Stores |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$36.77 | 1051 E Southlake Blvd |
| | | |
| | | Southlake, TX 76092 |
| 8 | DUDDOCE | |
| O | PURPOSE OF | (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. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Decor |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | Data | |
| | Date | Payee name |
| | 12/23/2024 | Michaels Craft Stores |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$43.29 | 1051 E Southlake Blvd |
| | | |
| | | Southlake, TX 76092 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Decor |
| | | Office Beeof |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | o |
| | | |
| | Date | Payee name |
| | 12/04/2024 | Modern Market |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$129.11 | 401 Congress Ave |
| | | |
| | | Austin, TX 78701 |
| | 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. |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Staff Lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| l | | |

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
Legal Services 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: 18/27 Rpt: 46/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 12/12/2024 | Modern Market |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$129.97 | 401 Congress Ave |
| | | |
| | | Austin, TX 78701 |
| 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 |
| | | Staff Lunch |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 12/12/2024 | Office Depot |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$115.54 | 1317 TX-114 West |
| | | |
| | | Grapevine, TX 76051 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Supplies |
| | | Cinico Supplies |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/13/2024 | Omni PGA Frisco Resort |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$27.06 | 4341 PGA Parkway |
| | | |
| | | Frisco, TX 75033 |
| | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Parking Fee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | nmittee | Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|--|---|----------|--|---|----------------|-----------|------------------|---|-------|---------------------|----------------------------|
| 1 | Total pages Schedule F1: | ı | | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| L | Sch: 19/27 Rpt: 47/55 | L | Capriglione | , Giovanni S. (The I | Honorabl | e) | | | | 00065973 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 11/05/2024 | | ReadyRefre | esh | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip C | ode | | | | |
| | \$107.09 | | 16420 N Int | erstate Hwy 35 | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 7 | 78728 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at the top | p of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | | head/Rental Expen | | , | | Check if travel | outsi | de of Texas. Comp | olete Schedule T. |
| | EXI ENDITORE | | | | | | | _ | , TX, | officeholder living | expense |
| | | | | | | | | Office Water | | | |
| 9 | Complete ONLY if direct | <u> </u> | `andidata/Offi | coholdor namo | | ffice se | l labt | | | Office he | Id |
| a | Complete ONLY if direct expenditure to benefit C/OI | | ai iuiuate/OM | ceholder name | | ffice so | ugnt | | | Office ne | iu |
| | Date | | Payee name | | | | | | | | |
| | 12/18/2024 | | Shippo | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip C | ode | | | | |
| | \$201.73 | | 461 2nd St | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Francis | sco, CA 94103 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the top | p of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | | /Memorials Expens | | | | Check if travel | | de of Texas. Comp | |
| | LA LADITORL | | | | | | | | | officeholder living | expense |
| | | | | | | | | Postage for G | אווכ | • | |
| | Complete ONLY if direct | <u> </u> | andidata/O#: | coholdor nama | | ffice ac- | liap+ | | | Office he | Id |
| | Complete ONLY if direct expenditure to benefit C/OH | | ai iuiuale/OTI | ceholder name | O | ffice so | uynı | | | Office ne | ıu |
| _ | <u> </u> | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 11/01/2024 | | Staples Inc | | | | | | | | |
| | Amount (\$) | ı | Payee addres | | State; | Zip C | ode | | | | |
| | \$321.63 | l | 200 N Kimb | ali Ave | | | | | | | |
| | | l | #200 | | | | | | | | |
| L | | L | Southlake, ⁻ | TX 76092 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the top | o of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | Office Overl | nead/Rental Expen | se | | | ш | | de of Texas. Comp | |
| | | | | | | | | Printing, elec | | officeholder living | evhense |
| | | | | | | | | | | . p.sp.11010 | |
| | Complete ONLY if direct | | andidate/Offi | ceholder name | O | ffice so | <u>l</u> uaht | | | Office he | |
| | expenditure to benefit C/O | | | 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | J | | | 255.110 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/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 Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | | | | | | | | |
| | Sch: 20/27 Rpt: 48/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 12/16/2024 | Staples Inc | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$245.06 | 200 N Kimball Ave | | | | | | | |
| | | #200 | | | | | | | |
| | | Southlake, TX 76092 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Check if Austin, TX, officeholder living expense Printer toner, paper, office supplies | | | | | | | |
| | | Times tollow, paper, olives supplied | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 12/30/2024 | Staples Inc | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$171.54 | 200 N Kimball Ave | | | | | | | |
| | 42.2.0 | #200 | | | | | | | |
| | | Southlake, TX 76092 | | | | | | | |
| | PURPOSE | | | | | | | | |
| | OF | (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. | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Office supplies | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | experiantare to benefit Gree | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 11/07/2024 | Sweetgreen | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$106.21 | 200 West 2nd Street | | | | | | | |
| | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | |
| | 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 Staff Lunch | | | | | | | |
| | | | | | | | | | |
| | 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 Cor

