CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			Ia Elizip		Io ====================================	- CII.
The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00062288		2 Total pages	s filed: 275
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Matthew M.			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Dade	Phelan		301117		
4 04NDIDATE /			->./	710.0005	Date Hand delivers	ed or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	I / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	ed of Date Postmarked
MAILING ADDRESS	Post Office Box 5990				Receipt #	Amount
	Atic. TV 70700					
Change of Address	Austin, TX 78763				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	William F.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Scott				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	; 5	STATE; ZIP CODE
TREASURER ADDRESS	1735 West Cardinal Drive	е				
(Residence or Business)						
(Residerice of business)	Beaumont, TX 77705					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(409) 727-4801	INE INDIVIDER	EXTENSION			
PHONE	(409) 727-4601					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer
	July 15	8th day before	election \square	Exceeded modified		officeholder only) Attach C/OH-FR)
		our day before	election	reporting limit		Audon C/OH-HA)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	HROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/03/2026		Seneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 21		State Represent	tative District 2	1
	1			1		
		GO T	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 275

13 C / OH NAME Phelan, Matthew M. (The Honorable) 14 Filer ID 00062288					(Ethics C	ommission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	cand	didate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or offic	eholder's	knowledge or
Additional Pages	CC	OMMITTEE TYPE	COMMITTEE NAME			
ш	Ιп	GENERAL	Texans for Dade			
	╵		COMMITTEE ADDRESS			
	X	SPECIFIC	PO Box 5990			
			Austin, TX 78763			
			COMMITTEE CAMPAIGN TREASURER NAME			
			Scott, William			
			COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
			1735 W. Cardinal Dr.			
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)						0.00
	S)	\$	1,423,520.83			
EXPENDITURE TOTALS						6,335.42
	4.	TOTAL POLITIC	AL EXPENDITURES		\$	1,354,925.51
CONTRIBUTION BALANCE	5.	TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	836,869.47
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Honora	able Matthew M. Phe	elan	
			Signature of	Candidate or Officeho	lder	
AFFIX NO	ΓARY	STAMP / SEAL ABO	DVE			
Sworn to and subsc	ribed	before me, by the sa	aid	, this the		day
of		_, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of offic	er ad	ministering	Printed name of officer administering	Title of office	r adminis	tering oath
Signature of office	o au	minotoring	. Times have or officer duffillistering	The of office	. aariiiiis	coming oddin

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 275

				3 of 275		
18 FILER NAME Phelan, Matthew	M. (The Honorable)	19 Filer ID 00062288	(Ethics Commiss	ion Filers)		
20 SCHEDULE SUBTO			SUBTOTAL	. AMOUNT		
1. X SCHEI	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2. X SCHEI	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3. SCHEI	DULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEI	DULE E: LOANS		\$			
5. X SCHE	\$	1,262,014.48				
6. X SCHEI	DULE F2: UNPAID INCURRED OBLIGATIONS		\$	21,530.88		
7. SCHEI	DULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$			
8. X SCHEI	DULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	71,380.15		
9. SCHEI	DULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10. SCHEI	DULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. SCHEI	DULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				1,840.40		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/71 Rpt: 4/275
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 12/03/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00
_	Dringing Loggy	Austin, TX 78731-3818	Employer (Coo Instructions		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 09/20/2024	Full name of contributor	000040279		Amount of Contribution (\$) \$2,000.00
	Principal occu	Abbott Park, IL 60064-3502 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Akbari, Chris Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$5,000.00
	Principal occu	Houston, TX 77025 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027-7537)		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027-7537			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
		•			

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/71 Rpt: 5/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	ion Filers)
4	Date 10/17/2024	5 Full name of contributorAllstate Insurance Compa6 Contributor address; City; St	-	:00040253	7	Amount of Contribution (\$)	\$4,500.00
		Northbrook, IL 60062-611	0				
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor American Hotel and Lodg Contributor address; City; Si		00001198	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 10/16/2024	Full name of contributor American Kennel Club PA Contributor address; City; Si New York, NY 10178-030	ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>I</u> 5)		
	Date 09/09/2024	Full name of contributor American Pharmacy, Inc. Contributor address; City; Si Corpus Christi, TX 78401	ate; Zip Code)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Anani, Anthony Contributor address; City; Si Prosper, TX 75078	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Cook Children's Health		re System	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/71 Rpt: 6/275
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 09/09/2024	 Full name of contributor		7	Amount of Contribution (\$) \$2,500.00
		Austin, TX 78701-2183	,		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Apodaca, Michelle D Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
		Austin, TX 78763-5972		Ļ	
		pation / Job title (See Instructions) relations consultant	Employer (See Instructions Apodaca Advocacy Gro		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Associated Builders & Contractors of Texas PA Contributor address; City; State; Zip Code	C		Amount of Contribution (\$) \$5,000.00
	Dringing agg	Austin, TX 78767-1891 pation / Job title (See Instructions)	Employer (See Instructions		
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions	15)	
	Date Full name of contributor		C00381954)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Dallas, TX 75240-2630 pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Autry Public Affairs LLC Contributor address; City; State; Zip Code Austin, TX 78701-2117			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/71 Rpt: 7/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 12/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Dringing! goog	Austin, TX 78701-1854	D. Employer (Con Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor			Amount of Contribution (\$)	\$5,000.00
		Fort Worth, TX 76161-0039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Bailey, Mona Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		North Richland Hills, TX 76180-5360				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Hillwood)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired DBA	pation / Job title (See Instructions) Agent	Employer (See Instructions Retired)		
		1				

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS 		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/71 Rpt: 8/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)			3	Filer ID (Ethics Commiss 00062288	ion Filers)
4	Date 10/11/2024	5 Full name of contributorBayer US LLC Employee6 Contributor address; City; St			7	Amount of Contribution (\$)	\$1,500.00
		St. Louis, MO 63167					
8	Principal occu	pation / Job title (See Instructions	(i)	9 Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor Beck, David Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Dringinal occu	Houston, TX 77010 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	-, 		
	Lawyer	pation / Job title (See Instituctions		Beck Redden, LLP	>)		
	Date 12/11/2024	Full name of contributor Becker, Dillon L. Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 12/11/2024	Full name of contributor Becker, Hershel Contributor address; City; St Brenham, TX 77833	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Signature Advisory Part	-	rs	
	Date 10/11/2024	Full name of contributor Bellina, James Contributor address; City; St Waxhaw, NC 28173-6854			•	Amount of Contribution (\$)	\$10,000.00
	Principal occu President/CE	pation / Job title (See Instructions EO		Employer (See Instructions AMA-TechTel	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 6/71 Rpt: 9/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/09/2024	 Full name of contributor out-of-state PAC (ID#: Bennett, Rhett Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Fort Worth, TX 76102 pation / Job title (See Instructions)	Ια	Employer (See Instructions	-, 		
_	Founder	pation / Job title (See Instructions)		Black Mountain	•)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Bing, Hague Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Delicalization	Houston, TX 77056	_	Frankrije (Ozakativati			
	Director	pation / Job title (See Instructions)		Employer (See Instructions Eric Bing & Co., Inc.	5)		
	Date Full name of contributor x out-of-state PAC (ID#: C00035519 10/11/2024 Bipartisan Voluntary Public Affairs Committee of the PNC Fin Contributor address; City; State; Zip Code		ne PNC Financial	•	Amount of Contribution (\$)	\$3,000.00	
		Washington, DC 20006-3962					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Boswell, John P. Contributor address; City; State; Zip Code Fort Worth, TX 76102)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Boswell Interests Ltd	<u>l</u> s)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Bradford, Ann Contributor address; City; State; Zip Code Midland, TX 79705			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Centers for Children and		amilies	
			<u> </u>				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/71 Rpt: 10/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 08/18/2024	Full name of contributor Bragdon, Michael Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$18.00
_		Tolleson, AZ 85353					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 09/09/2024	Full name of contributor Brentwood Public Affairs Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/09/2024	Full name of contributor [Bresnen, Steven (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-2837 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney			Bresnen Associates			
	Date Full name of contributor		0035675)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 12/03/2024	Full name of contributor Bruce, Reid Contributor address; City; Sta Baton Rouge, LA 70808	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		pation / Job title (See Instructions) gement Manager		Employer (See Instructions H2Bravo	i)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS	SCHEDULE A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1 Total pages Schedule A1: Sch: 8/71 Rpt: 11/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062288
4	Date 10/23/2024	5 Full name of contributor Bryant, Stacey6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		7 Amount of Contribution (\$) \$5,000.00
•	Principal occur	Midland, TX 79705-1807 pation / Job title (See Instructions)	ام	Employer (See Instructions	
0	Gen Mgr - H		9	Jones Bros. Dirt & Pavir	
	Date 10/15/2024	Full name of contributor Byrne, Tim Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$) \$10,000.00
		Dallas, TX 75205			
		pation / Job title (See Instructions)		Employer (See Instructions)
	CEO & Presi			Lincoln Property	
	Date 11/08/2024	Full name of contributor Callender M.D., David Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		Amount of Contribution (\$) \$1,000.00
	Delegale al access	Houston, TX 77024		Faralas a (Octobration)	V
	Physician/Ad	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann Hea	
				wemonarremann nea	-
	Date 10/15/2024	Full name of contributor Calpine Corporation PAC Contributor address; City; Stat Houston, TX 77002-2743	out-of-state PAC (ID#:e; Zip Code		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	
	Date 09/09/2024	Full name of contributor Cammack & Strong P.C. Contributor address; City; Stat Austin, TX 78701-2114	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/71 Rpt: 12/275	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Phelan, Mat	thew M. (The Honorable)			00062288	
4	Date 12/03/2024	 Full name of contributor out-of-state PAC (ID#: Cammack & Strong P.C. Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2114				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2024	Cantella, Chad				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78733				
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Texas Star Alliance	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Cantey Hanger LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76102-3685				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Capital Leadership Fund Contributor address; City; State; Zip Code Austin, TX 78701-2185			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Casselberry, D. Craig Contributor address; City; State; Zip Code Austin, TX 78730-2340			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Quorum Public Affairs, I			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/71 Rpt: 13/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062288
4	Date 10/24/2024	 Full name of contributor		7 Amount of Contribution (\$) \$500.00
_		Odessa, TX 79765		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Castleman, Pamela Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
	Principal occu	Houston, TX 77057 pation / Job title (See Instructions)	Employer (See Instructions	c)
	CEO	oalion / Job title (See instructions)	Castleman Power Deve	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Centene Corporation PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00
		Saint Louis, MO 63105-1807		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Champlin, D. Ryan Contributor address; City; State; Zip Code Colleyville, TX 76034)	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Chavez, Rozzane Contributor address; City; State; Zip Code El Paso, TX 79912		Amount of Contribution (\$) \$300.00
	Principal occu VP	pation / Job title (See Instructions)	Employer (See Instructions Grace & McEwan	s)
		-		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/71 Rpt: 14/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Deinsinal	The Woodlands, TX 77380	D. Frankrije (Godernstruktur)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor X out-of-state PAC (ID#: Chubb Group Holdings Inc. PAC Contributor address; City; State; Zip Code Philadelphia, PA 19106-3703	C00348938)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Clay, Ryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See matructions	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Cokinos Young Contributor address; City; State; Zip Code Houston, TX 77010-3039)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_ Coleman, Garnet Contributor address; City; State; Zip Code Houston, TX 77288			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/71 Rpt: 15/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 11/25/2024	 Full name of contributor Combined Law Enforcement A Contributor address; City; State; 			7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1644	1.				
8	Principal occu	pation / Job title (See Instructions)	9	9 Employer (See Instructions)		
	Date 10/11/2024	Comcast Corporation & NBCI Contributor address; City; State;				Amount of Contribution (\$)	\$15,000.00
	Principal occu	Philadelphia, PA 19103-2855 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/09/2024	Comerica Inc. PAC Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Committee for Public Safety F				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor Conatser, Jerry R. Contributor address; City; State; Fort Worth, TX 76132-4585	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/71 Rpt: 16/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/15/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
_		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Congress Ventures LLC Capitol Partners Consu Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Conner, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deire size al. a serv	Cypress, TX 77433				
	Managing P	pation / Job title (See Instructions) rincipal	Employer (See Instructions Arete Public Affairs)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Connor, William Contributor address; City; State; Zip Code Houston, TX 77096)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 11/13/2024	Full name of contributor x out-of-state PAC (ID#: Constellation Brands Inc Political Action Commi Contributor address; City; State; Zip Code Rochester, NY 14614			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/71 Rpt: 17/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/09/2024	 Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
_	Dringing Local	Austin, TX 78701-5001	O Employer (See Instructions			
8	Рппсіраї осси	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Coulston, Dusty Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Monahans, TX 79756 upation / Job title (See Instructions)	Employer (See Instructions)		
	Managing O		Hogg Ranch	,		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ CovestroPAC A PAC of Covestro LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
		Pittsburgh, PA 15205-9723				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Crenshaw, Willo Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$5,000.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Block Bayou)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ DTH Strategies, LLC Contributor address; City; State; Zip Code Austin, TX 78701-1618)		Amount of Contribution (\$)	\$20,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/71 Rpt: 18/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Dallas, TX 75215-1101 pation / Job title (See Instructions)	Employer (See Instructions	.)		
0	r inicipal occu	pation / 300 title (See instructions)	2 Employer (See instructions	')		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Dang, Kimberly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Houston, TX 77024		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Danielle Delgadillo Consulting Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1854				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Dawson, Eugene H. Contributor address; City; State; Zip Code San Antonio, TX 78230-5639)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Civil Engine	pation / Job title (See Instructions)	Employer (See Instructions Pape Dawson Engineer			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Dawson, Samuel G. (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78230-4430			Amount of Contribution (\$)	\$5,000.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions Pape-Dawson Engineer			
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE A1
	The Instru	ction Guide explains how to c	omplete this for	n.	1	Total pages Schedule A1: Sch: 16/71 Rpt: 19/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062288
4	Date 10/23/2024	Dean, Peggy	ut-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$) \$500.00
_		Odessa, TX 79762-5200			_	
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)	
	Date 09/09/2024	Full name of contributor Out Delisi Communications PAC Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code			Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701-1720 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
		, ,		, , , , , , , , , , , , , , , , , , , ,		
	Date 12/02/2024	Full name of contributor ou Dobson, Sean Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$) \$25,000.00
		Austin, TX 78746			<u></u>	
	CEO	pation / Job title (See Instructions)		Employer (See Instructions The Amherst Group	5)	
	Date 10/15/2024	Full name of contributor out Donnelly, Robert Contributor address; City; State; Zi Austin, TX 78738-1507	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$) \$250.00
	Principal occu Landman	pation / Job title (See Instructions)		Employer (See Instructions The Eastland Oil Compa		,
	Date 10/15/2024	Full name of contributor ou Duggins, Ralph H. Contributor address; City; State; Zi Fort Worth, TX 76102-3685	ut-of-state PAC (ID#:)		Amount of Contribution (\$) \$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Cantey & Hanger LLP	s)	
			'			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/71 Rpt: 20/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/24/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_		Odessa, TX 79765		Ĺ		
8	Principal occu Engineer	pation / Job title (See Instructions)	9 Employer (See Instructions MacLondon Energy	s) 		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Eiland & Bonnin, P.C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Galveston, TX 77550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/09/2024	Full name of contributor X out-of-state PAC (ID#: C Eli Lilly and Company PAC Contributor address; City; State; Zip Code	00082792)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Indianapolis, IN 46285-0001 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
			. , ,			
	Date 10/11/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Arlington, VA 22209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Enbridge (U.S.) Inc. Political Action Committee Contributor address; City; State; Zip Code Houston, TX 77056-5353			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/71 Rpt: 21/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/31/2024	 Full name of contributor		,	7	Amount of Contribution (\$)	\$10,000.00
		Little Rock, AR 72201					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	()		
	Date 11/21/2024	Enterprise Holdings, Inc. / E Contributor address; City; Stat	e; Zip Code	litical Action Committee		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Saint Louis, MO 63105-420 pation / Job title (See Instructions)	4 	Employer (See Instructions	<u> </u>		
	•	,			,		
	Date 09/09/2024	Full name of contributor Erben & Yarbrough Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701-2508					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor Erwin, James Contributor address; City; State Houston, TX 77024				Amount of Contribution (\$)	\$5,000.00
	Principal occu Executive VF	pation / Job title (See Instructions)		Employer (See Instructions Chicago Title Insurance		ompany	
	Date 08/14/2024	Full name of contributor Essential Utilites, Inc. PAC Contributor address; City; State Bryn Mawr, PA 19010	out-of-state PAC (ID#: C)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/71 Rpt: 22/275
2	FILER NAME Phelan, Matt	thew M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062288
4	Date 10/15/2024	5 Full name of contributorEvans, Donald L.6 Contributor address; City; Sta	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$15,000.00
8	Principal occu Oil and Gas	Midland, TX 79710-0990 pation / Job title (See Instructions)		9 Employer (See Instructions THE DON EVANS GRO	
	Date 10/15/2024	Full name of contributor ExxonMobil Corporation P Contributor address; City; Sta		tee of Texas	Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)
	Date 10/21/2024	Full name of contributor Faust, Tyson D. (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$75,000.00
	Principal occu	Houston, TX 77027-5507 pation / Job title (See Instructions)		Employer (See Instructions)
	Beverage Di	stributing		Faust Distributing Comp	any
	Date 10/15/2024	Full name of contributor Feather, Robert K. (Mr.) Contributor address; City; Sta Fort Worth, TX 76104-273)	Amount of Contribution (\$) \$1,000.00
	Principal occu Senior VP Pr	pation / Job title (See Instructions) ublic Policy		Employer (See Instructions Cook Children's Health	
	Date 09/09/2024	Full name of contributor Focused Advocacy Politica Contributor address; City; Sta			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	ı	Total pages Schedule A1: Sch: 20/71 Rpt: 23/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		ı	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/15/2024	Full name of contributor	ole Government	7	Amount of Contribution (\$)	\$5,000.00
_	District	Fort Worth, TX 76107-3345				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Fred Shannon LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Fred Shannon LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of The University of Texas at Austin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of UNT PAC Contributor address; City; State; Zip Code Dallas, TX 75380-3272			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/71 Rpt: 24/275	
2	FILER NAME Phelan, Mati	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	n Filers)
4	Date 09/19/2024	 Full name of contributor out-of-state PAC (ID#:_Friends of UT Southwestern Medical Center (FC Contributor address; City; State; Zip Code 	DMCPAC)	7	Amount of Contribution (\$) \$:	15,000.00
		Dallas, TX 75230-1330				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Joe A. (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701-2142 upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Consultant	pation 7 oob tale (eee motione)	The Garcia Group	,		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Garver, C M "Mike" Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77055				
	Principal occu President	ipation / Job title (See Instructions)	Employer (See Instructions CG 7600	5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Germania Farm Mutual PAC Contributor address; City; State; Zip Code Brenham, TX 77834-0645)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Giesinger, Ross (Mr.) Contributor address; City; State; Zip Code Austin, TX 78757			Amount of Contribution (\$)	\$500.00
	Principal occu Principal	upation / Job title (See Instructions)	Employer (See Instructions Cornerstone Governmen		Affairs	

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 22/71 Rpt: 25/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062288
4	Date 12/03/2024	 Full name of contributor out-of-state PAC (ID#:_Glover, Scott T. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$1,000.00
_	Deignaignal	Austin, TX 78750	_	Franks von (Coo kratev etiena		
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions RFD Inc	5)	
	Date 12/03/2024	Full name of contributor)		Amount of Contribution (\$) \$2,500.00
	Principal occu	Kingwood, TX 77345 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	President			Logistics & Developmer		Resources LLC
	Date 10/11/2024	Full name of contributor				Amount of Contribution (\$) \$15,000.00
		Fort Worth, TX 76102-3129			<u></u>	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/15/2024	Full name of contributor)		Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Goodwill, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76102)		Amount of Contribution (\$) \$500.00
	•	pation / Job title (See Instructions) & Specialty Care		Employer (See Instructions Cook Children's Health		re System
		1				7

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 23/71 Rpt: 26/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 11/09/2024	 Full name of contributor out-of-state PAC (ID#: Gordon, Kaitlin Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
		College Station, TX 77845	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Grant, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-1615		Ĺ		
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Kathy Grant Group	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Gray Reed PAC Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Greater Houston Builders Association PAC (GH Contributor address; City; State; Zip Code Houston, TX 77064-5398	HBA HOME-PAC)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Greene, Christine Contributor address; City; State; Zip Code Fort Worth, TX 76109			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/71 Rpt: 27/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 11/11/2024	 Full name of contributor		7	Amount of Contribution (\$) \$250.00
_	<u> </u>	Spring, TX 77388		_	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)	
	Date 10/15/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Dallas, TX 75240-5398 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: HMWK LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
	Principal occu	Austin, TX 78701-1837 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#: HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code Austin, TX 78701-1957)		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#: HS Law PAC Contributor address; City; State; Zip Code Austin, TX 78701-1696			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDU	LE A1
	The Instru	ction Guide explains how t	to complete this forn	1.	1	Total pages Schedule A1: Sch: 25/71 Rpt: 28/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commissi 00062288	on Filers)
4	Date 12/03/2024	5 Full name of contributor Hale, Angela6 Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$2,000.00
_	Pointing I are a	Austin, TX 78734	T _a	Faralana (One Instruction			
8	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 09/09/2024	Full name of contributor [Hausenfluck, Amber L (Ms. Contributor address; City; Stat)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions)		
	VP	parenty cost and (cost mendencie)		TX Public Affairs LLC	,		
	Date 07/01/2024	Full name of contributor [Hickman, Belinda Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$100.00
		Port Bolivar, TX 77650					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor HillCo PAC Contributor address; City; Stat Austin, TX 78701-2458	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor HillCo PAC Contributor address; City; Stat Austin, TX 78701-2458	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/71 Rpt: 29/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	n Filers)
4	Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hillin, Brent 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Deignaignal annu	Houston, TX 77079	O Franks ou (Cas Instructions			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Dringing occu	Abilene, TX 79606	Employer (See Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Abilene, TX 79606				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Mark Contributor address; City; State; Zip Code Abilene, TX 79606			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Ipation / 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: 27/71 Rpt: 30/275		
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)	
4	Date 11/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Mark 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$30.00	
_		Abilene, TX 79606					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00	
	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)	Employer (See Instructions)			
	· 	·					
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Hodges, Carolyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Holmes, Ned Contributor address; City; State; Zip Code Houston, TX 77007			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Chairman &	pation / Job title (See Instructions) CEO	Employer (See Instructions Holmes Investments, Inc				
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Holzheauser, Craig S. Contributor address; City; State; Zip Code Austin, TX 78756-3622			Amount of Contribution (\$)	\$500.00	
	Principal occu Vice Preside	pation / Job title (See Instructions) ent	Employer (See Instructions Cornerstone Governmer		Affairs		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	S		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 28/71 Rpt: 31/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062288
4	Date 11/22/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$10,000.00
_		Midland, TX 79702	<u> </u>			
8	Oil and Gas	pation / Job title (See Instructions)		Employer (See Instructions HEDLOC Investment)	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Apartment Association PAC Contributor address; City; State; Zip Code Houston, TX 77041-2002				Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 10/11/2024	Full name of contributor	<u> </u>)		Amount of Contribution (\$) \$2,500.00
	Principal occu	Deer Park, TX 77536-3270 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)	
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536-3270)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Professional Fire Fighters Assn. Local # Contributor address; City; State; Zip Code Houston, TX 77009-8334				Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
			1			

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 29/71 Rpt: 32/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062288
4	Date 10/23/2024	 Full name of contributor out-of-state Howell, Sara Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
8	Principal occu	Houston, TX 77056 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 	
Ü	Retired	pation / oob title (occ moradono)		Retired	,,	
	Date 11/18/2024	Full name of contributor out-of-state Hubbard, Sonja Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Dringing! aggs	Texarkana, TX 75503-5414		Employer (Coo Instructions	<u></u>	
	Principal occupation / Job title (See Instructions) Principal Owner			Employer (See Instructions Yates Group	»)	
	Date 10/15/2024	Full name of contributor out-of-state Hubli M.D., Eric B. Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$300.00
		Fort Worth, TX 76132				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Cook Children's Health	′	re System
	Date 09/08/2024	Hunter, Todd				Amount of Contribution (\$) \$1,000.00
	Principal occu Law	pation / Job title (See Instructions)		Employer (See Instructions Todd Hunter Law	5)	
	Date 10/11/2024	Full name of contributor out-of-state Hunton Andrews Kurth Texas PAC Contributor address; City; State; Zip Code Houston, TX 77002-2929)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			.			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/71 Rpt: 33/275	
2	FILER NAME Phelan, Mati	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC (ID#:_IATSE Local 484 - PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78721				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Electrical Contractors of Texas PA Contributor address; City; State; Zip Code Austin, TX 78701-2415			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 International Bank Of Commerce Committee for Improvement and Contributor address; City; State; Zip Code		Improvement and		Amount of Contribution (\$)	\$5,000.00
	Dringing occu	San Antonio, TX 78205-1787 pation / Job title (See Instructions)	Employer (See Instructions			
	rincipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ JLN III Holdings LLC Contributor address; City; State; Zip Code Houston, TX 77219			Amount of Contribution (\$)	\$50,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor X out-of-state PAC (ID#: \(\text{JP Morgan Chase & Co. Federal PAC} \) Contributor address; City; State; Zip Code Washington, DC 20005	C00104299)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	ı	Total pages Schedule A1: Sch: 31/71 Rpt: 34/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		ı	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 12/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Jammer, Brian K. (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78760				
8		pation / Job title (See Instructions) ge of Medicine	9 Employer (See Instructions VP State GR	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Jefferson, Wallace Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Attorney	pation / 300 title (See Instructions)	Alexander Dubose & Je		son LLP	
	Date 07/24/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Cindy Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Carney, OK 74832				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Cindy Contributor address; City; State; Zip Code Carney, OK 74832			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Cindy Contributor address; City; State; Zip Code Carney, OK 74832			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 32/71 Rpt: 35/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)				3	Filer ID (Ethics Commissi 00062288	on Filers)
4	Date 10/11/2024	5 Full name of contributor Johnson, John W.6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10,000.00
_		Houston, TX 77007-1037				<u></u>		
8	Principal occu President	pation / Job title (See Instructions	5)	9	Employer (See Instructions Silver Eagle Distributors			
	Date 12/03/2024	Full name of contributor Junior and Community Co Contributor address; City; S Austin, TX 78701-1686					Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> ;)		
	Date 11/06/2024	Full name of contributor Karahan, Jay Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions	s) I		Employer (See Instructions	(s)		
		()	,			,		
	Date 09/09/2024	Full name of contributor Kathy Grant Group Contributor address; City; S Austin, TX 78701					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor Kearney, Jeffrey A Contributor address; City; S Fort Worth, TX 76107	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Kearney Law Firm	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/71 Rpt: 36/275	_
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288	
4	Date 09/09/2024	Full name of contributor)	7	Amount of Contribution (\$) \$1,000.0	0
_	<u> </u>	Eastland, TX 76448-0857				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Keith, Austin R. Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.0	– D
	<u> </u>	Odessa, TX 79765				
	Owner	pation / Job title (See Instructions)	Employer (See Instructions Pinkie's Liquor's Store	5)		
	Date 10/15/2024	Full name of contributor)		Amount of Contribution (\$) \$1,000.0	D
		Horseshoe Bay, TX 78657				
	Principal occu CFO	pation / Job title (See Instructions)	Employer (See Instructions Cook Children's Health (re System	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Kinder, Richard D. Contributor address; City; State; Zip Code Houston, TX 77019-5648			Amount of Contribution (\$) \$10,000.0	-
	Principal occu Executive Cl	pation / Job title (See Instructions) hairman	Employer (See Instructions Kinder Morgan	5)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_King, Benita Contributor address; City; State; Zip Code Texarkana, TX 75503-2639			Amount of Contribution (\$) \$500.0	– 3
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		_

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/71 Rpt: 37/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commissi 00062288	on Filers)
4	Date 11/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Knight, Michael 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		Houston, TX 77070-3900				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/11/2024	Full name of contributor x out-of-state PAC (ID#: Y Koch Inc. PAC (KOCHPAC) Contributor address; City; State; Zip Code	C00236489)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	Wichita, KS 67220-3203 upation / Job title (See Instructions)	Employer (See Instructions)		
		, ,				
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Kopra, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		League City, TX 77573				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Starlab)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Lambert, Standard D. (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79604-3752			Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Leach, Timothy A. Contributor address; City; State; Zip Code Midland, TX 79705-7433			Amount of Contribution (\$)	\$5,000.00
	Principal occu Executive	ipation / Job title (See Instructions)	Employer (See Instructions Conoco Phillips)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 35/71 Rpt: 38/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 11/18/2024	5 Full name of contributor [Ledwell, Steve6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$10,000.00
		Texarkana, TX 75501-6645					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Ledwell & Sons Enterpri			
	Date 11/18/2024	Full name of contributor Ledwell Dukelow, Lesley Contributor address; City; Sta)		Amount of Contribution (\$)	\$6,500.00
	Principal occu	Texarkana, TX 75503-6395 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	President			Ledwell & Sons Enterpri			
	Date 12/03/2024	Full name of contributor Lee A. Woods PAC (LAW- Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1852					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s) 		
	Date 10/23/2024	Full name of contributor Liedtke, Cadell S. Contributor address; City; Sta Midland, TX 79701-6027	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Compass Operating	s)		
	Date 11/09/2024	Full name of contributor Liles, AJ Contributor address; City; Sta Kyle, TX 78640	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/71 Rpt: 39/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$) \$10,000.00
	Dringing Loggy	Austin, TX 78760-7428	O Employer (Coa Instructions		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Locke Lord LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75201-2748			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 10/15/2024	Full name of contributor 💢 out-of-state PAC (ID#: C Lockheed Martin Corporation Employees' PAC Contributor address; City; State; Zip Code	00303024		Amount of Contribution (\$) \$1,000.00
	Principal occu	Arlington, VA 22202-3706 pation / Job title (See Instructions)	Employer (See Instructions	c)	
	Fillicipal occu	pation / Job title (See instructions)	Employer (See instructions	3)	
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Lundquist, Tama Contributor address; City; State; Zip Code Houston, TX 77019-3122)		Amount of Contribution (\$) \$75,000.00
	Principal occu Animal Advo	pation / Job title (See Instructions) cate	Employer (See Instructions RouTTE One Production		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Lynch, Brian Contributor address; City; State; Zip Code Fort Worth, TX 76107-1057			Amount of Contribution (\$) \$1,000.00
	•	pation / Job title (See Instructions) & Development	Employer (See Instructions Ben E. Keith	s)	
	5. 54.05				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/71 Rpt: 40/275	
2	FILER NAME Phelan, Mati	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78768-4614 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/09/2024	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 78701-5002 pation / Job title (See Instructions)	Employer (See Instructions)		
		panon, cos uno (cos menusuone)		,		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Manges, Sharon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Hayden, ID 83835				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ Manges, Sharon Contributor address; City; State; Zip Code Hayden, ID 83835			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_Manges, Sharon Contributor address; City; State; Zip Code Hayden, ID 83835)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 38/71 Rpt: 41/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/05/2024	 Full name of contributor out-of-state PAC (ID#: Manges, Sharon Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$2.00
_	Deignaignal	Hayden, ID 83835	Section (Contractions			
ð	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Manges, Sharon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Hayden, ID 83835 pation / Job title (See Instructions)	Employer (See Instructions	., 		
	i illopai occa	pation 7 oob title (occ instituctions)	Employer (See monded)	',		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#: Manges, Sharon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
		Hayden, ID 83835				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor X out-of-state PAC (ID#: Marathon Petroleum Corporation Employees P. Contributor address; City; State; Zip Code Findlay, OH 45840-3229	olitical Action Committee		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Marchant Good Government Fund Contributor address; City; State; Zip Code Carrollton, TX 75006-3016			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
			1			

	IVIONEI	ARY POLITICAL C	ONTRIBUTIO			SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 39/71 Rpt: 42/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/06/2024	5 Full name of contributor Martin, Chase6 Contributor address; City; Sta	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$2,500.00
		Arlington, VA 22206					
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions August Strategy Group	5)		
	Date 11/18/2024	Full name of contributor McCulloch, Amos Contributor address; City; Sta)		Amount of Contribution (\$)	\$5,000.00
	Principal occu President	Texarkana, TX 75503-541 pation / Job title (See Instructions)		Employer (See Instructions Wholesale Electric Supp			
	Date 12/03/2024	Full name of contributor McElvaney Public Affairs I Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78763 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor McGuireWoods Federal P Contributor address; City; Sta	ate; Zip Code	00225342		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 12/14/2024	Full name of contributor McMullen, Mike Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions Yeti Holdings	<u>(</u>		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/71 Rpt: 43/275		
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)	
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#:_Meadows, William W. Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00	
_		Fort Worth, TX 76107-1148	10 5 1 10 11				
8	Executive	pation / Job title (See Instructions)	9 Employer (See Instructions Hub International Texas				
	Date 09/09/2024	Full name of contributor X out-of-state PAC (ID#:_Merck & Co., Inc., Employees Political Action C Contributor address; City; State; Zip Code Washington, DC 20004-2601			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Merrill, Rickie W. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Deireciant	Fort Worth, TX 76107-1171	T Formation (On a landow street				
	CEO	pation / Job title (See Instructions)	Employer (See Instructions Cook Children's Health	•	re		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Robert Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$2,500.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Locke Lord LLP)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Moncrief, Michael J. Contributor address; City; State; Zip Code Fort Worth, TX 76102-4915			Amount of Contribution (\$)	\$1,000.00	
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 41/71 Rpt: 44/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/22/2024	5 Full name of contributor Moody, John6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Real Estate	Houston, TX 77019 pation / Job title (See Instructions)	9	Employer (See Instructions Parkside Capital)		
	Date 11/11/2024	Full name of contributor Moreno, Mark Contributor address; City; Stat Houston, TX 77025	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Hospital Adn	pation / Job title (See Instructions) ninistration		Employer (See Instructions MD Anderson Cancer C		er	
	Date 11/18/2024	Full name of contributor Morgan, Judy Contributor address; City; Stat)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Texarkana, TX 75503-1727 pation / Job title (See Instructions)	1	Employer (See Instructions)		
	President			Jack B. Kelley Entertain	me	nt	
	Date 10/11/2024	Full name of contributor Muessig, Craig Contributor address; City; Stat Baytown, TX 77521	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Craig Muessing Law)		
	Date 09/09/2024	Full name of contributor Nabers, Mary Contributor address; City; Stat Austin, TX 78735	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu President/CE	pation / Job title (See Instructions)		Employer (See Instructions Strategic Partnerships, I			
			•				

	MONET	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/71 Rpt: 45/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Cypress, TX 77433		<u></u>		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: National Association of Insurance and Financial Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	West Lake Hills, TX 78746-6446 upation / Job title (See Instructions)	Employer (See Instructions			
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: National Federation Of Independent Business To Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20004-1221 upation / Job title (See Instructions)	Employer (See Instructions)			
		,				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Nettles, David A. Contributor address; City; State; Zip Code Houston, TX 77098			Amount of Contribution (\$)	\$1,000.00
	Principal occu Property Tax	upation / Job title (See Instructions) x Consultant	Employer (See Instructions Nettles & Co)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_Nichols, Joe D. Contributor address; City; State; Zip Code Texarkana, TX 75503-1496			Amount of Contribution (\$)	\$1,000.00
	Principal occu Chairman / C	upation / Job title (See Instructions) CEO	Employer (See Instructions) State Bank of Dekalb)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 43/71 Rpt: 46/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062288
4	Date 10/23/2024	 Full name of contributor out-of-state PAC (ID#: O'Neill III, