# 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 Comm 00020971		2 Total pages	filed: 145
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Judith			Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST Zaffirini		SUFFIX	··· 07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 627				Receipt #	Amount
Change of Address	Laredo, TX 78042-0627				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<del>-</del>	
TREASURER NAME	Mr.	Guadalupe				
	NICKNAME	LAST	•••••	SUFFIX		
		Castillo				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; S	TATE; ZIP CODE
TREASURER ADDRESS	1407 Washington Street					
(Residence or Business)	Laredo, TX 78040					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (956) 724-8355	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff		campaign treasurer fficeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit		attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	Month Day Teal				Other	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	State Senator District 21			State Senator		
	•			•		
		GO Т	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 145

13 C / OH NAME	Zaffirini, Judith (The I	Honorable)	<b>14</b> Filer ID (I	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the candidate's or office	holder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME								
Ш	GENERAL	GENERAL								
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 128,000.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 5,820.43						
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 295,131.55						
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,003,401.80						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		The Hon	orable Judith Zaffirini							
			Candidate or Officehold							
AFFIX NO	TARY STAMP / SEAL AB	DVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of office.	·	·						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath						

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

					3 01 145
18 FIL	ER NAM	1E	19 Filer ID	(Ethic	cs Commission Filers)
Za	ffirini, J	udith (The Honorable)	00020971		
l		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	122,000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	6,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	237,454.73	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	62,869.30
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.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	19,661.06

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/145
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020971
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Benavides, Arturo Tomas  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$10,000.00	
_	Dringing! aggs	Laredo, TX 78041	<u> </u>	Employer (Coo Instructions	<u>,                                     </u>	
8	Rancher	pation / Job title (See Instructions)	9	Employer (See Instructions Los Angeles Cattle Com		ny, Ltd.
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$10,000.00	
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Rancher Self emplo				,	
Date Full name of contributor out-of-state PAC (ID#: 06/27/2025 Border Health PAC Contributor address; City; State; Zip Code			)		Amount of Contribution (\$) \$25,000.00	
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 06/25/2025	Brown, Jay P.	of-state PAC (ID#:	)		Amount of Contribution (\$) \$500.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Jay P. Brown Consulting		
	Date 06/24/2025	Full name of contributor out- Capital Leadership Fund Contributor address; City; State; Zip Austin, TX 78701	of-state PAC (ID#:			Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/145		
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date  06/25/2025  5 Full name of contributor out-of-state PAC (ID#:)  DTH Strategies, LLC  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	T Intelpar occu	pation / 300 title (See manuchons)	5 Employer (See manuchons	,		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Earl, David Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
	Deire size al. a. a	Helotes, TX 78023	Faralassa (Caralastastica)			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Earl & Associates	)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Dein sing Language	Austin, TX 78701	Faralassa (Caralastastica)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Galo, John and Anna  Contributor address; City; State; Zip Code  Laredo, TX 78041	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu Ranchers	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ IBC State PAC Contributor address; City; State; Zip Code San Antonio, TX 78205			Amount of Contribution (\$)	\$2,500.00
	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: 3/5 Rpt: 6/145
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020971
4					Amount of Contribution (\$) \$500.00
_		Austin, TX 78701			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#:_ MOAK CASEY PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00	
	Principal occu	Austin, TX 78746-5776  upation / Job title (See Instructions)	Employer (See Instructions	)	
	•	, , , , , , , , , , , , , , , , , , ,			
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 McGarr, Cappy R.  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00
		Dallas, TX 75201			
	Principal occu President	ipation / Job title (See Instructions)	Employer (See Instructions) MCR Interests	)	
Date 06/24/2025		Full name of contributor out-of-state PAC (ID#:_ Plumbers Local Union 68  Contributor address; City; State; Zip Code  Houston, TX 77240-8746	)		Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#:_ Service Corporation International Contributor address; City; State; Zip Code Houston, TX 77219-0548			Amount of Contribution (\$) \$5,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/145
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020971
4	Date 06/23/2025	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$) \$2,000.00	
_		Austin, TX 78767			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Truth & Liberty PAC Contributor address; City; State; Zip Code  Austin, TX 78701		Amount of Contribution (\$) \$10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 Texas Association for Interior Design PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$2,000.00
	Principal occu	Houston, TX 77269 pation / Job title (See Instructions)	Employer (See Instructions	i)	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Texas Food and Fuel Association 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	<u> </u>	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$20,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
		l			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHED	ULE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/145		
2	FILER NAME Zaffirini, Jud	lith (The Honorable)		3	Filer ID (Ethics Commis 00020971	sion Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$	\$2,500.00	
8	Principal occu	Mirando City, TX 78369  upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager	pation 7 oos tille (eee metrustions)	Vaquillas Cattle Compa	•	, Ltd	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Walker, Nathaniel Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$500.00
		Austin, TX 78753				
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	s)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$2,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 9/145
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Zaffirini, Jud	lith (The Honorable)		00020971
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
01/01/2025	Zaffirini Sr., Carlos M.		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$1,000.00   Headquarters
			!
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Attorney		Zaffirini and Castill	0
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution
02/01/2025	Zaffirini Sr., Carlos M.		contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,000.00   Headquarters
	, , , ,		
			į
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Attorney		Zaffirini and Castill	0
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
03/01/2025	Zaffirini Sr., Carlos M.		contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,000.00   Headquarters
	, , , , , , , , , , , , , , , , , , ,		
			i
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Attorney		Zaffirini and Castill	0
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
			•
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 10/145
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Zaffirini, Jud	lith (The Honorable)		00020971
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
04/01/2025	Zaffirini Sr., Carlos M.		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$1,000.00   Headquarters
			į į
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Attorney		Zaffirini and Castill	0
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of ! In-kind contribution
05/01/2025		)	contribution (\$) description
03/01/2023	Zaffirini Sr., Carlos M.		\$1,000.00   Headquarters
	Contributor address; City; State; Zip Code		l ¦
			ļ .
	Laredo, TX 78040		;
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
Attorney	apation 7 30b title (1 OK NON-30biolAL) (666 institutions)	Zaffirini and Castill	,
	principal occupation (FOR JUDICIAL)	Contributor's job title	
Contributors	principal occupation (i ON 30DICIAE)	Contributor 3 Job title	(I ON JODICIAE) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
Contributors	employer/law littli (FOR JODICIAL)	Law IIIII of Contribute	or a spouse (if arry) (FOR JODICIAL)
lf a a maturilla cotta u	is a shild law firm of narrow(a) (if any ) (FOR HIDIOIAL)		
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution
06/01/2025	Zaffirini Sr., Carlos M.		contribution (\$) description \$1,000.00   Headquarters
	Contributor address; City; State; Zip Code		I
			1
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Attorney		Zaffirini and Castill	0
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadala Ed	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/45 Rpt: 11/145	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971
4	Date 02/07/2025	5 Payee name A1 Collision Super Center
_	Amount (\$)	
6	Amount (\$) \$1,155.70	7 Payee address; City; State; Zip Code 3310 Saunders  Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense Vehicle repairs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,915.81	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses reported herein
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,185.82	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card payment for campaign expenses
		reported herein
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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			Legal Services	s expense	Salaries/W		e /Contract Labor		OTHER (enter a	istrict a category not listed ab	oove)
				The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 2/45 Rpt: 12/145		Zaffirini, Jud	lith (The Honor	able)					00020971		
4	Date	5	Payee name									
	01/31/2025		American Ex	xpress								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$4,505.15		P.O. Box 65	0448								
			Dallas, TX 7	'5265								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Credit Card		p	,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							<b>—</b>		officeholder livin		
								reported here		nent for car	npaign expense	es
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Of	ffice sou(	ght			Office h	eld	
		_										
	Date		Payee name									
	02/12/2025		American E	xpress								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$3,293.83		P.O. Box 65	0448								
			Dallas, TX 7	'5265								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Credit Card					<b>-</b>			nplete Schedule T.	
								<b>—</b>		officeholder livin	<sup>g expense</sup> npaign expense	20
								reported here		nent for ear	ilpaigii experiso	55
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O		Janara actor Onne	seriolaei riame	0.		9.10			01110011		
_	Date		Davisa nama									
	02/28/2025		Payee name American Ex	vnress								
					Ctata	Zin Co	al a					
	Amount (\$) \$7,915.44		Payee address P.O. Box 65	, ,,	State;	Zip Co	ue					
	\$7,915.44		F.O. BOX 03	0446								
			D-11 TV -	750CF								
			Dallas, TX 7									
	PURPOSE OF	(a) 		e Categories listed at	the top of this sche	dule)	(b)	Description	outci	do of Toyas Con	nplete Schedule T.	
	EXPENDITURE		Credit Card	Payment				<b></b>		officeholder livin		
								_			npaign expense	es
								reported here	ein			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
1												

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 3/45 Rpt: 13/145	Zaffirini, Judith (The Honorable)	00020971
4	Date	5 Payee name	
	03/12/2025	American Express	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,054.53	P.O. Box 650448	
		Dallas, TX 75265	
_	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Consults County Brown and	outside of Texas. Complete Schedule T.
	EXPENDITURE	orean cara rayment	TX, officeholder living expense
			payment for campaign expenses
		reported here	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinice field
	Data		
	Date	Payee name	
	03/28/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,597.82	P.O. Box 650448	
		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		herein	ayment for campaig expenses reported
	0 1: 0 1: 0		0.00
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	04/14/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,370.44	P.O. Box 650448	
		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
			ayment for campaign expernses
		reported here	III
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political C

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: 4/45 Rpt: 14/145	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	05/02/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,179.46	P.O. Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses
		reported herein
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	05/13/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,873.83	P.O. Box 650448
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card payment for campaign expenses
		reported herein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso name
	05/27/2025	Payee name American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,753.22	P.O. Box 650448
		Dallag TV 75205
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses
		reported herein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Office health of Delitical Committee

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/45 Rpt: 15/145	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	06/13/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,092.46	P.O. Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Credit card payment for campaign expenses
		reported herein
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/25/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.44	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses
		reported herein.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.90	1340 Polydras St.
		New Orleans, LA 70112
	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  Processing fees
		Flocessing ices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	isted above)
1	Total pages Schedule F1:	·	ommission Filers)
	Sch: 6/45 Rpt: 16/145		,
4	Date	5 Payee name	
	06/30/2025	Capitol Office Staff	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$284.20		
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedul	е Т.
		Expense Check if Austin, TX, officeholder living expense Employee Travel Reimbursement Co	mnoncation
		Employee Traver Reimbursement Co	riperisation
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	01/30/2025	CenterPoint Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.01	P.O. Box 4981	
		Houston, TX 77210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	е Т.
		Check if Austin, TX, officeholder living expense  Headquarters gas bill	
		ricauquaiters gas biii	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
		<u> </u>	
	Date	Payee name	
	02/28/2025	CenterPoint Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.48	P.O. Box 4981	
		Houston, TX 77210	
	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 Schedul Check if Austin, TX, officeholder living expense	е Т.
		Headquarters gas bill	
		Troudquarters gas biii	
	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 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/45 Rpt: 17/145	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	03/28/2025	CenterPoint Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.14	P.O. Box 4981
		Houston, TX 77210
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  Headquarters gas bill
		rieauquaiteis gas biii
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2025	CenterPoint Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.33	P.O. Box 4981
		Houston, TX 77210
	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.
	LXI LIMITORE	Check if Austin, TX, officeholder living expense
		Headquarters gas bill
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	05/27/2025	CenterPoint Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.28	P.O. Box 4981
		Houston, TX 77210
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Headquarters gas bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	<u> </u>

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/45 Rpt: 18/145	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
06/24/2025	CenterPoint Energy
6 Amount (\$) \$63.39	7 Payee address; City; State; Zip Code P.O. Box 4981  Houston, TX 77210
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters gas bill
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/06/2025	CenterPoint Energy
Amount (\$) \$55.28	Payee address; City; State; Zip Code P.O. Box 4981
	Houston, TX 77210
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  Headquarters gas bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 05/02/2025	Payee name Chavarria's Plumbing Inc
Amount (\$) \$273.13	Payee address; City; State; Zip Code 6320 Krone Ln
	Laredo, TX 78041
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  Headquarters repairs
Complete ONLY if direct expenditure to benefit C/OH	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 Comm

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: 9/45 Rpt: 19/145	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/09/2025	City of Laredo Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$209.21	P.O. Box 6548
	!	
		Laredo, TX 78042
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
	!	Headquarters water bill
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
H	Date	Payee name
	02/19/2025	City of Laredo Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.21	P.O. Box 6548
	ΨΔΟΞ.Δ1	P.O. BOX 0346
		Laredo, TX 78042
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Caregory (See Categories listed at the top of this schedule)  Caregory (See Categories listed at the top of this schedule)  Caregory (See Categories listed at the top of this schedule)  Caregory (See Categories listed at the top of this schedule)  Caregory (See Categories listed at the top of this schedule)  Caregory (See Categories listed at the top of this schedule)
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Headquarters water bill
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit Groi	
	Date	Payee name
	03/13/2025	City of Laredo Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.21	P.O. Box 6548
	!	
	!	Laredo, TX 78042
	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 Headquarters water bill
	!	Tiodaquartoro water om
_	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabillate Ed	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 10/45 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971
4	Date	5 Payee name
	04/11/2025	City of Laredo Utilities
6	Amount (\$) \$209.21	7 Payee address; City; State; Zip Code P.O. Box 6548  Laredo, TX 78042
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  Headquarters water bill
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2025	City of Laredo Utilities
	Amount (\$) \$209.21	Payee address; City; State; Zip Code P.O. Box 6548
		Laredo, TX 78042
	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  Headquarters water bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	City of Laredo Utilities
	Amount (\$) \$209.21	Payee address; City; State; Zip Code P.O. Box 6548
		Laredo, TX 78042
	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  Headquarters water bill
	Complete ONLY if direct expenditure to benefit C/OI	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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/45 Rpt:	Zaffirini, Judith (The Honorable)  00020971
4	Date	5 Payee name
	04/08/2025	Clayton Spangler Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	235 Point Lich Drive
		Charleston, WV 25306
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
		Senate photo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	02/14/2025	Cruz Auto Glass Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.00	2701 Flores Ave.
	•	
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
	Date	Payee name
	06/30/2025	District Office Staff
	Amount (\$)	Payee address; City; State; Zip Code
	\$448.92	1407 Washington St
		Laredo, TX 78042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Stan compensation traver reimbursement
	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 Committ

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: 12/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/27/2025	Dove Springs Proud
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4103 Sojourner. St.
		Austin, TX 78725
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsorship DSP Gala Dinner
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Friends of the Texas Historical Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 13497
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	06/03/2025	Garay, Angeles
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,470.00	5230 Thunder Creek Rd., Apt 13
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZAI ZIADITORZ	Check if Austin, TX, officeholder living expense
		Contract labor
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Onanara to bonom O/Oi	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
L	Sch: 13/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971	
4	Date	5 Payee name	
	02/10/2025	Guerrero, Iris	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$219.48	517 B Teakwood Ln.	
	Ψ219.40	317 B Teakwood Ell.	
		Laredo, TX 78043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Car rental reimbursement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Data	David Control of the	=
	Date	Payee name	
	01/17/2025	Headliners Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$303.36	221 W. 6th St., Ste. 2100	
		Austin, TX 78767	
⊢	PURPOSE	(b) c	_
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense	
		Member dues	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
L	·		_
	Date	Payee name	
	03/13/2025	Headliners Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$303.36	221 W. 6th St., Ste. 2100	
		Auctin TV 70767	
		Austin, TX 78767	
	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	
ĺ		Member dues	
L			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiulture to benefit C/OI	¬	
ı			

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 14/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	04/16/2025	Headliners Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$303.36	221 W. 6th St., Ste. 2100
		Austin, TX 78767
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  Member dues
		Member dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/13/2025	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$303.36	221 W. 6th St., Ste. 2100
		Austin, TX 78767
	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  Member dues
		Methbel dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/23/2025	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$303.36	221 W. 6th St., Ste. 2100
		Austin, TX 78767
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Member dues
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Committee

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/19/2025	Headliners Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$303.36	221 W. 6th St., Ste. 2100
		Austin, TX 78767
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  Member dues
		Wichiber dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	02/20/2025	Herculano Suarez LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$525.00	3801 Daffodil Ave.
	φ323.00	3001 Dailouli Ave.
		L T. V 70040
L		Laredo, TX 78046
	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
		Reception food
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/18/2025	Janet Staples Art & Design
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$270.63	7 Anderson Dr.
	Ψ210.00	T / Middloch Bh.
		Palestine, TX 75801
L	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
		Prints
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г		
ĺ		

### SCHEDULE F1

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

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

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

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: 16/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/17/2025	John Doner & Associates, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64,715.01	1005 Congress Ave., Suite 580
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage, Invitations for Dean Events and a
		percentage of funds raised plus sales tax
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/04/2025	John Doner & Associates, Inc.
_	Amount (\$)	Payee address; City; State; Zip Code
	\$10,998.08	1005 Congress Ave., Suite 580
	\$10,990.00	1003 Congress Ave., Suite 360
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Design and placement of ads
		besign and placement of ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2025	Jordan, Sharyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,253.00	608 Bartlett Ave.
	Ψ0,200.00	ood Bartott / tvo.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense  Contract labor
		Contract labor
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	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: 17/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/07/2025	Jordan, Sharyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	608 Bartlett Ave.
		Laredo, TX 78043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor
		33.11.23.11.23
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	02/07/2025	Payee name Jordan, Sharyn
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$459.53	608 Bartlett Ave.
		Laredo, TX 78043
	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  Reimbursement for office supplies
		Troilingal control of the capping
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/05/2025	Jordan, Sharyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,177.18	608 Bartlett Ave.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Reimbursement for office items
		Reinbursement for onice items
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 18/45 Rpt:	Zaffirini, Judith (The Honorable)	00020971
4	Date	5 Payee name	
	03/05/2025	Jordan, Sharyn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	608 Bartlett Ave.	
		Laredo, TX 78043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Galaries/Wages/Gorillage Easor	ravel outside of Texas. Complete Schedule T.
		Contract I	austin, TX, officeholder living expense
		Contract	abol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		0.1100 1.010
_	Date	Payee name	
	04/07/2025	Jordan, Sharyn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	608 Bartlett Ave.	
	,		
		Laredo, TX 78043	
	PURPOSE		
	OF	· · · · · · · · · · · · · · · · · · ·	ravel outside of Texas. Complete Schedule T.
	EXPENDITURE		sustin, TX, officeholder living expense
		Contract I	abor
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- CAPCHARATO TO SOTIONE OF CI		
	Date	Payee name	
	04/07/2025	Jordan, Sharyn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$752.00	608 Bartlett Ave.	
		Laredo, TX 78043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nerital Expense	avel outside of Texas. Complete Schedule T.
			austin, TX, officeholder living expense ement for office items
		Troiling and	oment for emiss heme
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
ı			

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			egal Services		inting Exp alaries/Wa		e /Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Great Gara F ayment			The Instruction G	uide explains how	v to com	ple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 19/45 Rpt:		Zaffirini, Judi	ith (The Honora	able)					00020971		
4	Date	5	Payee name									
	04/25/2025		Jordan, Shai	ryn								
6	Amount (\$)	7	Payee address	s; City;	State; Z	in Cod	le.					
	\$360.00	l	608 Bartlett	•	, –	.,	-					
	+555.55		200 20									
			Larada TV -	70042								
		$\vdash$	Laredo, TX 7			1.						
8	PURPOSE OF			e Categories listed at the		e) (	(b)	Description				
	EXPENDITURE		Salaries/Wag	ges/Contract La	abor			브		officeholder livin	nplete Schedule T.	
								Contract labo		omeended iivii	genpenee	
9	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI					9						
$\vdash$	Date		Dayos norts									
	06/23/2025	ı	Payee name	n (n								
		┞	Jordan, Shai	<u>-                                      </u>								
	Amount (\$)	l	Payee address		State; Z	.ip Coa	ie					
	\$1,420.00		608 Bartlett	Ave.								
			Laredo, TX 7	78043								
	PURPOSE	(a)	Category (See	e Categories listed at t	ne top of this schedule	e) (	(b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental Exp	oense			<b>-</b>			nplete Schedule T.	
								Reimburseme		officeholder livin		
								rembursem	CIII	TOT OTHEC IN	21113	
_	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	e soug	ht			Office h	eld.	
	expenditure to benefit C/OI		randidate/Onic	cholder hame	Onic	oc soug				Office fi	Ciu	
_	Data	Ι										
	Date	ı	Payee name	2.12								
	06/23/2025	⊢	Jordan, Shai									
	Amount (\$)	ı	Payee address		State; Z	ip Cod	le					
	\$400.00		608 Bartlett	Ave.								
			Laredo, TX 7	78043								
	PURPOSE			e Categories listed at t		e) (	(b)	Description				
	OF EXPENDITURE		Salaries/Wag	ges/Contract La	abor			ш		de of Texas. Con officeholder livin	nplete Schedule T.	
								Contract labo		onicenoider livin	g expense	
								John dot labo	•			
	Complete ONLY if direct	Щ	Candidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI		randato/Onlo	SHOWER HUITE	Oilic	o soug	***			Onice II	o.u	

#### 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	
1	Total pages Schedule F1:	
L	Sch: 20/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/21/2025	Kwik Kopy Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$326.92	616 W. Calton Rd., Suite 8
		Calton Plaza
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense  Creategory (see Categories listed at the top of this schedule)  Creategory (see Categories listed at the top of this schedule)  Creategory (see Categories listed at the top of this schedule)  Creategory (see Categories listed at the top of this schedule)  Creategory (see Categories listed at the top of this schedule)
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Magnetic seals
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Laredo Gateway Rotary
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 6246
	. ,	
		Laredo, TX 78042
	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
		Candidate/Officeroider/Political Committee Sponsor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/15/2025	Lincoln Automotive Financial Services
	Amount (\$)	
	\$947.76	P.O. Box 650575
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense Check if Austin, TX, officeholder living expense  Vehicle lease
		VEHICLE LEASE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

ment Solicitation/Fundraising Expense
ense 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	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: 21/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/14/2025	Lincoln Automotive Financial Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$947.76	P.O. Box 650575
		Dallas, TX 75265
_	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
		Vernote tease
_	Complete ONLY 'C. "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/13/2025	Lincoln Automotive Financial Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$947.76	P.O. Box 650575
		Dallas, TX 75265
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Transportation Equipment And Related    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense  Vehicle lease
		Vernole lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/16/2025	Lincoln Automotive Financial Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$947.26	P.O. Box 650575
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Vehicle lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	05/14/2025	Lincoln Automotive Financial Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$947.76	P.O. Box 650575
		Dallac TV 75265
<u>_</u>	DUDE COT	Dallas, TX 75265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Vehicle lease
		verlicie lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
L	06/13/2025	Lincoln Automotive Financial Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$947.76	P.O. Box 650575
		Dallas TV 75265
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	<del></del>	Expense Check if Austin, TX, officeholder living expense
		Vehicle lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2025	Mundo Publicitario
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1001 Market
	÷ .23.00	
		Larada TV 79046
		Laredo, TX 78046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Ads
	Complete ONII V if allow	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	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 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 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: 23/45 Rpt:	Zaffirini, Judith (The Honorable)	00020971
4	Date	5 Payee name	
	01/13/2025	Pappas, Josie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$800.00	4902 Marcella #64	
	l		
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
	l		or for campaign services
	!		. •
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	
	Date	Payee name	
	01/27/2025	Pappas, Josie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	4902 Marcella #64	
	!		
	!	Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
	l		or for campaign services
	!		, 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/10/2025	Pappas, Josie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	4902 Marcella #64	
	l		
	!	Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
	l		or for campaign services
	!		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/24/2025	Pappas, Josie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/10/2025	Pappas, Josie
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	03/24/2025	Pappas, Josie
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
	Ψ000.00	4302 Marcella #04
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u> </u>

#### SCHEDULE F1

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

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

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

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: 25/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	04/07/2025	Pappas, Josie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract labor for campaign services
		Contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/22/2025	Pappas, Josie
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract labor for campaign services
		Sometime to the same party of
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	05/05/2025	Pappas, Josie
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract labor for campaign services
		Consider the campaign convices
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission F	Filers)
	Sch: 26/45 Rpt:	Zaffirini, Judith (The Honorable)				00020971		
4	Date	Payee name		•				
	05/19/2025	Pappas, Josie						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					
	\$800.00	4902 Marcella #64						
		Laredo, TX 78041						
8	PURPOSE		(b)	Description				
ľ	OF	Salaries/Wages/Contract Labor	(~)	_ `	utsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Calainos, magos, Cominact 2000.		Check if Austin,	TX,	officeholder living	g expense	
				Contract labor	r fc	or campaign	services	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght			Office h	eld	
	experioritire to beriefit C/Or							
	Date	Payee name						
	06/02/2025	Pappas, Josie						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$800.00	4902 Marcella #64						
		Laredo, TX 78041						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor					plete Schedule T.	
	LXI LINDITORE			ш		officeholder living		
				Contract labor	I IC	or campaign	services	
	Complete ONL V if direct	Condidate/Officeholder name Office cour	abt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynı			Office h	eiu	
_								
	Date	Payee name						
	06/16/2025	Pappas, Josie						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$800.00	4902 Marcella #64						
		Laredo, TX 78041						
	PURPOSE OF	,	(b)	Description				
	EXPENDITURE	Salaries/Wages/Contract Labor				de of Texas. Com officeholder living	plete Schedule T.	
				Contract labor				
					-	19.		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office h	eld	
	expenditure to benefit C/OI		-					
l								

## SCHEDULE F1

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

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

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	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: 27/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	06/30/2025	Pappas, Josie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
		Contract labor for campaign convices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/06/2025	Personalized Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,631.89	7605 Stoneywood
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Imprinted materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davies same
	03/05/2025	Payee name Personalized Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,304.42	7605 Stoneywood
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Imprinted materials
		imprinted materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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: Sch: 28/45 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971
4	Date	5 Payee name
	03/17/2025	Personalized Promotions
6	Amount (\$) \$1,449.53	7 Payee address; City; State; Zip Code 7605 Stoneywood  Austin, TX 78731
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Imprinted materials
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	03/31/2025	Personalized Promotions
	Amount (\$) \$1,240.36	Payee address; City; State; Zip Code 7605 Stoneywood
		Austin, TX 78731
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Imprinted materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2025	Personalized Promotions
	Amount (\$) \$1,886.47	Payee address; City; State; Zip Code 7605 Stoneywood
		Austin, TX 78731
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Imprinted materials
	Complete ONLY if direct expenditure to benefit C/OI	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 Con-

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: 29/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/28/2025	Pitney Bowes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,333.85	P.O. Box 371874
		Pittsburg, PA 15250
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  Postage
		1 ostage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/27/2025	Reliant
H	Amount (\$)	Payee address; City; State; Zip Code
	\$34.65	P.O. Box 650475
		Dallas, TX 75265
	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
		Headquarters light bill
		Trouble and the second
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/19/2025	Reliant
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$28.97	P.O. Box 650475
		Dallas, TX 75265
	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
		Headquarters light bill
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

## SCHEDULE F1

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

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

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: 30/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	03/25/2025	Reliant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.83	P.O. Box 650475
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense
		Headquarters light bill
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2025	Reliant
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.06	P.O. Box 650475
		Dallas, TX 75265
	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
		Headquarters light bill
		riodaquartero ligiti bili
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<b> </b>	Data	
	Date	Payee name
	05/21/2025	Reliant
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.53	P.O. Box 650475
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Headquarters light bill
	Complete ONLY if allowed	Condidate/Officeholder name
	Complete <u>ONLY</u> 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 - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed a	above)
				The Instruction	Guide explains	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Commis	sion Filers)
l	Sch: 31/45 Rpt:		Zaffirini, Ju	dith (The Hond	rable)					00020971		
4	Date	5	Payee name						_			
	06/18/2025		Reliant									
Ļ		<del> _</del>										
١٥	Amount (\$)	'	Payee addre		State	; Zip Co	ae					
	\$133.39		P.O. Box 65	50475								
l												
l			Dallas, TX	75265								
8	PURPOSE	(a)	Catagony				(h)	Description				
ľ	OF	(۳)		ee Categories listed a head/Rental E		nedule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	neau/Rentai E	xperise					officeholder livin		
								Headquarters	s lig	tht bill		
								•				
9	Complete ONLY if direct		Candidato/Offi	ceholder name		Office sou	aht			Office h	old	
ľ	expenditure to benefit C/OI		Canuluale/On	cenoluei name	,	Jilice Sou	grit			Office fi	eiu	
┕	•											
	Date		Payee name									
	03/03/2025		Rustic Iron									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$676.00		2205 Victor	ia								
			Larada TV	70040								
L		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	Laredo, TX	78040		,						
	PURPOSE OF	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental E	xpense			<b>=</b>			nplete Schedule T.	
								Office items	, 17,	officeholder livin	g expense	
								Office items				
┡												
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	(	Office sou	ght			Office h	eld	
L	experientare to benefit 6/61											
Г	Date		Payee name									
	06/06/2025		San Ramor	n Glass & Mirro	or Shop							
┝	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$900.00		3101 Hwy 3		Otato	, <u></u> p						
l	Ψ300.00		OIOI IIWy C	,00								
			Laredo, TX	78043								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
l	OF EXPENDITURE		Office Over	head/Rental E	xpense			<b></b>			nplete Schedule T.	
l	LAFENDITORE									officeholder livin		
								Headquarters	s re	placement	windows	
L		L										
Γ	Complete ONLY if direct		Candidate/Off	ceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H												
l												
I												

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 32/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	06/23/2025	San Ramon Glass & Mirror Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3101 Hwy 359
		Laredo, TX 78043
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
		Headquarters window repair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	7
	Date	Payee name
	01/02/2025	Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,300.00	P. O. Box 12068
		Capitol Station
		Austin, TX 78711
┢	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Senate Ladies Gala
L	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	01/28/2025	Soliz Jr., Rosbel
L	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	1107 Savannah Loop
	Ψ133.00	1107 Savaman Loop
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Preparation of tax filing forms
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	-	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 33/45 Rpt:	Zaffirini, Judith (The Honorable)	00020971					
4	Date	5 Payee name						
	02/12/2025	Soliz Jr., Rosbel						
6	Amount (\$)	7 Payee address; City; State; Zip Code	e					
	\$82.50	1107 Savannah Loop						
		Laredo, TX 78046						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description				
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE			Check if Austin, TX, officeholder living expense				
				Preparation and efiling of IRS return				
_	0 1 0 0 1 1 1 1			0.5				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held				
	Date	Payee name						
	03/13/2025	Soliz Jr., Rosbel						
	Amount (\$)	Payee address; City; State; Zip Code	е					
	\$65.00	1107 Savannah Loop						
		Laredo, TX 78046						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description				
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense Preparation of 1096 & 1099 Forms				
				Treparation of 1000 & 1000 Tolling				
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI			Since had				
	Date	Dayes name						
	05/07/2025	Payee name Soliz Jr., Rosbel						
			_					
	Amount (\$) \$1,236.75	Payee address; City; State; Zip Code 1107 Savannah Loop	е					
	\$1,230.73	1107 Savannan Loop						
		Loredo TV 70040						
		Laredo, TX 78046						
	PURPOSE OF	,	b)	Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense				
				Preparation for TEC PFS report				
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI							
_								

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 34/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971						
4	Date	5 Payee name						
	01/10/2025	Spaw Senate Account						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,100.00	P.O. Box 12068						
		Austin, TX 78711						
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.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Senate members' lounge fee						
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/24/2025	Spaw Senate Account						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$871.00	P.O. Box 12068						
		Austin, TX 78711						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	LA LABITORE	Check if Austin, TX, officeholder living expense  Office items						
		Office items						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Data							
	Date 05/20/2025	Payee name						
		Spaw Senate Account						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$361.25	P.O. Box 12068						
		Austin, TX 78711						
	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 items and legislative gifts						
		Office terris and registative grids						
	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 Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magne/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/17/2025	Store It All Self Storage Del Norte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$507.00	5115 San Francisco Avenue
		Laredo, TX 78041
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
		Storage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientale to beliefft G/Of	
	Date	Payee name
	02/14/2025	Store It All Self Storage Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$507.00	5115 San Francisco Avenue
		Laredo, TX 78041
	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
		Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	03/17/2025	Store It All Self Storage Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$507.00	5115 San Francisco Avenue
		Laredo, TX 78041
	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.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Storage
	Complete ONLY if alice -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	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 Comm

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	05/20/2025	Store It All Self Storage Del Norte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$507.00	5115 San Francisco Avenue
		Laredo, TX 78041
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
		Storage
		Ciorage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2025	Store It All Self Storage Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$507.00	5115 San Francisco Avenue
		Laredo, TX 78041
	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  Storage
		Storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/15/2025	Store It All Storage - Townlake-Hills
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.00	1234 Townlake Dr.
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	

## SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how	to com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 37/45 Rpt:		Zaffirini, Judith (The Honorable)				00020971	
4	Date	5	Payee name					
	02/14/2025		Store It All Storage - Townlake-Hills					
6	Amount (\$)	7	Payee address; City; State; Zi	p Cod	<del></del>			
	\$177.00		1234 Townlake Dr.					
			Laredo, TX 78041					
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule	) (	b) Description	1		
	OF EXPENDITURE		Office Overhead/Rental Expense	´   `	Check if tr	avel outs		nplete Schedule T.
	EXPENDITORE				_	ustin, TX	, officeholder living	g expense
					Storage			
_	Operation ONE V if dispose		Our distant (Office In Island Property		- 4		O#: I-	-1-1
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e soug	π		Office h	eia
_		_						
	Date		Payee name					
	03/17/2025	L	Store It All Storage - Townlake-Hills					
	Amount (\$)		Payee address; City; State; Zi	p Cod	е			
	\$177.00		1234 Townlake Dr.					
			Laredo, TX 78041					
	PURPOSE	(a	Category (See Categories listed at the top of this schedule	) (	<b>b)</b> Description	1		
	OF EXPENDITURE		Office Overhead/Rental Expense					pplete Schedule T.
					Storage	usiii, i A	, officeholder living	g expense
					Ciorago			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office	e soug	 nt		Office h	eld
	expenditure to benefit C/O			9				
	Date	Г	Payee name					
	05/20/2025		Store It All Storage - Townlake-Hills					
	Amount (\$)	┢	Payee address; City; State; Zi	n Cod	<u> </u>			
	\$177.00		1234 Townlake Dr.	p Cou	<b>5</b>			
	Ψ177.00		1254 Towniake Dr.					
			Laredo, TX 78041					
		ļ.,						
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule	) (	<ul><li>Description</li><li>Check if tr</li></ul>		ide of Texas Com	nplete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		<b>=</b>		, officeholder living	
					Storage			
	Complete ONLY if direct		Candidate/Officeholder name Office	e soug	nt		Office h	eld
	expenditure to benefit C/O	Н						
_								

### 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	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide	explains how to c	omple	ete this form.					
1	Total pages Schedule F1: Sch: 38/45 Rpt:	l	E Idith (The Honorable	e)			3	Filer ID 00020971	(Ethics Commission Filers)		
4	Date	5 Payee name					<u> </u>				
	06/16/2025		Storage - Townlake	-Hills							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode						
	\$177.00	1234 Towr	nlake Dr.								
		Laredo, TX	X 78041								
8	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se		<b>=</b>		ide of Texas. Cor , officeholder livin	nplete Schedule T. Ig expense		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office h	eld		
	Date	Payee name	9								
	03/13/2025	Texas Sen	ate Democratic Cau	icus							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$5,000.00	P.O. Box 1	.042								
		Austin, TX	78767								
	PURPOSE OF	l	See Categories listed at the to	p of this schedule)	(b)	Description		:	under Och edule T		
	EXPENDITURE	Fees						, officeholder livin	nplete Schedule T. Ig expense		
						Annual dues					
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office h	eld		
	Date	Payee name	9								
	01/15/2025	The Frame	House								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$306.05	1611 Scott	:								
		Laredo, TX	( 78040								
	PURPOSE	(a) Category (	See Categories listed at the to	n of this sahadula)	(b)	Description					
	OF		rhead/Rental Expen		'	•	outsi	ide of Texas. Cor	mplete Schedule T.		
	EXPENDITURE		•				, TX	, officeholder livin	g expense		
						Framing					
_	Complete ONLY if direct	[ Candidate/∩f	ficeholder name	Office so	l Uaht			Office h	eld		
	expenditure to benefit C/O			Cince 30	agrit			Office II			
	ms provided by Teyas F	thice Commiss	ion vanana	athice state ty					Version V/A 1 0 5dd2ace2		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 39/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971						
4	Date	5 Payee name						
	01/30/2025	The Frame House						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$336.41	1611 Scott						
		Laredo, TX 78040						
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						
		Framing						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
⊨								
	Date	Payee name						
	02/19/2025	The Frame House						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.36	1611 Scott						
		Laredo, TX 78040						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	2/11/2/10/12	Check if Austin, TX, officeholder living expense						
		Framing						
┡	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·						
L								
	Date	Payee name						
	03/13/2025	The Frame House						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$95.16	1611 Scott						
		Laredo, TX 78040						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	2/11/2/10/12	Check if Austin, TX, officeholder living expense						
		Framing						
$\vdash$	Complete ONLY if divert	Candidate/Officeholder name Office cought Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
lacksquare								
L								

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 40/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971					
4	Date	5 Payee name	_				
	04/07/2025	The Frame House					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$127.76	1611 Scott					
		Laredo, TX 78040					
8	PURPOSE		_				
ľ	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					
		Framing					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name	=				
	04/10/2025	The Frame House					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$27.26	1611 Scott					
l		Laredo, TX 78040					
┝	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.					
l	EXPENDITURE	Check if Austin, TX, officeholder living expense					
l		Framing					
L							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L	experiantific to benefit G/OI	'					
	Date	Payee name					
	06/05/2025	The Frame House					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$340.99	1611 Scott					
l							
l		Laredo, TX 78040					
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
l	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Framing					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	sponditare to benefit 6/01	•					

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 41/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971					
4	Date	5 Payee name					
	01/02/2025	The Hartford					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$6,032.00	P.O. Box 660916					
		Dallas, TX 75266					
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					
		Insurance for vehicle					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	04/10/2025	The Philosophical Society of Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$300.00	P. O. Box 160144					
		Austin, TX 78716					
	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					
		Membership dues					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	<u> </u>	_					
	Date 01/06/2025	Payee name					
		The Texas Senate					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,801.25	P. O. Box 12068					
		Austin, TX 78711					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Senate printed materials					
		Conate pinted materials					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 42/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/15/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.50	P. O. Box 12068
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Senate printed materials
		Schale philled Haterials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Date	Payee name
	01/17/2025	The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,765.08	P. O. Box 12068
		Austin, TX 78711
	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  Gavels
		Gaveis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 02/19/2025	Payee name The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.34	P. O. Box 12068
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Gavel
		Gavei
_	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 -

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

1 Total pages Schedule F1: 2 FILER NAME Sch: 43/45 Rpt: 2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
Sch: 43/45 Rpt:	_	Total name - Oak 11 Et					
Date   O3/19/2025   5   Payee name   The Texas Senate   Office Overhead/Rental Expense   Office Sought   Office held   Office held   Office Overhead/Rental Expense   Office Sought   Office held   Office Overhead/Rental Expense   Office Sought   Office held   Office held   Office Overhead/Rental Expense   Office held   Office held   Office Overhead/Rental Expense   Office held   Office Overhead/Rental Expense   Office Sought   Office held   Office Overhead/Rental Expense   Office Sought   Office held   O							
The Texas Senate  7 Payee address: City; State; Zip Code  8 PURPOSE OF EXPENDITURE  (a) Category (see Coregories listed at the top of this activative)  9 Complete DNLY if direct expenditure to benefit C/OH  Payee name The Texas Senate  Amount (8)  Payee address: City; State; Zip Code  Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (see Coregories listed at the top of this activative)  Amount (8)  Payee name The Texas Senate  Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (see Coregories listed at the top of this activative)  Office Overfhead/Rental Expense  (b) Description  Office held  Date OF EXPENDITURE  (a) Category (see Coregories listed at the top of this activative)  Office Overfhead/Rental Expense  Complete QNLY if direct expenditure to benefit C/OH  Date OF EXPENDITURE  (a) Category (see Coregories listed at the top of this activative)  Office Sought  Office Overfhead/Rental Expense  Complete QNLY if direct expenditure to benefit C/OH  Date OA/07/2025  The Texas Senate  Amount (6)  Payee name The Texas Senate  Amount (6)  Payee address; City; State; Zip Code  Payee name The Texas Senate  Amount (6)  Payee address; City; State; Zip Code  OF Complete QNLY if direct Graved custed or Texas. Complete Schedule T.  Complete QNLY if direct Candidate/Officeholder name  Office Sought Office Poscili framed custed or Texas. Complete Schedule T.  Complete QNLY if direct Candidate/Officeholder name  Office Sought Office Hold	L	Sch: 43/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971				
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Austin, TX 78711    PURPOSE	٥	` '					
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EXPENDITURE  GIT/Awards/Memorials Expense  Gavels  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description				
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held		LAI LINDITORL					
			Gavels				
expenditure to benefit C/OH							
		expenditure to benefit C/OI	<del>1</del>				
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### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	04/22/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.34	P. O. Box 12068
		Austin, TX 78711
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  Gavel
		Guver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/07/2025	The Texas Senate
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$96.68	P. O. Box 12068
	φ90.06	F. O. BOX 12000
L		Austin, TX 78711
	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  Gavels
		Guveis
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	Date	Davies name
	05/09/2025	Payee name The Texas Senate
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P. O. Box 12068
		Austin, TX 78711
	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
		Gavel
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/45 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	05/20/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	P. O. Box 12068
		Austin, TX 78711
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  Gavel
		Gavei
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9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantiale to belief of of	
	Date	Payee name
	03/24/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$543.86	P. O. Box
		Charlotte, NC 28201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		1120 POL-Form
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/19/2025	Webb County
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,409.88	1848 Event Center
		7268 US Hwy 59
		Laredo, TX 78040
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-1</del>

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 1/86 Rpt: 56/145	Zaffirini, Judith (The	e Honorable)		00020971				
4	CREDIT CARD ISSUER		Name of financial institution  American Express  American Express  S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$4,763.27	01/02/2025						
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Etsy, Inc		117 Adams	s Street				
L				Brooklyn ,					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description					
	Political	Office Overhead/Ren		Office item	S				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$178.55	01/02/2025						
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Amazon Market Place		P. O. Box 8	31226				
				Seattle, WA 98108					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description	on				
	X Political	Gift/Awards/Memorial	s Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$429.21	01/02/2025						
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
			8414 Anderson Mill Rd.						
	Bidsquare Auction								
L				Austin, TX 78729					
	PURPOSE OF	(a) Category	of this echodulo)	(b) Description					
	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Office item						
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense		
厂	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>	Office held			
е	expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 2/86 Rpt: 57/145	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$62.51	01/02/2025							
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
	Perigold			Place, Floor 7					
	( ) 0 :			ИА 02116					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
X Political	Office Overhead/Ren		Office ite	111					
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH		T	1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$2.15	01/02/2025							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Apple Company Store		1 Infinite Loop						
	7 Apple Company St	or c	O	04.0504.4					
PURPOSE OF	(a) Category		(b) Descrip	o, CA 95014					
EXPENDITURE	(See Categories listed at the top	of this schedule)	QR reade						
X Political	Office Overhead/Ren	tal Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$58.20	01/02/2025							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Verizon Wireless		P.O. Box	75226					
	Verizori wireless								
		Dallas, T							
PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)		(b) Description							
l <u> </u>	Office Overhead/Ren	*	Equipme	iii.					
X Political				<b>—</b>					
Non-Political	`	of Texas. Complete Schedule T.	o cought	Check if Austin, TX	Office hold	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
experience to beliefit 6/011									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 3/86 Rpt: 58/145	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,679.57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$166.05	01/02/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Sunnyland Farms		P.O. Box 8200						
	Albany, GA 31706								
8 PURPOSE OF EXPENDITURE									
EXPENDITURE	Gift/Awards/Memorial		Gifts						
X Political		o =/\po/\os							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
	\$2.54	01/02/2025							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code			
	Apple Company Store		1 Infinite Loop						
			Cupertino, CA 95014						
PURPOSE OF	(a) Category		(b) Description I-cloud						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent								
X Political	Office Overflead/Nem	ал ширепве							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$19.49	01/02/2025							
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code			
			P. O. Box 81226						
	Amazon.com								
			Seattle, WA 98108						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Promoting Literacy Program						
X Political	Janes Overneau/Nein								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 4/86 Rpt: 59/145	Zaffirini, Judith (The	e Honorable)	00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	<b>\$</b> 3,679.57			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$9.19	01/02/2025						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Apple Company Sto	ore	1 Infinite I	·				
8	PURPOSE OF	(a) Category		(b) Descrip	, CA 95014				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Microsoft					
	X Political	Office Overhead/Ren	tal Expense	Williams	oonwa. o				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
e:	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$125.19	01/02/2025						
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Ebay Inc.		2025 Han	nilton Ave.				
				San Jose, CA 95125					
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office iter	n				
	x Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$18.39	01/02/2025						
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Adobo Acropo Syst	ome	345 Park	Ave.				
		Adobe Acropo Systems							
_	DUDDOS 05	(a) Cataman			, CA 95110-2704	4			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	uon				
	X Political	Office Overhead/Ren	,	Johnware					
	=		_						
lacksquare	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
_ ا	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
<u>е</u>	xpenditure to benefit C/OH								
I									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
Sch: 5/86 Rpt: 60/145	Zaffirini, Judith (The	e Honorable)			00020971					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	FUNITEMIZED FURES O TO A CREDIT	\$	3,679.5	57			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid					
	\$26.00	01/13/2025								
7 PAYEE	(a) Payee name (b) Payee address;  Exxon Mobil 4832 1403 S. Lamar		City,	State,	Zip Code					
			Austin, TX 7							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio	n						
l <u> </u>	Transportation Equipr		Gasoline							
X Political	Expense									
Non-Political	• •	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid					
	\$38.92	01/13/2025								
PAYEE	(a) Payee name	(a) Payee name (b) Payee address;		dress;	City,	State,	Zip Code			
	Google		1600 Amphitheater Pkwy							
			Mountain Vi	iew, CA 94043						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Software							
X Political	Office Overhead/Rent	tal Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$73.56	(b) Date of Charge 01/13/2025	(c) Date(s) Cr	edit Card Issuer	· Paid					
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code			
			2400 Exposition Blvd							
Texaco										
			Austin, TX 7	78745						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descriptio	n						
EXPENDITURE	Transportation Equipr	*	Gasoline							
X Political	Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)								
Sch: 6/86 Rpt: 61/145	Zaffirini, Judith (The	e Honorable)		00020971										
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid										
	\$52.04	01/13/2025												
7 PAYEE	(a) Payee name  Quicktrip		(b) Payee address; 5565 FM 78	City,	State,	Zip Code								
			Kirby, TX 78219											
8 PURPOSE OF	(a) Category	-£41-1	(b) Description											
EXPENDITURE	(See Categories listed at the top Transportation Equipr	· ·	Gasoline											
X Political	Expense			officeholder living expense Office held										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense									
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held										
expenditure to benefit C/OH														
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid										
\$46.52 01/13/2025														
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code								
	Stripes		3320 San Bernardo Ave.											
			Laredo, TX 78040											
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline											
X Political	Transportation Equipr Expense	ment And Related	Gassiiiis											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense									
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held										
expenditure to benefit C/OH														
PAYMENT	(a) Amount Charged \$364.57	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issue	r Paid										
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code								
			20 North IH-35											
	Holiday Inn Austin <sup>-</sup>	Townlake												
			Austin, TX 78701											
PURPOSE OF	1 1 2 2													
EXPENDITURE	(See Categories listed at the top  Travel In District	of this schedule)	Staff lodging											
X Political	. Tavo. III Diotilot													
Non-Political	(C) Check if travel outside	Check if Austin, TX	, officeholder living exp	ense										
Complete ONLY if direct	Candidate/Officeholder	e sought	Office held											
expenditure to benefit C/OH														

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 7/86 Rpt: 62/145	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$50.87	01/13/2025					
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	Circle K		4418 Hwy	/359			
			Laredo, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion			
X Political	Transportation Equipr Expense		Gasoline				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought			Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$220.19	01/13/2025					
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
	Bluehost		560 Timp	anogos Pkwy			
			Orem, UT				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Web Hos	sting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$95.86	01/13/2025					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Covert Ford		11514 Re	esearch Blvd.			
	Covert Ford						
			Austin, T				
PURPOSE OF EXPENDITURE	1 ( )	(a) Category (See Categories listed at the top of this schedule)					
<u> </u>	Transportation Equipr	,	venicie m	naintenance			
X Political	Expense						
Non-Political					officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought Office he					
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commis	sion Filers)			
	Sch: 8/86 Rpt: 63/145	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDI	\$	3,679.5	57			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid					
		\$141.22	01/13/2025								
7	PAYEE	(a) Payee name  Adobe Acropo Syst	ems	(b) Payee 345 Park		City,	State,	Zip Code			
8	PURPOSE OF	(a) Category		(b) Descrip		<del></del>					
ľ	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Software							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	xpense				
9	Complete ONLY if direct				Office held						
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid					
		\$40.00	01/13/2025								
	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code				
		Signature IH 35		900 N. In	terstate						
				Austin, T	X 78701						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip Gasoline							
	Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX	K, officeholder living e	xpense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid					
		\$49.50	01/13/2025								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
l		II E B		1911 N.E	. Loop Bob B u	llock					
		H-E-B									
				Laredo,							
	PURPOSE OF EXPENDITURE										
	_	Transportation Equipr	,	Gasoline							
	X Political	Expense									
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, T	K, officeholder living e	xpense				
Complete ONLY if direct Candidate/Officeholder name Office sought					Office held						
E	expenditure to benefit C/OH										
ı											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 9/86 Rpt: 64/145	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$97.29	01/13/2025									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Uber Technologies	s, Inc	1455 Market St. # 400								
			San Francisco, CA 94103	3							
8 PURPOSE OF	(a) Category	-f.4b-i	(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff luncheon								
X Political	T courboverage Exper										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
\$193.40 01/13/2025											
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code					
	Holiday Inn Austin <sup>-</sup>	Townlake	20 North IH-35								
			Austin, TX 78701								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top  Travel In District	of this schedule)	Staff lodging								
X Political	Traver in District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$84.41	01/13/2025									
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code					
			5718 N. San Bernando								
	Office Depot										
			Laredo, TX 78041								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Supplies								
X Political	2.1100 0 10111044/110111										
Non-Political	(C) Check if travel outside	Check if Austin, TX	, officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete	this form.	( g-	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 10/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPE	OF UNITEMIZED NDITURES GED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
	\$208.11	01/13/2025					
7 PAYEE	(a) Payee name  Ascending Technol	ogies, Inc		e address; x 450528	City,	State,	Zip Code
			Laredo, TX 78045				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Descr				
EXPENDITURE	Office Overhead/Rent		Software	e troubleshooting			
X Political		tai Expondo					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense	
			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
\$26.52 01/13/2025							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Shell Westlake Aut	o Care	98 Red	Bud Trail			
			Austin,	ΓX 78746			
PURPOSE OF	(a) Category		(b) Descr	iption			
EXPENDITURE	(See Categories listed at the top		Gasoline	е			
X Political	Transportation Equipr Expense	Hent And Related					
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	<u> </u>	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
	\$64.47	01/13/2025					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee	address;	City,	State,	Zip Code
			2219 E.	Saunders St.			
	Walgreens						
			Laredo,	TX 78041			
PURPOSE OF	(a) Category		(b) Descr				
EXPENDITURE	(See Categories listed at the top		Photos				
X Political	Office Overhead/Rent	tai Expense					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living ex	pense	
Complete ONLY if direct Candidate/Officeholder name Of					Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
	Sch: 11/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,679.5	57	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$241.26	01/13/2025						
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Amazon Market Pla	ace	P. O. Box 8	31226				
L				Seattle, W	A 98108				
8	PURPOSE OF	(a) Category	-f. doi:	(b) Descripti	on				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct					Office held			
€	expenditure to benefit C/OH								
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue				Credit Card Issuer	Paid			
		\$423.53	01/13/2025						
r	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code		
		Holiday Inn Austin <sup>-</sup>	Townlake	20 North 1	H-35				
				Austin, TX	78701				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Staff lodging					
	X Political	Travel In District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$29.90	01/13/2025						
T	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
				P. O. Box 8	31226				
		Amazon.com							
				Seattle, W	A 98108				
	PURPOSE OF	(a) Category	-f. doi: lo - do l - \	(b) Descripti	on				
	EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Supplies					
	X Political	Political Control of the Control of							
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			le T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name				Office held			
€	expenditure to benefit C/OH								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.		,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 12/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$34.43	01/13/2025					
7	PAYEE	(a) Payee name 7-Eleven		(b) Payee 4040 S. L	address; _amar Blvd.	City,	State,	Zip Code
L				Austin, T				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Descrip	otion			
	EXPENDITURE	Transportation Equipr	· ·	Gasoline				
	X Political	Expense						
Ļ	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o oought	Check if Austin, TX,	Office hold	ense	
9  -	Complete ONLY if direct expenditure to benefit C/OH				Office held			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$236.69	01/13/2025	(=) = ===(=)				
	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
		Verizon Wireless		P.O. Box	75226			
				Dallas, T	X 75226			
	PURPOSE OF	(a) Category	(1)	(b) Descrip				
	X Political	(See Categories listed at the top Office Overhead/Rent		Wireless telephone/internet service for office holder campaign work				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$5,360.28	01/13/2025					
Г	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		Texas State History	/ Museum	P. O. Box	< 12874			
				Austin, T	X 78711			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descrip Christma	otion s constituent gifts	5		
	X Political	Gift/Awards/Memorials Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<del></del>	Office held		
6	expenditure to benefit C/OH							
ĺ								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
	Sch: 13/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	<sup>·</sup> Paid					
		\$88.70	01/13/2025								
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		AT&T Mobility		P.O. Box 6	3463						
					am, IL 60197						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti			ee				
	X Political	Office Overhead/Rent		campaign	elephone/interne work	et service for t	тісе пою	er			
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH											
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu				Credit Card Issuer	Paid					
		\$141.37	01/13/2025								
	PAYEE (a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code				
		La Quinta Inn		1025 Texa	s Hwy 123						
				Karnes Cit	y, TX 78118						
	PURPOSE OF	(a) Category		(b) Descripti	on						
	EXPENDITURE	(See Categories listed at the top  Transportation Equipr	•	Staff lodgir	ng						
	X Political	Expense	none / tha reduced								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH			_							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
		\$49.04	01/13/2025								
┢	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
l				1911 N.E.	Loop Bob B ullo	ock					
l		H-E-B									
				Laredo, TX	< 78045						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descripti	on						
	EXPENDITURE	Transportation Equipr	· · · · · · · · · · · · · · · · · · ·	Gasoline							
	X Political	Expense									
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living ex	pense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 14/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	<b>\$</b> 3,679.57		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$13.88	01/31/2025					
7	PAYEE	(a) Payee name  Apple Company Sto	ore	(b) Payee 1 Infinite	Loop	City,	State,	Zip Code
L		( ) 2 :		<del></del>	o, CA 95014			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		I-cloud st	lorage			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct				Office held			
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$212.46	01/31/2025					
	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code		
		SP Patriot Wood		4122 Stu	art Circle Dr.			
				Ferndale	, WA 98248			
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	m			
	X Political	omee overnead/ivem	tai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$346.40	01/31/2025					
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Dad Dath and Davis	al	799 W. C	Coliseum Way			
		Bed Bath and Beyo	ona					
L					UT 84047			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Office ite	11115			
	X Political							
_	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
$\vdash$	expenditure to benefit C/OH							
ı								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Oniceriolden/Folitica	•	ruction Guide explains how	-	THEN (elliel a calegory	not listed a	bove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 15/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	\$ 3,679.57		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$749.85	01/31/2025					
7 PAYEE	(a) Payee name  SP Patriot Wood		(b) Payee address; 4122 Stuart Circle Dr.	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		Ferndale, WA 98248 (b) Description				
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Texas State Seals				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$18.39	01/31/2025					
PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code		
	Adobe Acropo Syst	rems	345 Park Ave.				
	(a) Oatawari		San Jose, CA 95110-270	4			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issue	er Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Amazon Market Pla	ace	P. O. Box 81226				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Seattle, WA 98108 (b) Description Office supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH							
I							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 16/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$32.23	01/31/2025					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Amazon.com		P. O. Box	x 81226			
		7 41102011.00111			*** 004.00			
Ļ	PURPOSE OF	(a) Category		(b) Descrip	WA 98108			
8	EXPENDITURE	(See Categories listed at the top			g Literacy Progra	am		
	X Political	Office Overhead/Ren	tal Expense	1 1011101111	g Energey i regre			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense	
9	Complete ONLY if direct	e ONLY if direct Candidate/Officeholder name Office sought			Office held			
e	expenditure to benefit C/OH	ЭН						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$59.54	01/31/2025					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Perigold		4 Copley	Place, Floor 7			
				Boston, N	MA 02116			
	PURPOSE OF	(a) Category	-f.4b-i	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office ite	ms			
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
$\vdash$	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	TATMENT			(c) Baic(s)	, Great Gara 135aci	i i did		
		\$189.83	01/31/2025					
H	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
l				2025 Hai	milton Ave.			
		Ebay Inc.						
L					e, CA 95125			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		(See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Supp		philes				
	X Political							
L	Ш					officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	Apenditure to benefit C/OH							
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form	n.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 17/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITURI CHARGED TO CARD	ES	\$	3,679.5	57	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
	\$1,845.82	01/31/2025						
7 PAYEE	(a) Payee name	•	(b) Payee address	5;	City,	State,	Zip Code	
	Ebay Inc.		2025 Hamilton	Ave.				
			San Jose, CA 9	5125				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Office Overhead/Ren	•	Office items					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
	\$897.60	01/31/2025						
PAYEE	(a) Payee name	•	(b) Payee address	5;	City,	State,	Zip Code	
	Ebay Inc.		2025 Hamilton	Ave.				
			San Jose, CA 95125					
PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
EXPENDITURE    X   Political	(See Categories listed at the top Office Overhead/Rent		Office items					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	☐ Chec	ck if Austin, TX.	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder		e sought	,	Office held			
expenditure to benefit C/OH			-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
	\$141.22	02/12/2025						
PAYEE	(a) Payee name	l	(b) Payee address	5;	City,	State,	Zip Code	
			345 Park Ave.					
	Adobe Acropo Syst	ems						
			San Jose, CA 9	5110-2704	1			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Software					
X Political	Janes Overneau/Nein	ш Елрепос						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T			nedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F4: 2 FILER NAME			The Inst	ruction Guide explains how	to complete t	his form.					
Separation   Se	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
SSUER   See   Decision   See   Decision   See   See   Decision   See		Sch: 18/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
S145.74   O2/12/2025   PAYEE   (a) Payee name	4				EXPENI CHARG	DITURES	\$	3,679.5	57		
PAYEE   (a) Payee name	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
Circle K			\$145.74	02/12/2025							
Circle K   Laredo, TX 78043	7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
Sex   Calegory   Case Category   Case Catego			Circle K								
Cisec Leagonies listed at the top of this schedule)   Candidate/Officeholder name   Candidate/											
Payment   Complete ONLy if direct expenditure to benefit C/OH	8		`	of this schedule)	1 ' '	tion					
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$33.45  (b) Date of Charge 02/12/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip Code 1455 Market St. # 400  San Francisco, CA 94103  PURPOSE OF EXPENDITURE   (a) Category (see Categories listed at the top of this schedule)   (b) Date of Charge (b) Date of Charge (c) Description (see Categories listed at the top of this schedule)   (c) Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX. officeholder living expense    PAYMENT  (a) Amount Charged   (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Code (b) Description (c) Description (c) Description (c) Description (c) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Category (c) Category (c) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Code (c) Date(s) Credit Card Issuer Paid  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip Code (c) Date of Charge (c) Da			Transportation Equipr		Gasoline						
PAYMENT  (a) Amount Charged \$33.45  (b) Date of Charge 02/12/2025  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name Uber Technologies, Inc  (b) Payee address; City, State, Zip Code 1455 Market St. # 400  San Francisco, CA 94103  (b) Description Staff lunch  (c) Code Categories listed at the top of this schedule) Food/Beverage Expense  (c) Complete QNLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged S155,94  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Description Staff lunch  (c) Condidate/Officeholder name Office sought Office held  (c) Date(s) Credit Card Issuer Paid  (d) Date of Charge (c) Date(s) Credit Card Issuer Paid  (e) Date(s) Credit Card Issuer Paid  (f) Date of Charge (f) Date(s) Credit Card Issuer Paid  (g) Payee address; City, State, Zip Code 20 North IH-35  Austin, TX 78701  PURPOSE OF EXPENDITURE  (g) Category (See Categories listed at the top of this schedule) Travel In District  (g) Category (See Categories listed at the top of this schedule) Travel In District  (g) Category (See Categories listed at the top of this schedule) Travel In District  (g) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate/Officeholder name Office sought Office held		Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
PAYEE  (a) Amount Charged \$33.45  (b) Date of Charge 02/12/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip Code 1455 Market St. # 400  Liber Technologies, Inc  PURPOSE OF EXPENDITURE Political Non-Political (c) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  Camidiate/Officeholder name Office Sought Office held  PAYMENT  (a) Amount Charged \$155.94  (b) Date of Charge 02/12/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip Code  (d) Payee address; City, State, Zip Code  (expenditure to benefit C/OH)  PAYMENT  (a) Amount Charged \$155.94  (b) Date of Charge 02/12/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip Code 20 North IH-35  Austin, TX 78701  (expenditure)  (f) Description Staff lodging  (g) Description Staff lodging  (g) Check if travel outside of Texas. Complete Schedule T.  (g) Check if travel outside of Texas. Complete Schedule T.  (g) Check if travel outside of Texas. Complete Schedule T.  (g) Check if travel outside of Texas. Complete Schedule T.  (g) Check if travel outside of Texas. Complete Schedule T.  (g) Check if travel outside of Texas. Complete Schedule T.  (h) Description Staff lodging  Complete QNLY if direct Complete QNLY if direct Candidate/Officeholder name Office sought Office bold	9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
### State	e	xpenditure to benefit C/OH		-							
PAYEE  (a) Payee name  Uber Technologies, Inc  (b) Payee address; City, State, Zip Code  1455 Market St. # 400  San Francisco, CA 94103  PURPOSE OF EXPENDITURE  Political  Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Date of Charge  (c) Date(s) Credit Card Issuer Paid  (a) Amount Charged  \$155.94  (b) Date of Charge  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip Code  20 North IH-35  Austin, TX 78701  PURPOSE OF EXPENDITURE    Political   Political   Political   Political   Political   Political   Political   Political   Occupation   Check if Austin, TX, officeholder living expense  (b) Payee address; City, State, Zip Code  20 North IH-35  Austin, TX 78701  (b) Description  Staff lodging  Complete ONLY if direct  (c) Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense  City, State, Zip Code  20 North IH-35  Austin, TX 78701  (b) Description  Staff lodging		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
Uber Technologies, Inc    San Francisco, CA 94103				02/12/2025							
PURPOSE OF EXPENDITURE		PAYEE (a) Payee name			(b) Payee a	address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE			Uber Technologies	s, Inc	1455 Mar	ket St. # 400					
Staff lunch					San Fran	cisco, CA 94103	3				
Political   Non-Political   Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held			`		(b) Descrip	tion					
Complete ONLY if direct expenditure to benefit C/OH  PAYMENT (a) Amount Charged \$155.94 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYEE (a) Payee name Holiday Inn Austin Townlake  Holiday Inn Austin Townlake  PURPOSE OF EXPENDITURE   X Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office sought   Office sought   Office sought   Office sought   Office sought   Office held      Candidate/Officeholder name   Office sought   Office held					Staff lunc	h					
Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$155.94 (b) Date of Charge 02/12/2025  PAYEE  (a) Payee name Holiday Inn Austin Townlake  Holiday Inn Austin Townlake  (a) Category (See Categories listed at the top of this schedule) Travel In District  Political  Non-Political  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held  Office sought Office held  Office sought Office held		Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	1	Check if Austin, TX	. officeholder living exp	ense			
PAYMENT  (a) Amount Charged \$155.94  (b) Date of Charge 02/12/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee name 155.94  (e) Payee name 20 North IH-35  Holiday Inn Austin Townlake 20 North IH-35  Austin, TX 78701  (b) Description 20 North IH-35  Austin, TX 78701  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  (a) Category (See Categories listed at the top of this schedule) Travel In District  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate/Officeholder name  Office sought  Office held	┢		· · ·	·	e sought	Gildek ii 7 kaskii i, 17k					
PAYEE  (a) Payee name Holiday Inn Austin Townlake  (a) Category (See Categories listed at the top of this schedule) Travel In District  (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  (b) Payee address; City, State, Zip Code 20 North IH-35  Austin, TX 78701  (b) Description Staff lodging  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office sought	e										
PAYEE (a) Payee name Holiday Inn Austin Townlake Austin, TX 78701  PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct Candidate/Officeholder name  (b) Payee address; City, State, Zip Code 20 North IH-35  Austin, TX 78701  (b) Description Staff lodging  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Coffice Sought Office Sought		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
Holiday Inn Austin Townlake  PURPOSE OF EXPENDITURE  X Political Non-Political Non-Political Complete ONLY if direct  Candidate/Officeholder name  Holiday Inn Austin Townlake  20 North IH-35  Austin, TX 78701  (b) Description Staff lodging  (b) Description Staff lodging  Check if Austin, TX, officeholder living expense  Office sought  Office held			\$155.94	02/12/2025							
Holiday Inn Austin Townlake  Austin, TX 78701  PURPOSE OF EXPENDITURE    X   Political   Non-Political   Complete   ONLY   if direct   Candidate/Officeholder name   Office sought   Office held		PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Austin, TX 78701      Austin, TX 78701     (b) Description   Staff lodging     Staff lodging   Check if Laustin, TX, officeholder living expense     Candidate/Officeholder name   Office sought   Office held					20 North	IH-35					
PURPOSE OF (See Categories listed at the top of this schedule)    X   Political   Non-Political   Complete   ONLY   if direct   Candidate/Officeholder name   Office sought   Office held			Holiday inn Austin	I ownlake							
EXPENDITURE   See Categories listed at the top of this schedule)   Staff lodging	L										
Travel In District    Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held		1 , , , , ,			1 ` ′ '						
Non-Political  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Travel In District		of this scriedule)	Staff lodg	ing					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		X Political									
ompos one of the contract of t		(e) (a) the same transfer of the property of the contract of the property of t				edule T. Check if Austin, TX, officeholder living expense					
expenditure to benefit C/OH		oompiete <u>orter</u> ii alloot					Office held				
	e:	xpenditure to benefit C/OH									

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 19/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$149.14	02/12/2025					
7	PAYEE	(a) Payee name Shell Westlake Auto	o Care	(b) Payee 98 Red E	Bud Trail	City,	State,	Zip Code
Ļ	DUDDOCE OF	(a) Category		Austin, T (b) Descrip				
8	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Gasoline				
	X Political	Transportation Equip	ment And Related	Casoniic				
	Non-Political	Expense  (c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense	
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Adstiii, 1X,	Office held	Jense	
	expenditure to benefit C/OH			<b>.</b>				
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$126.64	02/12/2025					
	PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Amazon Market Pla	ace	P. O. Box	x 81226			
				Seattle, \	WA 98108			
	PURPOSE OF	(a) Category	of Abic colored (In)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	ms			
	X Political		•					
	Non-Political	· · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$325.00	02/12/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		The Texas Tribune		823 Con	gress Ave., Suite	210		
		The read mount		A	V 70701			
⊢	DUDDOSE OF	(a) Category		Austin, T				
PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)			Subscrip					
Office Overhead/Rental Expense			<del>-</del>					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				<u> </u>	Check if Austin TY	officeholder living exp	nense	
Complete ONLY if direct				e sought	Oncor ii Austin, TA,	Office held		
6	expenditure to benefit C/OH							
Н								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

	The Inst	ruction Guide explains how	to complete t	this form.	(	,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
Sch: 20/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER	1	ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$540.00	02/12/2025						
7 PAYEE	(a) Payee name  Grammarly, Inc.			et Street, #3541		State,	Zip Code	
8 PURPOSE OF	(a) Category		San Francisco, CA 94104 (b) Description					
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Subscript					
X Political	Office Overhead/Ren	tal Expense	Cabonipi					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
\$140.00 02/12/2025								
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Association for Edu	cation in	234 Outle	et Pointe Blvd Ste	e A.			
			Columbia	a, SC 29210				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip					
X Political								
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$57.97	02/12/2025						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Moreno's Kwik Stor	1	3601 Jair	ne Zapata Memo	orial Hwy.			
	Wording a rewire deep	,	Laredo, T	TY 78043				
PURPOSE OF		(b) Descrip						
EXPENDITURE	Gasoline							
Transportation Equipment And Related Expense								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin. TX.	officeholder living exp	ense		
Complete ONLY if direct				<u> </u>	Office held			
expenditure to benefit C/OH	-							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

		The Inst	ruction Guide explains how	to complete t	his form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 21/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$289.63	02/12/2025					
7	PAYEE	(a) Payee name  Ascending Technol	ogies, Inc	(b) Payee a	450528	City,	State,	Zip Code
Ļ	DUDDOSE OF	(a) Catagony		Laredo, T				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Computer	r software trouble	eshooting		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	· [	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$52.03 02/12/2025							
	PAYEE (a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		FedEx Freight		P. O. Box	10306			
L					IL 60055-0306			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion			
	X Political	Office Overhead/Rent		Shipping				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	<sup>·</sup> Paid		
		\$48.27	02/12/2025					
Г	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
		H-E-B		1911 N.E	. Loop Bob B ullo	ock		
		H-C-B						
L	DUDDOOT 05	(a) Cataman		Laredo, T				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				(b) Descrip Office sup				
	Office Overhead/Rental Expense		Omice sup	JPIIC3				
Non-Political D				<u> </u>	Chock if Austin TV	officabolder living ave	nonco	
(8)				<u> </u>	Check if Austin, TX,	officeholder living exp	JETISE	
l e	expenditure to benefit C/OH					J50 Hold		
H								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 22/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$88.70	02/12/2025									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	AT&T Mobility		P.O. Box 6463								
			Carol Stream, IL 60197								
8 PURPOSE OF	(a) Category	-# Abib	(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Cell								
X Political	- Cinico o vorrioda/ricini	tai Experies									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
\$191.78 02/12/2025											
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code					
	Verizon Wireless		P.O. Box 75226								
			Dallas, TX 75226								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Cell								
X Political	Office Overhead/Rent	tal Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$147.17	02/12/2025									
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code					
			3312 Santa Ursula Ave.								
	Executive Office Su	ipply									
			Laredo, TX 78040								
PURPOSE OF	1 ' '										
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	Office supplies								
X Political Since Overneau/Nental Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 23/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
		\$318.36	02/12/2025					
7	PAYEE	(a) Payee name  Holiday Inn Austin <sup>-</sup>	Townlake	(b) Payee 20 North	IH-35	City,	State,	Zip Code
Ļ	PURPOSE OF	(a) Category		Austin, T (b) Descrip				
8	EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodg				
	X Political	Travel In District		Otan loug	gg			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Oreck ii Addini, 174,	Office held	- Crisc	
	expenditure to benefit C/OH			J				
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
		\$1,835.15	02/28/2025					
	PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Ebay Inc.		2025 Hai	milton Ave.			
				San Jose	e, CA 95125			
	PURPOSE OF	(a) Category	-6 Abric In It - 1	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office ite	m			
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
		\$61.69	02/28/2025					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Amazon Market Pla	200	P. O. Box	x 81226			
		AIIIAZOII WAIKEL FIA			AVA 00400			
┡	DUDDOCE OF	(a) Catagony		(b) Descrip	WA 98108			
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			Office ite				
	Office Overhead/Rental Expense			5				
Nan Palitical					Chock if Austin TV	officeholder living ave	nonco	
Complete ONLY if direct Candidate/Officeholder name Office so				e souaht	Check if Austin, TX,	officeholder living exp	ense	
<b> </b> e	expenditure to benefit C/OH					556 Hold		
H								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)							
Sch: 24/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971									
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
	\$513.00	02/28/2025											
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code							
	Borsheims		120 Regency Parkway										
			Omaha, NE 68114										
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description										
EXPENDITURE	Gift/Awards/Memorial		Legislative gifts										
X Political													
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense								
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held									
expenditure to benefit C/OH													
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
\$13.88 02/28/2025													
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code							
	Apple Company Sto	ore	1 Infinite Loop										
			Cupertino, CA 95014										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description										
X Political	Office Overhead/Rent		QR Reader										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held									
expenditure to benefit C/OH													
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
	\$139.64	02/28/2025											
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code							
			117 Adams Street										
	Etsy, Inc												
			Brooklyn , NY 11201 (b) Description										
PURPOSE OF													
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	Office item										
X Political	X Political												
Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living exp	ense									
Complete ONLY if direct	Candidate/Officeholder	e sought	Office held										
expenditure to benefit C/OH													

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
	Sch: 25/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$363.67	02/28/2025								
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
		SP Flovery.Com		327 Willia	ms Ave. S						
				Renton, V							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descript							
	X Political	Gift/Awards/Memorial		Legislative	e gifts						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$22.68 02/28/2025										
	PAYEE (a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
		Amazon.com		P. O. Box	81226						
				Seattle, W	/A 98108						
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Promoting Literacy Program							
	X Political		···· —								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$3,701.07	02/28/2025								
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
				548 Marke	et Street, Ste 69	473					
		Chairish, Inc									
				San Franc	cisco, CA 94104						
	PURPOSE OF (a) Category			(b) Descript	tion						
	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	Office equ	ıipment						
	X Political Office Overflead/Rental Expense		_,,,,,,,,,,,								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct Candidate/Officeholder name Office				Office sought Office held						
е	xpenditure to benefit C/OH										
					•						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 26/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$86.49	02/28/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Apple Company Sto	ore	1 Infinite Lo	oop			
L				Cupertino,				
8	PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Cell phone	equipment			
	X Political		•					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$44.72 03/12/2025							
	PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code
		FedEx Freight		P. O. Box 2	10306			
				Palatine , I	L 60055-0306			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Shipping	on			
	X Political	Office Overhead/Rent	tai Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$141.22	03/12/2025					
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		A 1.1. A		345 Park A	ve.			
		Adobe Acropo Syst	ems					
L				<u> </u>	CA 95110-2704	1		
	PURPOSE OF (a) Category  (See Categories listed at the tag of this spheriule)		of this echodulo)	(b) Descripti	on			
	X Political	(See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		Software				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living exp	ense	
T	Complete ONLY if direct					Office held		
€	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 27/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER	1	ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$	3,679.5	57				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid						
	\$48.74	03/12/2025									
7 PAYEE	(a) Payee name Signature IH 35		(b) Payee add 900 N. Inter		City,	State,	Zip Code				
			Austin, TX 78701								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descriptio	n							
l <u> </u>	Transportation Equipr	*	Gasoline								
X Political	Expense										
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH		T		-							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid						
\$47.73 03/12/2025											
PAYEE	PAYEE (a) Payee name			dress;	City,	State,	Zip Code				
	H.E.B		2400 S. Coi	ngress							
			Austin, TX 7	78004							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies								
X Political	omee evernedd/tem	tai Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid						
	\$69.85	03/12/2025									
PAYEE	(a) Payee name	l	(b) Payee add	dress;	City,	State,	Zip Code				
			3310 N. Ca	pital of Texas I	Highway						
	Shell Austin										
			Austin, TX 7	78746							
PURPOSE OF	1 1 2 2			n							
(See Categories listed at the top of this schedule)  Transportation Equipment And Related			Gasoline								
X Political Expense											
Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name C				Office held						
expenditure to benefit C/OH											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Etl	nics Commis	sion Filers)			
	Sch: 28/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	3,679.5	57			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid					
		\$660.00	03/12/2025								
7	PAYEE	(a) Payee name  National Federation	n of Press		address; Falls Street urch, VA 22046	City,	State,	Zip Code			
8	PURPOSE OF	(a) Category		(b) Descrip							
	EXPENDITURE    X   Political	(See Categories listed at the top Advertising Expense	of this schedule)	Ads							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, T	X, officeholder living e	xpense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held					
е	expenditure to benefit C/OH										
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid					
		\$656.37	03/12/2025								
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code			
		Holiday Inn Austin <sup>-</sup>	Townlake	20 North	IH-35						
L				Austin, T							
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip Staff lodg							
	Non-Political	<del></del>	of Texas. Complete Schedule T.		Check if Austin T	X, officeholder living e	xnense				
┢	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held					
е	expenditure to benefit C/OH			-							
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid					
		\$267.99	03/12/2025								
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code			
l		Chall Mantlaka Aut	- Cara	98 Red E	Bud Trail						
		Shell Westlake Auto	o Care								
				Austin, T							
1	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Descrip							
	Transportation Equipment And Related		Gasoline								
	X Political Expense										
L	Non-Political   (c)				Check if Austin, T	X, officeholder living e	xpense				
_	Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held						
F	Aponditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 29/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$101.60	03/12/2025					
7	PAYEE	(a) Payee name  Circle K		(b) Payee a 4418 Hwy		City,	State,	Zip Code
				Laredo, T	X 78043			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Gasoline	ion			
	X Political	Transportation Equipr Expense	ment And Related					
	Non-Political		of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$917.40 03/12/2025							
	PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code
		Holiday Inn Austin <sup>-</sup>	Townlake	20 North	IH-35			
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descript Staff lodgi				
	X Political	Traver in District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH	(-) A	(h) Data of Ohama	(-) D-+-(-)	0	- D-1-I		
	PAYMENT	(a) Amount Charged \$39.99	(b) Date of Charge 03/12/2025	(c) Date(s)	Credit Card Issuei	r Palu		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		The Finish Line Co.	* \\/o o b	2900 Bee	Caves Rd.			
		The Finish Line Ca	r wasn					
L				Austin, TX				
	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descript	ion aintenance			
	Transportation Equipment And Related Expense		venicie in	annenance				
	Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.		Γ	Check if Austin, TX,	officeholder living exp	ense		
Р	(c) Sincer autor canada an instala compate consta			e sought	<del>-</del>	Office held		
Ľ								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 30/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$676.00	03/12/2025				
7 PAYEE	(a) Payee name  Rustic Iron		(b) Payee address; 2205 Victoria	City,	State,	Zip Code
			Laredo, TX 78040			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	*	Metal seals			
X Political	Office Overhead/Rent	tal Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$16.64	03/28/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Apple Company Sto	ore	1 Infinite Loop			
			Cupertino, CA 95014			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description  Qr Reader and I-cloud			
X Political	Office Overhead/Rent	tal Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$22.71	03/28/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			P. O. Box 81226			
	Amazon Market Pla	ace				
			Seattle, WA 98108			
PURPOSE OF	PURPOSE OF (a) Category (b)					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Office Supplies			
X Political						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Chec				oense	
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sou					
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 31/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$82.17	03/28/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon.com		P. O. Box	81226			
			Seattle, W				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
X Political	Office Overhead/Rent		Promoting				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$250.12	03/28/2025					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Ebay Inc.		2025 Ham	ilton Ave.			
			San Jose,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descripti Office item				
X Political	Office Overhead/Rent	iai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$112.44	03/28/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			117 Adams	s Street			
	Etsy, Inc						
			Brooklyn ,	NY 11201			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description				
EXPENDITURE	Office Overhead/Rent		Office item	IS			
X Political		·					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	plete Schedule T. Check if Austin, TX, officeholder living expense			ense	
The same of the sa			Office held				
expenditure to benefit C/OH	expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)				
Sch: 32/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$33.12	03/12/2025									
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Texas State History	/ Museum	P. O. Box	12874							
			Austin, TX								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript								
X Political	Office Overhead/Rent		Office iten	ns							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid						
	\$1,849.76	03/12/2025									
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	SP Patriot Wood		4122 Stua	art Circle Dr.							
			Ferndale,	WA 98248							
PURPOSE OF	(a) Category		(b) Descript	tion							
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Texas Sea	als							
X Political	Office Overficad/Net/	tai Experise									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<del></del>	Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid						
	\$174.81	03/12/2025									
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address.	City,	State,	Zip Code				
17.122	(a) Fayee name		2802 N. A		City,	State,	Zip Code				
	Checkers Quick Lu	be	2002 N. A	iraiisas							
			Laredo, T	X 78043							
PURPOSE OF	(a) Category		(b) Descript								
EXPENDITURE	(See Categories listed at the top	•	1 ' '	aintenance							
X Political	Transportation Equipa Expense	ment And Related									
Non-Political	(c) Check if travel outside	Check if Austin TV	officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	<u>L</u> e sought	CHECK II AUSUII, TX,	Office held	C113C					
expenditure to benefit C/OH			o oougiit		Jinoo nola						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1 Total pages Sche	edule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 33/86 Rpt:	:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER			ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,679.5	57
6 PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$50.00	03/12/2025					
7 PAYEE		(a) Payee name  Moreno's Kwik Stop	0	(b) Payee 3601 Jaii	address; ne Zapata Memo	City, orial Hwy.	State,	Zip Code
				Laredo,				
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>		Transportation Equip	· · · · · · · · · · · · · · · · · · ·	Gasoline				
X Political Non-Politica	s.I	Expense			_			
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY expenditure to bene		Candidate/Officeriolder	name Onic	e sougni		Office field		
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$88.71	03/12/2025					
PAYEE		(a) Payee name	·	(b) Payee address; City,				Zip Code
		AT&T Mobility		P.O. Box 6463				
				Carol Str	eam, IL 60197			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
X Political		Office Overhead/Reni		Wireless campaigi	telephone/interna n work	et service for (	office hold	ler
Non-Politica	ર્ય	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY expenditure to bene		Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$36.78	03/28/2025					
PAYEE		(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Adobe Acropo Syst	ems	345 Park	Ave.			
		,		San loca	e, CA 95110-2704	4		
PURPOSE OF		(a) Category		(b) Descrip		+		
EXPENDITURE		(See Categories listed at the top		Software				
X Political		Office Overhead/Ren	tal Expense					
Non-Politica	al	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY	if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held	·	
expenditure to bene								
		•						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 34/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
		\$141.52	04/14/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Adobe Acropo Syst	rems	345 Park A	ve.			
L					CA 95110-2704	4		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description	on			
		Office Overhead/Ren		Software				
	X Political							
L	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct				Office held			
-	expenditure to benefit C/OH	() (	T (1) = 1 ( 1)	1/12///				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
		\$205.61	04/14/2025					
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Starbucks		2401 Utha	Avenue			
				Seattlw, W	A 98134			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Description	on			
	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
		\$142.64	04/14/2025					
T	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
				5118 McPh	nerson Rd.			
		Chick-fil-A						
L				Laredo, TX				
	PURPOSE OF EXPENDITURE	(a) Category			on			
	X Political	(See Categories listed at the top of this schedule)  Food/Beverage Expense  Staff lunc						
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check				officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	e sought	<u>-</u>	Office held			
expenditure to benefit C/OH								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 35/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$45.63	04/14/2025					
7	PAYEE	(a) Payee name HEB		(b) Payee 2314 S. 2	address; Zapata Hwy	City,	State,	Zip Code
					TX 78046			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip				
	EXPENDITURE  X Political	Office Overhead/Rent		Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$207.03	04/14/2025					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		7-Eleven		4040 S. I	Lamar Blvd.			
				Austin, T	X 78704			
	PURPOSE OF	(a) Category	of Abic colored (In)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top  Transportation Equipr		Gasoline				
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$90.88	04/14/2025					
	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		Office Denot		5718 N. S	San Bernando			
		Office Depot						
L		( ) 2 :			ΓX 78041			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Supplies				
	블				_			
$\vdash$	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o coucht	Check if Austin, TX,	Office hold	ense	
,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
۲	mponditure to benefit G/OH							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

Candidate/Onicendide//Foliaca		ruction Guide explains how		plete th		TITEN (enter a catego	ory not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 36/86 Rpt:	Zaffirini, Judith (The	e Honorable)				00020971		
4 CREDIT CARD ISSUER		ncial institution revious	E	XPEND	F UNITEMIZED TURES D TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) C	redit Card Issue	r Paid		
	\$36.99	04/14/2025						
7 PAYEE	(a) Payee name Shell			ayee ad 8 Inters	ldress; state 35	City,	State,	Zip Code
				tin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	1 ' '	escripti 	on			
<u> </u>	Transportation Equipr		Gas	soline				
X Political	Expense							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			ht		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	) Date of Charge (c) Date(s) Credit Card Issuer					
	\$305.96	04/14/2025						
PAYEE	(a) Payee name	Payee name (b) Payee address;			ldress;	City,	State,	Zip Code
	Holiday Inn Express	s & Suites	805	Noche	s Street			
			Aus	tin, TX	78701			
PURPOSE OF	(a) Category		(b) E	escripti	on			
EXPENDITURE  X Political	(See Categories listed at the top Travel In District	of this schedule)	Stat	f lodgir	ng			
Non-Political	(a) Chapte if traval autoida	of Texas. Complete Schedule T.			Charle if Austin TV	officeholder living ex	,none	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	ce soug	ht	Crieck ii Austin, 1x,	Office held	фенѕе	
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$46.99	(b) Date of Charge 04/14/2025	(c) [	ate(s) C	Credit Card Issue	r Paid		
PAYEE	(a) Payee name	l	(b) F	ayee ad	ldress;	City,	State,	Zip Code
			231	4 S. Za	pata Hwy			
	HEB							
				edo, TX	78046			
PURPOSE OF	RPOSE OF (a) Category (b)				on			
EXPENDITURE	(See Categories listed at the top Transportation Equipr	· · · · · · · · · · · · · · · · · · ·	Gas	oline				
X Political	Expense	Hent And Neiated						
Non-Political	<b>—</b>	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Offi			ht		Office held		
. ,	xpenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)		
Sch: 37/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
	\$40.18	04/14/2025							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Shell Austin			apital of Texas I	Highway				
	( ) 2		Austin, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Gasoline	ion					
X Political	Transportation Equipr Expense		Gasoline						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
	\$82.63	04/14/2025							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Shell Westlake Auto	o Care	98 Red Bu	ıd Trail					
			Austin, TX	78746					
PURPOSE OF	(a) Category		(b) Descripti						
EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense		Vehicle ma	aintenance					
Non-Political	— <u> </u>	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder		e sought	<u> </u>	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
	\$57.51	04/14/2025							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Ctrings		3320 San	Bernardo Ave.					
	Stripes								
			Laredo, T						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description						
l <u> </u>	Transportation Equipr	,	Gasoline						
X Political	Expense								
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholde					ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 38/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$120.69	04/14/2025							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		Verizon Wireless		P.O. Box						
		( ) 2 :		Dallas, T						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		at aan iaa far d	office held	lor		
	X Political	Office Overhead/Rent	· ·	campaig		net service for office holder				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living ex	pense			
	Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
е	enditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$39.99	04/14/2025							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		The Finish Line Ca	r Wash	2900 Bee	e Caves Rd.					
				Austin, T	X 78746					
	PURPOSE OF	(a) Category	<b>611</b>	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Vehicle r	naintenance					
	X Political	Expense								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$44.01	04/14/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
l		FodEv Froight		P. O. Box	x 10306					
		FedEx Freight								
			Palatine , IL 60055-0306							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
		Office Overhead/Rent	,	Shipping						
	X Political									
$\vdash$	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0.001:26+	Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held   expenditure to benefit C/OH										
F	Aponditure to benefit C/OH									

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this for	n.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 39/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$220.48	04/14/2025					
7 PAYEE	(a) Payee name Walmart		(b) Payee addres 5610 San Bern		City,	State,	Zip Code
			Laredo, TX 780	)41			
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies				
X Political	onice overnead/iveni	tai Experise					
				ck if Austin, TX, o	officeholder living ex	pense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$1,008.38	04/14/2025					
PAYEE	(a) Payee name	I	(b) Payee addres	s;	City,	State,	Zip Code
	Breed & Company		718 W. 29th St				
			Austin, TX 7870	05			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Office items				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	☐ Che	ck if Austin, TX. o	officeholder living ex	nense	
Complete ONLY if direct	Candidate/Officeholder	· ·	e sought		Office held		
expenditure to benefit C/OH			3				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$61.16	04/14/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee addres	S;	City,	State,	Zip Code
			1455 Market St	. # 400			
	Uber Technologies	s, Inc					
			San Francisco,	CA 94103			
PURPOSE OF		(b) Description					
EXPENDITURE	(See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	Staff lunch				
X Political	Food/Beverage Expe	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	NLY if direct Candidate/Officeholder name Office sou				Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 40/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$15.14	04/14/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Amazon Market Pla	ace	P. O. Box 81226			
			Seattle, WA 98108			
8 PURPOSE OF	(a) Category	(4)	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Frame			
X Political		tai Experies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$41.38	04/14/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
	Amazon.com		P. O. Box 81226			
			Seattle, WA 98108			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies			
X Political	Office Overflead/Refin	iai Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$49.00	04/14/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			200 Little Falls Street			
	National Federation	of Press				
			Falls Church, VA 22046			
PURPOSE OF						
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Ads			
X Political	/ lavertising Expense					
Non-Political	Check if Austin, TX,	, officeholder living exp	ense			
Complete ONLY if direct	e sought	Office held				
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 41/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$211.96	04/14/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	City of Laredo Utilit	ies	P.O. Box 6				
	(-) 0-4		Laredo, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Headquarters water bill				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$839.28	04/14/2025					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Holiday Inn Austin <sup>-</sup>	Townlake	20 North 1	H-35			
			Austin, TX	78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Travel In District	or this seriedule)	Staff lodgir	ng			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$62.60	04/14/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
			3320 San	Bernardo Ave.			
	Stripes						
			Laredo, TX	< 78040			
PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-i	(b) Description				
EXPENDITURE	Transportation Equipr	,	Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	e ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		THEN (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		·	•		3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 42/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 3,679.57		57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$67.74	04/14/2025					
7	PAYEE	(a) Payee name Shell Westlake Aut	o Care	(b) Payee 98 Red E	Bud Trail	City,	State,	Zip Code
Ļ		( ) 0 :		Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Transportation Equip		Gasonne				
	X Political	Expense						
Ļ	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held				
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dato(c)	) Credit Card Issuer	r Daid		
	PATMENT	\$420.15	04/14/2025	(c) Date(s)	Cledit Card Issuel	Faiu		
H	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		Holiday Inn Austin Townlake		20 North	IH-35			
l				Austin, T	X 78701			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE  X Political	(See Categories listed at the top Travel In District	of this schedule)	Staff lodg	ging			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$110.00	04/14/2025					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Sam's Club		1414 Ma	rlanwood Rd.			
				Temple,	TX 76502			
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)		(b) Descrip Members					
	X Political	Fees						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct candidate/Officeholder name Or expenditure to benefit C/OH			e sought		Office held		

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Oniceriolden/Folitica	· ·	ruction Guide explains how	-	TILK (eliter a category	not listed at	bove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 43/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b> 3,679.57		57	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$84.75	04/14/2025					
7 PAYEE	(a) Payee name Checkers Quick Lul	be	(b) Payee address; 2802 N. Arkansas	City,	State,	Zip Code	
	(a) Cataman		Laredo, TX 78043				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	•	(b) Description Vehicle maintenance				
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1() 5 : () 6 : 12 6 : 14	B : 1			
PAYMENT	(a) Amount Charged \$110.67	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issuer	Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Sam's Club		1414 Marlanwood Rd.				
	( ) 2		Temple, TX 76502				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$1,032.64	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issuer	<sup>-</sup> Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Hotel Viata		20 S Capital of Texas Hwy	у,			
			Wetlake Hills, TX 78746				
PURPOSE OF EXPENDITURE	1 1 2 2		(b) Description Staff lodging				
X Political		<u></u>					
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
l							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete t	this form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 44/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$58.43	04/14/2025					
7 PAYEE	(a) Payee name Office Depot		(b) Payee 5 5718 N. S	address; San Bernando	City,	State,	Zip Code
			Laredo, TX 78041				
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies				
X Political	onice overnead/item	LAPENSE					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$50.00	04/14/2025					
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	Signature IH 35		900 N. In	terstate			
			Austin, T	X 78701			
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top		Gasoline				
X Political	Transportation Equipr Expense	neni Anu Reialeu					
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$14.00	04/14/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
			1 ' '	osition Blvd	<i>,</i>	,	•
	Texaco		00 =/,				
			Austin, T	X 78745			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	,	Gasoline				
X Political	Transportation Equipr Expense	ment And Related					
Non-Political	Experise				officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officeholder/Politica	-		alaries/Wages/Contract Labor	OTHER (enter a cat	egory not listed at	oove)	
		ruction Guide explains ho	v to complete this form.				
1 Total pages Schedule F4:					Ethics Commiss	sion Filers)	
Sch: 45/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE		0.070.5		
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREE	)T <b> \$</b>	3,679.5	07	
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$991.40	04/14/2025					
	40020	0 1/2 1/2020					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			805 Noches Street				
	Holiday Inn Express	s & Suites					
			Austin, TX 78701				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodging				
X Political	Travel In District						
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T	Chack if Austin	TX, officeholder living	evnense		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T  9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held	ехрепзе			
expenditure to benefit C/OH	Carlaidate/Officeriolaer	marie om	oc oought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
TATMENT	1 ` `		(c) Date(s) Great Gara 155	aci i ala			
	\$88.75	04/14/2025					
PAYEE	(a) Dayoo nama		(h) Daysa address:	City	Ctoto	Zin Codo	
FAILL	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	AT&T Mobility		P.O. Box 6463				
			Carol Stroom II 60107	,			
PURPOSE OF	(a) Category		Carol Stream, IL 60197 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Wireless telephone/internet service for office holder				
X Political	Office Overhead/Rent	tal Expense	campaign work				
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeriolder	name Oili	ce sought	Office held			
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D (0)	1() 5 : () 6 : 11				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$48.10	04/14/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Circle K		4418 Hwy359				
	Circle K						
			Laredo, TX 78043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
<u></u>	Transportation Equipr	•	Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	ce sought	Office held				
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

FILER NAME			2 Filor ID (Ethic	e Commice		
Zoffinini Tudith /Tho		3 Filer ID (Ethics Commission Filers)				
Zanınını, Juditin (The	Honorable)		00020971			
		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57	
a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
\$16.64	05/02/2025					
a) Payee name  Apple Company Sto	re	(b) Payee address; 1 Infinite Loop	City,	State,	Zip Code	
	of this schodulo)	1 ` '				
	,	Microsoπ soπware				
· / <b>–</b>	•			ense		
Candidate/Officeholder	name Office	e sought	Office held			
	(1) 5 : (5)	I ( ) = . ( ) = . !!. = . !!				
a) Amount Charged \$947.19	05/02/2025	(c) Date(s) Credit Card Issuel	Paid			
a) Payee name		(b) Payee address;	City,	State,	Zip Code	
University of Texas	Beautification	2901 North IH-35 Ste. 4.1	00			
		Austin, TX 78722				
See Categories listed at the top of		(b) Description Legislative gifts				
	· 					
<u> </u>	<u> </u>		officeholder living expe	ense		
Candidate/Officeholder	name Office	e sought	Office held			
		T				
a) Amount Charged \$22.35	(b) Date of Charge 05/02/2025	(c) Date(s) Credit Card Issuel	· Paid			
a) Payee name		(b) Payee address;	City,	State,	Zip Code	
Etov Inc		117 Adams Street				
Elsy, IIIC						
		Brooklyn , NY 11201				
, , ,	of this schedule)	1 ` '				
(See Categories listed at the top of this schedule)    X   Political   Office Overhead/Rental Expense		Office items				
c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Candidate/Officeholder	name Office	e sought	Office held			
	a) Amount Charged \$16.64  a) Payee name  Apple Company Sto  a) Category See Categories listed at the top of Diffice Overhead/Rent  c) Candidate/Officeholder  a) Amount Charged \$947.19  a) Payee name  University of Texas  a) Category See Categories listed at the top of Diffice Overhead/Memorials  c) Check if travel outside of Candidate/Officeholder  a) Amount Charged \$22.35  a) Payee name  Etsy, Inc  a) Category See Categories listed at the top of Category See Categories listed at the top of Candidate/Officeholder  a) Amount Charged \$22.35  a) Payee name  Etsy, Inc  a) Category See Categories listed at the top of Category See Categories listed at the top of Category See Cat	\$16.64	See previous  EXPENDITURES CHARGED TO A CREDIT CARD  (b) Date of Charge \$16.64  (c) Date(s) Credit Card Issuer (d) Payee address; 1 Infinite Loop  Cupertino, CA 95014  (d) Description Microsoft software  (e) Description Microsoft software  (f) Description Microsoft software  (h) Description Microsoft software  (h) Date of Charge (h) Date of Charge (h) Date of Charge (h) Payee address; 201 Check if Austin, TX.  Candidate/Officeholder name  (h) Date of Charge (h) Payee address; 2901 North IH-35 Ste. 4.1:  (h) Payee address; 2901 North IH-35 Ste. 4.1: (h) Description Legislative gifts  (h) Description Legislative gifts  (h) Description Legislative gifts  (h) Payee address; 2901 North IH-35 Ste. 4.1: (h) Payee address; 21 Infinite Loop (h) Description Legislative gifts  (h) Payee address; 21 Infinite Loop (h) Description Legislative gifts  (h) Payee address; 21 Infinite Loop (h) Description Legislative gifts  (h) Description Legislative gifts  (h) Description (h) Payee address; 21 Infinite Loop (h) Description (h) Description (h) Description (h) Description (h) Payee address; 21 Infinite Loop (h) Payee address; 22 Infinite Loop (h) Payee address; 22 Infinite Loop (h) Description (h) Descript	See previous  CHARGED TO A CREDIT CARD  Amount Charged \$16.64  D5/02/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee address; City, 1 Infinite Loop  Cupertino, CA 95014  (d) Description  Microsoft software  Candidate/Officeholder name  Office sought  O5/02/2025  (d) Payee address; City, 1 Infinite Loop  Cupertino, CA 95014  (e) Description  Microsoft software  Candidate/Officeholder name  Office sought  Office sought  Office held  Austin, TX 78722  (b) Description  Austin, TX 78722  (b) Description  Austin, TX 78722  (b) Description  Legislative gifts  City, 2901 North IH-35 Ste. 4.100  Austin, TX 78722  (b) Description  Legislative gifts  Austin, TX 78722  (b) Description  Legislative gifts  Check if ravel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  Office sought  Office held  Austin, TX 78722  (b) Description  Legislative gifts  Check if Austin, TX, officeholder living expression  Candidate/Officeholder name  Office sought  Office held  Amount Charged  (b) Date of Charge  (c) Date(s) Credit Card Issuer Paid  Check if Austin, TX, officeholder living expression  Check if Austin, TX, officeholder living expression  (b) Payee address; City, 117 Adams Street  Brooklyn , NY 11201  (b) Description  Office items	See previous  CHARGED TO A CREDIT CARD  A) Amount Charged \$16.64  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Apple Company Store  (b) Payee address; City, State, 1 Infinite Loop  Cupertino, CA 95014  (b) Description  Microsoft software  City (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, 1 Infinite Loop  Cupertino, CA 95014  (c) Description  Microsoft software  (d) Description  Microsoft software  Candidate/Officeholder name  Office sought  Office held  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Apple e name  University of Texas Beautification  Austin, TX 78722  (b) Description  Austin, TX 78722  (b) Description  Legislative gifts  (c) Date(s) Credit Card Issuer Paid  Diffice Nover Paid  Austin, TX 78722  (b) Description  Legislative gifts  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Austin, TX 78722  (b) Description  Legislative gifts  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Austin, TX, officeholder Issuer Paid  Austin, TX, officeholder Issuer Paid  Austin, TX, officeholder Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  Anount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)		
	Sch: 47/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDI	\$	3,679.5	57		
6	PAYMENT	(a) Amount Charged \$388.80	(b) Date of Charge 05/02/2025	(c) Date(s)	Credit Card Issue	er Paid				
Ļ	DAVEE	,	05/02/2025							
	PAYEE	(a) Payee name  Borsheims		(b) Payee 120 Reg	address; ency Parkway	City,	State,	Zip Code		
L					NE 68114					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Office Overhead/Rent	,	Office ite	ms					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	(, officeholder living e	xpense			
9	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held						
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$76.99	05/02/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Ebay Inc.		2025 Hai	milton Ave.					
				San Jose	e, CA 95125					
	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Office ite	ms					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living e	xpense			
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$86.55	05/02/2025							
H	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code		
				P. O. Box	x 81226					
		Amazon Market Pla	ice							
				Seattle, \	WA 98108					
1	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip						
	EXPENDITURE	Gift/Awards/Memorial	,	Legislativ	e gifts					
	x Political									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T>	(, officeholder living e	xpense			
	Complete ONLY if direct Candidate/Officeholder name O			e sought		Office held				
е	expenditure to benefit C/OH									
l										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 48/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$82.44	05/02/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Amazon.com		P. O. Box 81226					
			Seattle, WA 98108					
8 PURPOSE OF EXPENDITURE	(a) Category	of this colored (Is)	(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Promoting Literacy Progra	am				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$387.05	05/02/2025						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
	Sunnyland Farms		P.O. Box 8200					
			Albany, GA 31706					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Legislative gifts					
X Political	Gill/Awards/Memorial	s Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$199.95	05/13/2025						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			2900 Bee Caves Rd.					
	The Finish Line Ca	r Wash						
			Austin, TX 78746					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Vehicle maintenance					
X Political	Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 49/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$52.49	05/13/2025					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Chevron		2710 Bee	Caves Rd.			
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti	on			
X Political	Transportation Equipr Expense		Gasoline				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$237.77	05/13/2025					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Monarch Trophy St	udio	16227 San	Pedro Ave.			
			San Anton	io, TX 78232			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti	on			
X Political	Gift/Awards/Memorial		Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$26.16	05/13/2025					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		_	98 Red Bu	d Trail			
	Shell Westlake Auto	o Care					
			Austin, TX	78746			
PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Vehicle ma	aintenance			
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 50/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$39.50	05/13/2025					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Circle K		4418 Hwy3	359			
			Laredo, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
X Political	Transportation Equipr Expense	*	Gasoline				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			r Paid				
	\$41.99 05/13/2025						
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Signature IH 35		900 N. Inte	erstate			
			Austin, TX	78701			
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense		Gasoline				
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$107.91	05/13/2025					
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
			2401 Utha	Avenue			
	Starbucks						
			Seattlw, W	A 98134			
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gift Cards				
X Political		1					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedu				officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	•						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 51/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid		
		\$81.04	05/13/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		Walmart Super Cer	nter	9300 S. Int	terstate 35			
L				Austin, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti	on			
		Office Overhead/Rent		Supplies				
	X Political		•					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
				e sought		Office held		
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
		\$62.62	05/13/2025					
	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		Breed & Company		718 W. 29t	th St			
				Austin, TX	78705			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Supplies	on			
	X Political	Office Overhead/Rent	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$28.00	05/13/2025					
	PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
		Tayasa		2400 Expo	sition Blvd			
		Texaco						
L				Austin, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
	_	Transportation Equipr	*	Gasoline				
	X Political	Expense						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedul				Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 52/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$115.08	05/13/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	7-Eleven		4040 S. Lamar Blvd.					
	() 0 :		Austin, TX 78704					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline					
X Political	Transportation Equipr Expense		Gasonine					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$55.86	05/13/2025						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Signature IH 35		900 N. Interstate					
			Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Transportation Equipr	· ·	Gasoline					
X Political	Expense		<u> </u>					
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$30.43	05/13/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Shell Austin		3310 N. Capital of Texas	Highway				
			Austin, TX 78746					
PURPOSE OF	(a) Category	(II)	(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equipr	*	Gasoline					
X Political	Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 53/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$803.84	05/13/2025					
7	PAYEE	(a) Payee name Holiday Inn Austin <sup>-</sup>	Townlake	(b) Payee 20 North	IH-35	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		Austin, Ti				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodg				
	X Political	Travel In District			····9			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense	
9	Complete ONLY if direct	· · · · · · · · · · · · · · · · · · ·	adidate/Officeholder name Office sought			Office held		
e	expenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$340.91	05/13/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Zoom Video Comm	unications Inc.	55 Almad	len Blvd., 6th Flo	oor		
L				+	e, CA 95113			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
	<b>—</b>	Office Overhead/Ren		Software				
	X Political							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	o oought	Check if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$523.44	05/13/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Holiday Inn Austin <sup>-</sup>	Townlake	20 North	IH-35			
		Tioliday IIII Adstill	TOWITARE	l				
$\vdash$	DUDDOSE OF	(a) Catagony		Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Travel In District		Cian loag	พล			
	Non-Political	(a) Chook if traval as to id-	of Toyon, Complete Cabadula T		Chook if Assatin TV	officeholder living	onco	
$\vdash$	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	e sought	Check if Austin, TX,	officeholder living exp	ense	
e	expenditure to benefit C/OH	- Carraidato/Omocriolido	Office	o oougiit		Jilloo Holu		
H	· · · · · · · · · · · · · · · · · · ·	L						

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 54/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid			
	\$88.75	05/13/2025						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	AT&T Mobility		P.O. Box 6	6463				
				am, IL 60197				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		ot comico for a	ffice hele	lor	
X Political	Office Overhead/Rent		campaign		net service for office holder			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid			
	\$58.39	05/13/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Uber Technologies	s, Inc		et St. # 400				
				isco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Delivery	ion				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid			
	\$141.22	05/13/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Adaba Aarana Cuat		345 Park <i>A</i>	Ave.				
	Adobe Acropo Syst	ems						
				CA 95110-2704	4			
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Descripti	ion				
l <u>—</u>	Office Overhead/Rent	,	Software					
X Political								
Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 55/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$39.99	05/13/2025					
7	PAYEE	(a) Payee name  The Finish Line Cal	r Wash		e Caves Rd.	City,	State,	Zip Code
Ļ		( ) 0 :		Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion naintenance			
	X Political	Transportation Equipr Expense		veriicie i	пашенансе			
	Non-Political	- <u>-</u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$61.55	05/13/2025					
	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code		
		Stripes		3320 Sai	n Bernardo Ave.			
				Laredo, -	ΓX 78040			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
	X Political	Expense						
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$56.26	05/13/2025					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Signature IH 35		900 N. In	iterstate			
		Signature in 33			V 70704			
⊢	PURPOSE OF	(a) Category		Austin, T (b) Descrip				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Gasoline				
	X Political	Transportation Equipr Expense	ment And Related					
	Non-Political		of Texas, Complete Schodule T		Check if Austin TV	officeholder living exp	nense	
					Office held	JE1126		
l e	expenditure to benefit C/OH	2 3 3 3 3 3 3 3 3.	Sillot	y		ooiu		
	•	l						

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 56/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$86.00	05/13/2025						
7	PAYEE	(a) Payee name  Walmart Super Cer	nter	(b) Payee 9300 S. I	address; nterstate 35	City,	State,	Zip Code	
				Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion				
	X Political	Office Overhead/Rent		Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
ε	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$56.00	05/13/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		H.E.B		2400 S. 0	Congress				
				Austin, T	X 78004				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top  Transportation Equipr		Gasoline					
	X Political	Expense	Hent / tha i telatea						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH		-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$26.72	05/13/2025						
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
				2400 S. 0	Congress				
		H.E.B							
L				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion				
		Office Overhead/Rent		Supplies					
	X Political	·							
				Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
L	expenditure to benefit C/OH								
1									

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)				
Sch: 57/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$42.21	05/13/2025									
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code				
	Office Depot			San Bernando							
			Laredo, 7								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion							
X Political	Office Overhead/Rent		Supplies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid						
	\$77.90	05/13/2025									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Amazon Market Pla	aco	P. O. Box	81226							
	Amazon warket i ic	icc	Seattle, V	VA 98108							
PURPOSE OF	(a) Category	(4)	(b) Descrip	otion							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies								
X Political		·									
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$611.91	05/13/2025									
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code				
	Llolidov Inn Augtin	Townslako	20 North	IH-35							
	Holiday Inn Austin <sup>-</sup>	TOWITIAKE									
			Austin, T								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip								
l <u> </u>	Travel In District		Stall 100g	inig							
X Political				_							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate/Officeholder name Office sought				Check if Austin, TX	, officeholder living ex	pense					
Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held							
experience to beliefit 6/011											

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

79.57 ate, Zip Code				
ıte, Zip Code				
ite, Zip Code				
ate, Zip Code				
ate, Zip Code				
(b) Description Wireless telephone/internet service for office holder				
campaign work				
ate, Zip Code				

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)							
Sch: 59/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971									
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid									
	\$29.21	05/27/2025												
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code							
	Amazon.com		P. O. Box											
	() 0 :		Seattle, W											
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript											
X Political	Office Overhead/Rent		Promoting	Literacy Progra	um									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense								
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held									
expenditure to benefit C/OH														
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid									
	\$562.80	05/27/2025												
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code							
	Sunnyland Farms		P.O. Box 8	3200										
			Albany, G	A 31706										
PURPOSE OF	(a) Category		(b) Descript											
EXPENDITURE  X Political	(See Categories listed at the top Gift/Awards/Memorial		Legislative	e gifts										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living ex	pense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	· Paid									
	\$1,311.03	05/27/2025												
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code							
	00.5		327 Willia	ms Ave. S										
	SP Flovery.Com													
			Renton, W											
PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Descript											
EXPENDITURE	Office Overhead/Rent	,	Office item	าร										
X Political														
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held									
expenditure to benefit C/OH														

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)	
Sch: 60/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$18.39	05/27/2025						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Adobe Acropo Syst	rems	345 Park		4			
8 PURPOSE OF	(a) Category		(b) Descrip	, CA 95110-2704	+			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Software	uon				
X Political	Office Overhead/Rent	tal Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	·							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$268.46	05/27/2025						
PAYEE	PAYEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code	
	Perigold		4 Copley	Place, Floor 7				
			Boston, M					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$72.49	05/27/2025						
PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code	
	A		P. O. Box	81226				
	Amazon Market Pla	ace						
			Seattle, V					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion				
l <u> </u>	Office Overhead/Rent		Supplies					
X Political								
Non-Political	`	of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	( 3	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 61/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$28.15	05/27/2025					
7	PAYEE	(a) Payee name  Etsy, Inc			ms Street	City,	State,	Zip Code
L				· -	, NY 11201			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Ren		Office ite	m			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$27.06	05/27/2025					
	PAYEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code	
		Ebay Inc.		2025 Hai	milton Ave.			
				San Jose	e, CA 95125			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office ite	m			
	X Political		<u>_</u> ,,poee					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$37.00	06/13/2025					
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		F		2719 E. S	Saunders			
		Exxon						
					TX 78041			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Transportation Equip		Gasoline				
	X Political	Expense						
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH							
ı								

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 62/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,679.5	57		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$21.64	06/13/2025							
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
	Shell Austin			apital of Texas I	Highway				
	1, 2		Austin, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Gasoline	on					
X Political	Transportation Equipr Expense	*	Gasonne						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, TX, officeholder living expense				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	<sup>-</sup> Paid				
	\$296.80	06/13/2025							
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
	Upper Crust Bakery	/	4508 Burn	et Rd.					
			Austin, TX	78756					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descripti Reception	on					
X Political	T Ood/Deverage Exper	1130							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	· Paid				
	\$141.22	06/13/2025							
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code		
			345 Park A	ve.					
	Adobe Acropo Syst	ems							
			San Jose,	CA 95110-2704	1				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti	on					
EXPENDITURE	Transportation Equipr	,	Software						
X Political	Expense								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedul				dule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)					
Sch: 63/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid							
	\$38.74	06/13/2025										
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code					
	H.E.B		2400 S. C	ongress								
			Austin, TX									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript	ion								
X Political	Transportation Equipr Expense	*	Gasoline									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid							
	\$363.61	06/13/2025										
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code					
	Michaels		5510 San	Bernardo								
			Laredo, TX	X 78041								
PURPOSE OF	(a) Category		(b) Descript	ion								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies									
X Political	Omec overnead/rem	tai Experise										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid							
	\$20.38	06/25/2025										
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code					
			5000 Walz	zem Rd.								
	Rackspace											
			San Anton	nio, TX 78218								
PURPOSE OF	(a) Category		(b) Descript									
EXPENDITURE	(See Categories listed at the top	,	Email dom	nain								
X Political	Office Overhead/Rent	ал шхрензе										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held							
expenditure to benefit C/OH												

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)			
	Sch: 64/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	3,679.5	57			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$18.39	06/25/2025								
7	PAYEE	(a) Payee name  Adobe Acropo Syst	ems	(b) Payee 345 Park	Ave.	City,	State,	Zip Code			
Ļ	PURPOSE OF	(a) Category		(b) Descrip	e, CA 95110-270	<i>J</i> 4					
8	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Software	olion .						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living ex	kpense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH										
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$75.78	06/25/2025								
	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code					
		Etsy, Inc		117 Adar	ns Street						
L					, NY 11201						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Legislativ							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T>	(, officeholder living ex	kpense				
Н	Complete ONLY if direct	Candidate/Officeholder		e sought	<u> </u>	Office held					
e	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$12.98	06/25/2025								
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
l		A		P. O. Box	k 81226						
		Amazon.com									
L				+	VA 98108						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip							
		,	e Categories listed at the top of this schedule) fice Overhead/Rental Expense  Promoting Literacy Prog			arn					
	X Political										
$ldsymbol{f eta}$	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, T>	(, officeholder living ex	kpense				
Complete ONLY if direct Candidate/Officeholder name Office sought					Office held						
$\vdash^{\epsilon}$	expenditure to benefit C/OH										
1											

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 65/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$39.99	06/13/2025					
7	PAYEE	(a) Payee name  The Finish Line Cal	r Wash		e Caves Rd.	City,	State,	Zip Code
Ļ		( ) 0 :		Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion naintenance			
	X Political	Transportation Equipr Expense		venicie n	пашенансе			
	Non-Political	- <u>-</u>	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	<sup>-</sup> Paid		
		\$42.00	06/13/2025					
	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code		
		Stripes		3320 Sar	n Bernardo Ave.			
				Laredo,	ΓX 78040			
	PURPOSE OF	(a) Category	of Abic colored (In)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
	X Political	Expense						
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	<sup>-</sup> Paid		
		\$74.66	06/13/2025					
Г	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		Michaele		5510 Sar	n Bernardo			
		Michaels		l <u>.</u>	T) / T00 44			
┡	DUDDOCE OF	(a) Catagony		Laredo,				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	JUON			
	X Political	Office Overhead/Rent		Trailles				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
$\vdash$	Complete ONLY if direct					Office held		
e	expenditure to benefit C/OH			J				
Г								

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	to complete t		TILK (elitel a catego	ry not listed a	bove)
1	Total pages Schedule F4:		<u> </u>	· ·		3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 66/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$97.32	06/13/2025					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Starbucks		2401 Uth	a Avenue			
				Seattlw, \	WA 98134			
8	PURPOSE OF	(a) Category		(b) Descrip				
l	EXPENDITURE	(See Categories listed at the top		Staff				
l	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	oense	
9				e sought	<del></del>	Office held		
е	xpenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	<sup>-</sup> Paid		
		\$507.00	06/13/2025					
H	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		Store It All Self Sto	rage Del Norte	5115 Sar	n Francisco Aven	ue		
l				Laredo, T	X 78041			
	PURPOSE OF	(a) Category		(b) Descrip	otion			
l	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Storage				
	X Political		.a. =/,po/.oo					
L	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Γ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$177.00	06/13/2025					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Store It All Storage	- Townlake-	1234 Tov	vnlake Dr.			
L				Laredo, T	X 78041			
	PURPOSE OF (a) Category		(b) Descrip	otion				
l	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Storage				
	X Political Office Overhead/Rental Expense							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	oense		
е	Complete ONLY if direct expenditure to benefit C/OH					Office held		

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)						
Sch: 67/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$45.30	06/13/2025										
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
	7-Eleven		4040 S. Lamar Blvd.									
			Austin, TX 78704									
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this calcadula)	(b) Description									
EXPENDITURE 	Transportation Equipr	*	Gasoline									
X Political	Expense											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense									
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$13.42	06/13/2025										
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code						
	Etsy, Inc		117 Adams Street									
			Brooklyn , NY 11201									
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top		Supplies									
X Political	Office Overhead/Rent	iai Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$39.99	06/13/2025										
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code						
			2900 Bee Caves Rd.									
	The Finish Line Ca	r Wash										
			Austin, TX 78746									
PURPOSE OF												
EXPENDITURE	(See Categories listed at the top  Transportation Equipr	,	Vehicle maintenance									
X Political	Expense	nent And Nelated										
Non-Political	<del>                                     </del>	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)				
	Sch: 68/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57				
6	PAYMENT	(a) Amount Charged \$410.40	(b) Date of Charge 06/13/2025	(c) Date(s)	) Credit Card Issue	r Paid						
7	PAYEE	(a) Payee name Tiff 's Treats		(b) Payee 1806 Nuc Austin, T	eces St.	City,	State,	Zip Code				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	*	(b) Descrip Legislativ	otion							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense					
				e sought		Office held						
е	expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 06/13/2025	(c) Date(s)	) Credit Card Issue	r Paid						
	PAYEE	(a) Payee name Signature IH 35		(b) Payee 900 N. In Austin, T	iterstate	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip	otion							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$25.92	(b) Date of Charge 06/13/2025	(c) Date(s)	) Credit Card Issue	r Paid						
	PAYEE	(a) Payee name Sam's Club			address; rlanwood Rd. TX 76502	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Supplies	_							
$\vdash$	Non-Political   (c)				Check if Austin, TX	, officeholder living exp	ense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought		Office field						
ĺ												

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 69/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971							
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,679.5	57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid							
	\$155.09	06/13/2025										
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code					
	Verizon Wireless		P.O. Box 7	75226								
			Dallas, TX									
8 PURPOSE OF	(a) Category		(b) Description	on								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		X									
X Political		iai Experies										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense									
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) C	redit Card Issuer	Paid							
\$88.76 06/13/2025												
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code					
	AT&T Mobility		P.O. Box 6	463								
			Carol Strea	am, IL 60197								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description			-						
X Political	Office Overhead/Rent	tal Expense										
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid							
	\$236.92	06/13/2025										
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code					
			1455 Mark	et St. # 400								
	Uber Technologies,	, Inc										
			San Franci	sco, CA 94103								
PURPOSE OF	(a) Category	601	(b) Description	on								
EXPENDITURE	(See Categories listed at the top  Transportation Equipr	,	Staff travel									
X Political	Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 70/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$58.59	01/14/2025					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Walmart		5610 Sar	n Bernardo			
				Laredo, 7	ΓX 78041			
8	PURPOSE OF	(a) Category		(b) Descrip				
ľ	EXPENDITURE	(See Categories listed at the top		Supplies				
	X Political	Office Overhead/Ren	tal Expense	''				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH								
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			r Paid				
		\$20.38	01/31/2025					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Rackspace		5000 Wa	lzem Rd.			
		Каскърасе						
┡		(a) Oatawa			onio, TX 78218			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	<b>—</b>	Office Overhead/Ren		Email uo	IIIaIII			
	X Political Non-Political	(a) D at 171 1 1 1 1	(T. 0. 1. 0. 1. T.			<b>(</b> (, ), ), );		
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
<b> </b>	Complete ONLY if direct expenditure to benefit C/OH	Canadate/Onicenolaei	name Onice	2 30ugnt		Office field		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$7.63	02/12/2025					
		455	0=,==,=0=0					
Г	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
		Ctorbuoko		2401 Uth	ıa Avenue			
		Starbucks						
$ldsymbol{f eta}$		(-) O-t			WA 98134			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	วนอท			
		Food/Beverage Expe		Siaii				
	X Political				_			
$\vdash$	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office hold	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
۴	Appenditure to benefit G/OH							

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Cor	mmission Filers)
Sch: 71/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,6	379.57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$38.92	03/12/2025			
7 PAYEE	(a) Payee name  Google		(b) Payee address; 1600 Amphitheater Pkwy	City, Sta	ate, Zip Code
			Mountain View, CA 94043	3	
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description		
EXPENDITURE	Office Overhead/Rent		Software		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issue	r Paid	
	\$20.38	03/28/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code
	Rackspace		5000 Walzem Rd.		
			San Antonio, TX 78218		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		Email domain		
X Political	Office Overhead/Rent	iai Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$38.92	04/14/2025			
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, Sta	ate, Zip Code
			1600 Amphitheater Pkwy	<i>,</i>	,
	Google				
			Mountain View, CA 94043	3	
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		Software		
X Political	Office Overhead/Rent	tai Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)					
Sch: 72/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.	57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$14.20	05/13/2025										
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code					
	Michaels			n Bernardo								
			Laredo, 7									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion								
X Political	Office Overhead/Rent		Supplies									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense						
9 Complete ONLY if direct					Office held							
expenditure to benefit C/OH												
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card			Credit Card Issue	er Paid								
	\$27.72	01/31/2025										
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code					
	San Antonio Expres	ss News	P.O. Box	2171								
			San Anto	nio, TX 78205								
PURPOSE OF	(a) Category	(4)	(b) Descrip									
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Subscript	tion								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	pense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<b></b>	Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid							
	\$27.72	02/28/2025										
PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code					
	San Antonio Expres	ee Nowe	P.O. Box	2171								
	San Antonio Expres	55 INCWS										
	(a) Cataman			nio, TX 78205								
PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descript									
X Political	Office Overhead/Rent	tal Expense	Cabscript									
Non-Political	Non Belliford			Chook if Austin TV	officeholder living	nonco						
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	e sought	Crieck if Austin, TX	, officeholder living ex Office held	pense						
expenditure to benefit C/OH	Sandado, Omocriolaci	Office	o oodgiit		Omoo nota							
	l											

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

	Candidate/Officeriolder/Folitica		ruction Guide explains how	to complete		TIEN (elitel a categor	y not listed a	bove)
1	Total pages Schedule F4:		·	•		3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 73/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$27.72	05/02/2025					
7	PAYEE	(a) Payee name San Antonio Expres	ss News	(b) Payee P.O. Box		City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descrip				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Subscrip				
l	X Political	Office Overhead/Ren	tal Expense	Cubounp				
	Non-Political	(-) 🗆 a	(7. 0. 1. 0. 1. 7.			<i>m</i> 1 11 F:		
Ļ	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
9 ء	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e sought		Office field		
F	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	) Credit Card Issuer	Paid		
	Aimeni	\$27.72	05/27/2025	(c) Date(s)	, Great Gurd 1990er	r did		
H	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
		San Antonio Expres	ss News	P.O. Box	2171			
l				San Anto	onio, TX 78205			
Г	PURPOSE OF	(a) Category		(b) Descrip	otion			
l	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Subscrip	tion			
	X Political	Office Overflead/Neth	ал ширепве					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$78.02	06/13/2025					
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		Shell Westlake Aut	o Care	98 Red E	Bud Trail			
				Austin, T	X 78746			
	PURPOSE OF (a) Category		(b) Descrip					
	EXPENDITURE (See Categories listed at the top of this schedule)  Transportation Equipment And Related		Gasoline					
	X Political Expense							
Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH					Office held		
							_	

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.											
2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)						
Zaffirini, Judith (The	e Honorable)		00020971								
		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57						
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
\$275.00	06/13/2025										
(a) Payee name  Texas State History	/ Museum	(b) Payee address; P. O. Box 12874	City,	State,	Zip Code						
		Austin, TX 78711									
	of this schedule)	(b) Description  Membership renewal									
(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense							
`	name Office		Office held								
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
\$533.62	06/13/2025										
(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code						
Holiday Inn Austin <sup>-</sup>	Гownlake	20 North IH-35									
		Austin, TX 78701									
(See Categories listed at the top	of this schedule)	(b) Description Staff lodging									
Traver in Bistrict											
(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense							
Candidate/Officeholder	name Office	e sought	Office held								
		_									
(a) Amount Charged \$13.69	(b) Date of Charge 06/13/2025	(c) Date(s) Credit Card Issue	r Paid								
(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
цев		2400 S. Congress									
H.E.B											
		Austin, TX 78004									
1 ( )	of this schedule)	1 ' '									
l ' - '	•	Supplies									
(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense							
Candidate/Officeholder	name Office	e sought	Office held								
	2 FILER NAME    Zaffirini, Judith (The    Name of final see pi  (a) Amount Charged    \$275.00  (a) Payee name    Texas State History  (a) Category (See Categories listed at the top Fees  (c)   Check if travel outside    Candidate/Officeholder  (a) Amount Charged    \$533.62  (a) Payee name    Holiday Inn Austin  (a) Category (See Categories listed at the top Travel In District  (c)   Check if travel outside    Candidate/Officeholder  (a) Amount Charged    \$13.69  (a) Payee name    H.E.B  (a) Category (See Categories listed at the top Office Overhead/Rent)  (c)   Check if travel outside	2 FILER NAME    Zaffirini, Judith (The Honorable)    Name of financial institution    see previous  (a) Amount Charged	2 FILER NAME Zaffirini, Judith (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$275.00  (b) Date of Charge \$275.00  (c) Date(s) Credit Card Issue \$275.00  (d) Payee name Texas State History Museum  (e) Payee address; P. O. Box 12874  Austin, TX 78711  (g) Category (see Categories listed at the top of this schedule) Fees  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Payee address; P. O. Box 12874  Austin, TX 78711  (b) Description Membership renewal  (c) Date(s) Credit Card Issue (d) Amount Charged (e) Date of Charge (f) Date(s) Credit Card Issue (g) Payee name Holiday Inn Austin Townlake  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue (d) Payee address; 20 North IH-35  Austin, TX 78701  (e) Description Staff lodging  (f) Description Staff lodging  (g) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge Collegory (see Categories listed at the top of this schedule) Travel In District  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date(s) Credit Card Issue (c) Date(s) Credit Card Issue (d) Payee address; 2400 S. Congress  Austin, TX 78004  (a) Category (see Categories listed at the top of this schedule)  (b) Payee address; 2400 S. Congress  Austin, TX 78004  (b) Payee address; 2400 S. Congress  Austin, TX 78004  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX 78004  (d) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	2 FILER NAME Zaffirini, Judith (The Honorable)  Name of financial institution see previous    State   Doctor   CARD	2 FILER NAME Zaffirini, Judith (The Honorable)  Name of financial institution see previous  Name of financial institution see previous  State History Museum  State, P. O. Box 12874  Austin, TX 78711  (a) Payee address; City, State, Office held  See previous  See previou						

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 75/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,679.5	57					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid							
	\$67.08	06/13/2025										
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code					
	7-Eleven		4040 S. La	amar Blvd.								
			Austin, TX									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript	ion								
X Political	Transportation Equipr Expense	,	Gasoline									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense						
9 Complete ONLY if direct	· · · · · · · · · · · · · · · · · · ·			Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$767.90	06/13/2025										
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code					
	Holiday Inn Austin <sup>-</sup>	Townlake	20 North	IH-35								
			Austin, TX	78701								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descript Staff lodgi									
X Political	Traver in District											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [	Check if Austin, TX,	officeholder living exp	oense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid							
	\$29.05	06/13/2025										
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code					
			5118 McP	herson Rd.								
	Chick-fil-A											
			Laredo, T	X 78041								
PURPOSE OF	(a) Category	(4)	(b) Descript									
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Staff lunch	ו								
X Political												
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held							
I												

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	v to cor	nplete th	is form.	(	.,	,
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 76/86 Rpt:	Zaffirini, Judith (The	e Honorable)				00020971		
4 CREDIT CARD ISSUER		ncial institution revious	E	XPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [	Date(s) C	Credit Card Issue	r Paid		
	\$489.95	06/13/2025						
7 PAYEE	(a) Payee name Sample House		1	Payee ad 22 Beng	ldress; al Street	City,	State,	Zip Code
				las, TX				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)		Descripti 	on			
EXPENDITURE	Office Overhead/Rent							
X Political		···· —						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Offi				ght		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [	Date(s) C	Credit Card Issue	r Paid		
	\$685.08	06/13/2025						
PAYEE	(a) Payee name	•	(b) F	Payee ac	ldress;	City,	State,	Zip Code
	Holiday Inn Austin <sup>-</sup>	Townlake	20	North I	H-35			
			Aus	stin, TX	78701			
PURPOSE OF	(a) Category		1 ' '	Descripti				
EXPENDITURE  X Political	(See Categories listed at the top Travel In District	or this schedule)	Sta	ff lodgir	ng			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e souç	ght	_	Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$33.13	(b) Date of Charge 06/13/2025	(c) [	Oate(s) C	Credit Card Issue	r Paid		
PAYEE	(a) Payee name	<u> </u>	(b) F	Payee ac	ldress;	City,	State,	Zip Code
			332	20 San I	Bernardo Ave.			
	Stripes							
			Lar	edo, TX	78040			
PURPOSE OF	(a) Category		(b) [	Descripti	on			
EXPENDITURE	(See Categories listed at the top Transportation Equipr	· · · · · · · · · · · · · · · · · · ·	Gas	soline				
X Political	Expense	Henr And Related						
Non-Political						officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e souç	ght	_	Office held		
Complete ONLY if direct	(1)	<u> </u>	ce souç	ght	Check if Austin, TX,		jense	

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)						
Sch: 77/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$576.10	06/13/2025										
7 PAYEE	(a) Payee name  Holiday Inn Austin	Townlake	(b) Payee address; 20 North IH-35	City,	State,	Zip Code						
			Austin, TX 78701									
8 PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodging									
X Political	Travel In District											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living exp	ense							
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$10.90	06/13/2025										
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code						
	Chevron		2710 Bee Caves Rd.									
			Austin, TX 78746									
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top Transportation Equipm		Gasoline									
X Political	Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$33.50	06/13/2025										
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
			1403 S. Lamar Blvd.									
	Exxon Mobil 4794											
			Austin, TX 78704									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description									
<u> </u>	Transportation Equip	,	Gasoline									
X Political	Expense											
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	· ·	ruction Guide explains how		THER (enter a category	y not listed a	pove)		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 78/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		,		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	<b>\$</b> 3,679.57			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$58.25	06/13/2025						
7 PAYEE	(a) Payee name Shell Austin		(b) Payee address; 3310 N. Capital of Texas  Austin, TX 78746	City, State, Zip Code s Highway				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense		Gasoline					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$248.55	06/13/2025						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Sam's Club		1414 Marlanwood Rd.					
			Temple, TX 76502					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Supplies					
X Political	Office Overhead/Rent	tai Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$19.91	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card Issue	r Paid				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
	Uber Technologies,	, Inc	1455 Market St. # 400					
			San Francisco, CA 94103	3				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Transportation Equipr	•	Staff					
X Political	Expense							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense			
Complete ONLY if direct								
expenditure to benefit C/OH								

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)
Sch: 79/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	<b> </b> \$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$50.36	03/12/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Walmart Super Cer	nter	9300 S. Interstate 35	5		
			Austin, TX 78748			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
X Political	Office Overhead/Rent		Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$26.45	06/13/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
	Michaels		5510 San Bernardo			
			Laredo, TX 78041			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Supplies			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$33.29	06/13/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		_	98 Red Bud Trail			
	Shell Westlake Auto	o Care				
			Austin, TX 78746			
PURPOSE OF	(a) Category	<b>7.11.</b>	(b) Description			
EXPENDITURE 	(See Categories listed at the top  Transportation Equipr	,	Gasoline			
X Political	Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 80/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$50.00	06/13/2025					
7 PAYEE	(a) Payee name Stripes		(b) Payee 3320 Sai	address; n Bernardo Ave.	City,	State,	Zip Code
			Laredo,	TX 78040			
8 PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top		Gasoline	•			
X Political	Transportation Equipr Expense	neni Anu Reialeu					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$178.98	06/13/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Executive Office Su	ıpply	3312 Sa	nta Ursula Ave.			
			Laredo,	TX 78040			
PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies				
X Political	Office Overfiead/Nem	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Credit Card Issue	Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issuer	Pald		
	\$108.21	06/13/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Michaels		5510 Sai	n Bernardo			
	Wilchaels		l				
DUDDOOF OF	(a) Catagon			TX 78041			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ption			
X Political	Office Overhead/Rent		Traines				
Non-Political	(a) D observer a server	of Towns Committee Co. 1.1. T.		D objectivity of the	-#		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Cneck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Januala Combendide	name Office	Jougin		Jilloc Helu		
p. 1 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>						

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 81/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$55.17	06/13/2025					
7 PAYEE	(a) Payee name  Amazon Market Pla	ace	P. O. Box 81226		City,	State,	Zip Code
	(a) Oatawari			WA 98108			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Supplies	Duon			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$79.63	06/13/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Michaels		5510 Sai	n Bernardo			
				ΓX 78041			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Frames	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	•	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$74.66	06/13/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Michaele		5510 Sai	n Bernardo			
	Michaels						
			Laredo,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
X Political	Office Overhead/Rent	,	Fiantes				
Non-Political	(a) D at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( <del>-</del>					
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX	, officeholder living of Office held	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Office	o sought		Onice Helu		
Inpondició de bonone el con-							

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 82/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$168.44	06/13/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Holiday Inn Austin <sup>-</sup>	Townlake	20 North IH-35						
			Austin, TX 78701						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description						
	Travel In District	or triis scriedule)	Staff lodging						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$38.92	06/13/2025							
PAYEE	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code			
	Google		1600 Amphitheater Pkwy						
			Mountain View, CA 94043						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software						
X Political	Office Overflead/Nerii	ai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$26.22	01/14/2025							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code			
			2401 Utha Avenue						
	Starbucks								
			Seattlw, WA 98134						
PURPOSE OF	(a) Category		(b) Description Staff						
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense								
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Oniceriolden/Folitica	ŭ	ruction Guide explains how	-	THEN (enter a category	not iisted at	iove)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 83/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,679.5	57			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$38.92	02/12/2025							
7 PAYEE	(a) Payee name  Google		(b) Payee address; 1600 Amphitheater Pkwy	City,	State,	Zip Code			
8 PURPOSE OF	(a) Category		Mountain View, CA 94043 (b) Description	<u>,                                      </u>					
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Software						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid					
PATMENT	(a) Amount Charged \$14.00	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issuer	Palu					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Texaco		2400 Exposition Blvd						
	( ) 2		Austin, TX 78745						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Transportation Equipr		(b) Description Gasoline						
Non-Political	Expense								
<u> </u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	Office held	nse				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	Traine Office	a sought	Office field					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$20.83	02/28/2025							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Rackspace		5000 Walzem Rd.						
			San Antonio, TX 78218						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Email domain						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	<u> </u>								

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 84/86 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,679.5	57
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid		
	\$46.68	03/12/2025					
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Starbucks		2401 Utha	Avenue			
			Seattlw, W				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
X Political	Food/Beverage Exper		Staff				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$16.00	03/12/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Chevron		2710 Bee	Caves Rd.			
			Austin, TX	78746			
PURPOSE OF	(a) Category	-f.4b-ibb-d-\	(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$29.44	05/02/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			5000 Walz	em Rd.			
	Rackspace						
			San Anton	io, TX 78218			
PURPOSE OF	(a) Category	-f.4b-illl)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Email dom	ain			
X Political		is so see					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	<u> </u>						

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	(	,,	,			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)			
Sch: 85/86 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	3,679.5	57			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	\$38.92	05/13/2025							
7 PAYEE	(a) Payee name Google		(b) Payee address; 1600 Amphitheater Pkw	City, y	State,	Zip Code			
			Mountain View, CA 9404	13					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description						
EXPENDITURE	Office Overhead/Rent		Software						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living e	xpense				
9 Complete ONLY if direct				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	\$27.72	03/28/2025							
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code			
	San Antonio Expres	ss News	P.O. Box 2171						
			San Antonio, TX 78205						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Subscription						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living e	xpense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	\$81.55	05/27/2025							
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code			
			5000 Walzem Rd.						
	Rackspace								
			San Antonio, TX 78218						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Email domain						
X Political	January Commedia, Nemi	а пропос							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living e	xpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					

## SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica	-	ices Sal ruction Guide explains how	•	ΓHER (enter a category	not listed ab	oove)
1 Total pages Schedule F4:		detion Guide explains now	to complete this form.	3 Filer ID (Ethic	- Commiss	ion Filoro)
		, Hanarahla)		00020971	S CUITITISS	ion Fileis)
Sch: 86/86 Rpt:	Zaffirini, Judith (The	•	E TOTAL OF UNITERATED	00020971		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$	3,679.5	57
I IOOOEK	see pr	revious	CHARGED TO A CREDIT		2,27272	
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$78.00	06/13/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			P.O. Box 2171			
	San Antonio Expres	ss News				
			San Antonio, TX 78205			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Subscription			
X Political	Office Overflead/Refit	ai Experise				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH			· ·			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$27.72	06/25/2025				
	Φ21.12	00/23/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) r ayee name		P.O. Box 2171	Oity,	Otato,	Zip Code
	San Antonio Expres	ss News	1 .O. BOX 2171			
			San Antonio, TX 78205			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Subscription			
X Political	Office Overhead/Rent	al Expense				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expe		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	1136	
expenditure to benefit C/OH	Garialdate/Giliceriolaei	That is a second of the second	c oougin	Office field		
experialitate to benefit 6/6/1						
l						

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/4 Rpt: 142/145	
2	FILER NAME		3	Filer I	D (Ethics Commission File	ers)
	Zaffirini, Jud	ith (The Honorable)		0002	0971	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	01/31/2025	American Express			\$10	66.61
		6 Address of person from whom amount is received; City; State; Zip Code			"	
		Dallas, TX 75265				
			politi	cal con	tribution returned to filer	
		Refund				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/16/2025	Guerrero, Iris			\$48	82.49
		Address of person from whom amount is received; City; State; Zip Code			"]	
		Laredo, TX 78041				
			politi	cal con	tribution returned to filer	
		Travel reimbursement				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/16/2025	Guerrero, Iris			\$1,20	09.41
		Address of person from whom amount is received; City; State; Zip Code				
		Laredo, TX 78041				
			noliti	cal con	I tribution returned to filer	
		Travel reimbursement	po	ou. 00.		
-	Date	Name of person from whom amount is received			Amount (\$)	
	01/23/2025	Guerrero, Iris				28.20
	0-1-01-0-0	Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, Only, State, 219 Sode				
		Laredo, TX 78041				
		Purpose for which amount is received	politi	cal con	tribution returned to filer	
		Travel reimbursement				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/09/2025	Guerrero, Iris			\$1,13	36.37
		Address of person from whom amount is received; City; State; Zip Code			"	
		Laredo, TX 78041				
		<u> </u>	politi	cal con	tribution returned to filer	
		Travel reimbursement				

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /4 Rpt: 143/145	
2	FILER NAME		3	F	iler ID	(Ethics Commis	sion Filers)
	Zaffirini, Jud	ith (The Honorable)		0	00209	971	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	06/05/2025	Guerrero, Iris					\$2,832.81
		6 Address of person from whom amount is received; City; State; Zip Code					
		Laredo, TX 78041					
		7 Purpose for which amount is received	fpoliti	ica	l contri	ibution returned to	filer
		Travel reimbursement					
F	Date	Name of person from whom amount is received				Amount (\$)	
	06/30/2025	Guerrero, Iris					\$3,463.71
		Address of person from whom amount is received; City; State; Zip Code		••••			
		Laredo, TX 78041					
		Purpose for which amount is received	f politi	ica	l contri	ibution returned to	filer
		Travel Reimbursement					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/30/2025	Guerrero, Iris					\$2,240.98
		Address of person from whom amount is received; City; State; Zip Code		•••••			
		Laredo, TX 78041					
			f politi	ica	l contri	ibution returned to	filer
L		Travel reimbursement					
	Date	Name of person from whom amount is received				Amount (\$)	
	01/01/2025	Texas Community Bank					\$98.36
		Address of person from whom amount is received; City; State; Zip Code					
		Laredo, TX 78042					
		_	f politi	ica	l contri	ibution returned to	filer
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/02/2025	Texas Community Bank					\$117.13
		Address of person from whom amount is received; City; State; Zip Code					
		Laredo, TX 78042					
		<u> </u>	f politi	ica	l contri	ibution returned to	filer
L		Interest					
1							

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 8/4 Rpt: 144/145	
2	FILER NAME		3	Filer ID	(Ethics Commission	Filers)
	Zaffirini, Judi	th (The Honorable)		00020	971	
4	Date	5 Name of person from whom amount is received	I		8 Amount (\$)	
	03/02/2025	Texas Community Bank				\$91.68
		6 Address of person from whom amount is received; City; State; Zip Code				**=
		• Address of person from whom amount is received, City, State, 21p Code				
		Laredo, TX 78042				
		<del></del>	k if politic	cal conti	Iribution returned to filer	
		Interest	k ii politic	ai com	indution returned to mer	
					<u> </u>	
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	Texas Community Bank			]	\$90.35
		Address of person from whom amount is received; City; State; Zip Code				
		Laredo, TX 78042				
			k if polition	cal conti	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/30/2025	Texas Community Bank				\$94.07
		Address of person from whom amount is received; City; State; Zip Code			1	
		Laredo, TX 78042				
		<del>-</del>	k if polition	cal conti	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	06/30/2025	Texas Community Bank				\$83.46
		Address of person from whom amount is received; City; State; Zip Code			•	
		Laredo, TX 78042				
		Purpose for which amount is received	k if polition	cal conti	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2025	Texas Community Bank				\$90.17
		Address of person from whom amount is received; City; State; Zip Code			1	
		Laredo, TX 78042				
		Purpose for which amount is received	k if polition	cal conti	ribution returned to filer	
		Interest				

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 4/4 Rpt: 145/145
2	FILER NAME		3	Filer I	D (Ethics Commission Filers)
	Zaffirini, Jud	ith (The Honorable)		0002	0971
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	02/06/2025	The Hartford Commercial Insurance			\$155.70
		6 Address of person from whom amount is received; City; State; Zip Code			
		Lexington, KY 40512			
		7 Purpose for which amount is received	politic	cal con	tribution returned to filer
		Collision deductible reimbursement			
=	Date	Name of person from whom amount is received			Amount (\$)
	01/28/2025	Zaffirini, Judith			\$1,050.96
	01/20/2020	ļ			
		Address of person from whom amount is received; City; State; Zip Code			
		Laredo, TX 78040			
			nolitic	cal con	I tribution returned to filer
		Travel Reimbursement	Jones	cai co	indution returned to me.
H					1
	Date	Name of person from whom amount is received			Amount (\$)
	03/28/2025	03/28/2025 Zaffirini, Judith			\$1,380.60
		Address of person from whom amount is received; City; State; Zip Code			
		Laredo, TX 78040			
			nolitic	cal con	I tribution returned to filer
		Travel reimbursement	Jones	cai co	inbutton returned to mer
H					T
	Date	Name of person from whom amount is received			Amount (\$)
	06/05/2025	Zaffirini, Judith			\$3,068.00
		Address of person from whom amount is received; City; State; Zip Code			
		Laredo, TX 78040			
			- Hai.		10 of a second at the
		Purpose for which amount is received	Olitio	cal con	tribution returned to filer
		Traver reimbursement			
	Date	Name of person from whom amount is received			Amount (\$)
	01/27/2025	Zaffirini, Judith			\$80.00
		Address of person from whom amount is received; City; State; Zip Code			"]
		Laredo, TX 78040			
			oolitio	cal con	tribution returned to filer
		Travel reimbursement			