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

| | Candidate/Officenoider/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: 21/27 Rpt: 49/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 11/14/2024 | Sweetgreen |
| 6 | Amount (\$) \$50.88 | 7 Payee address; City; State; Zip Code 200 West 2nd Street |
| | | Austin, TX 78701 |
| 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 Staff Lunch |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/09/2024 | Sweetgreen |
| | Amount (\$) \$79.45 | Payee address; City; State; Zip Code 200 West 2nd Street |
| | | Austin, TX 78701 |
| | 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 Staff Lunch |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/10/2024 | Sweetgreen |
| | Amount (\$) \$77.64 | Payee address; City; State; Zip Code 200 West 2nd Street |
| | | Austin, TX 78701 |
| | 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 Staff Lunch |
| | 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 -Candidate/Officeholder/Political Cor Event Expense 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 | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 22/27 Rpt: 50/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | | | | | | | |
| 4 | Date | 5 Payee name | _ | | | | | | |
| | 12/04/2024 | Target - Austin | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ | | | | | | |
| | \$92.01 | 2025 Guadalupe St | | | | | | | |
| | | Ste 01-100 | | | | | | | |
| | | Austin, TX 78705 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | - | | | | | | |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Office Decor | | | | | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | experience to benefit Gree | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 11/05/2024 | Tarrant County GOP | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$1,000.00 | 7524 Mosier View Court | | | | | | | |
| | | Suite 230 | | | | | | | |
| | | Fort Worth, TX 76118 | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | | | | | |
| | OF EXPENDITURE | Advertising Expense | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Political Signs Purchased | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
| | Data | Davies same | _ | | | | | | |
| | Date 10/31/2024 | Payee name Texans For Life Coalition | | | | | | | |
| | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$500.00 | 5616 Forest Bend Drive | | | | | | | |
| | | A II | | | | | | | |
| | | Arlington, TX 76017 | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | 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 | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | | |
| | | | _ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Event expense Loan Fees Office e Food/Beverage Expense Polling Gitt/Awards/Memorials Expense Printing Legal Services Salarie

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: 23/27 Rpt: 51/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 11/14/2024 | Texas Star Golf Course | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$13.00 | 1400 Texas Star Pkwy | | | | | | | |
| | | | | | | | | | |
| | | Euless, TX 76040 | | | | | | | |
| 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 Chamber Meeting | | | | | | | |
| | | Chamber Weeting | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| ľ | expenditure to benefit C/O | | | | | | | | |
| H | Date | Payee name | | | | | | | |
| | 11/04/2024 | Texas Trade Graphics | | | | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$714.45 | 2935 Irving | | | | | | | |
| | ****** | Suite 201 | | | | | | | |
| | | | | | | | | | |
| L | DUDDOOF | Dallas, TX 75247 | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Sign Printing | | | | | | | |
| | | | | | | | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/O | 1 | | | | | | | |
| Г | Date | Payee name | | | | | | | |
| | 11/01/2024 | The Mail Room | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$3,266.66 | 729 Grapevine Hwy | | | | | | | |
| | | | | | | | | | |
| | | Hurst, TX 76054 | | | | | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Printing Expense | | | | | | | |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Campaign Advocacy Mailers | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | |
|---|---|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 24/27 Rpt: 52/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 11/18/2024 | Verizon Wireless | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$154.36 | 2221 E Southlake Blvd | | | | | | |
| | | Ste 340 | | | | | | |
| | | Southlake, TX 76093 | | | | | | |
| 8 | PURPOSE | | | | | | | |
| ° | OF | (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. | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Campaign Cell Phone | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| | Date | Payee name | | | | | | |
| | 12/24/2024 | Verizon Wireless | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$154.36 | 2221 E Southlake Blvd | | | | | | |
| | | Ste 340 | | | | | | |
| | | Southlake, TX 76093 | | | | | | |
| | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Campaign Cell Phone | | | | | | |
| | | Campaign con i none | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| | Date | Payee name | | | | | | |
| | 11/04/2024 | Wildwood Grill | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$75.57 | 2700 E Southlake Blvd | | | | | | |
| | Ψ13.31 | 2700 L Southake bivu | | | | | | |
| | | Southlake, TX 76092 | | | | | | |
| | 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 | | | | | | |
| | | Constituent Meal | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | |
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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

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

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 25/27 Rpt: 53/55 | Capriglione, Giovanni S. (The Honorable) 00065973 |
| 4 | Date | 5 Payee name |
| | 12/13/2024 | Winred |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$119.82 | 1776 Wilson Blvd |
| | | Arlington, VA 22209 |
| 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 Donation Fee |
| | | Donation Fee |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| מ | expenditure to benefit C/O | |
| | Date | Payee name |
| | 12/12/2024 | Winred |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$421.58 | 1776 Wilson Blvd |
| | | |
| | | Arlington, VA 22209 |
| | 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 Donation Fee |
| | | Bollation |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 12/11/2024 | Winred |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$21.67 | 1776 Wilson Blvd |
| | | |
| | | Arlington, VA 22209 |
| | 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 Donation Fee |
| | | Donation i ee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
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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 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: 26/27 Rpt: 54/55 | Capriglione, Giovanni S. (The Honorable) 00065973 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 12/10/2024 | Winred | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$19.70 | 1776 Wilson Blvd | | | | | | |
| | | | | | | | | |
| L | | Arlington, VA 22209 | | | | | | |
| 8 | 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 | | | | | | |
| | | Donation Fee | | | | | | |
| | | Donation 1 oc | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| ľ | expenditure to benefit C/O | the state of the s | | | | | | |
| ⊨ | Date | Daysa nama | | | | | | |
| | 12/05/2024 | Payee name Winred | | | | | | |
| | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$19.70 | 1776 Wilson Blvd | | | | | | |
| | | | | | | | | |
| | | Arlington, VA 22209 | | | | | | |
| | 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 Donation Fee | | | | | | |
| | | Donation Fee | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| ⊨ | D-4- | | | | | | | |
| | Date 11/06/2024 | Payee name | | | | | | |
| | | Winred | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$3.94 | 1776 Wilson Blvd | | | | | | |
| | | | | | | | | |
| | | Arlington, VA 22209 | | | | | | |
| | 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 Donation Fee | | | | | | |
| | | Donation Fee | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Examing Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment | | mmittee | Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|---|-----------------------------|----------|--|---|---------------|---|------|----------------------|----------------------------|
| l | Credit Card Payment | | | The Instruction Guide explains h | now to comple | ete this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAMI | E | | | 3 | Filer ID | (Ethics Commission Filers) |
| l | Sch: 27/27 Rpt: 55/55 | | Capriglione | e, Giovanni S. (The Honorab | le) | | | 00065973 | |
| 4 | Date | 5 | Payee name | <u> </u> | | | _ | | |
| | 10/31/2024 | ľ | Winred | , | | | | | |
| Ļ | | <u> </u> | | City City | Zin Codo | | | | |
| l۴ | Amount (\$) | ' | Payee addre | | Zip Code | | | | |
| l | \$1.03 | | 1776 Wilso | n Biva | | | | | |
| l | | | | | | | | | |
| l | | | Arlington, \ | /A 22209 | | | | | |
| 8 | PURPOSE | (a) | Category (S | See Categories listed at the top of this sche | edule) (b) | Description | | | |
| l | OF | | Fees | or or all of the control of the control | Judio, | | outs | ide of Texas. Cor | nplete Schedule T. |
| l | EXPENDITURE | | | | | _ | | , officeholder livin | g expense |
| l | | | | | | Donation Fee | 9 | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Off | ficeholder name C | office sought | | | Office h | eld |
| | expenditure to benefit C/OI | + | | | | | | | |
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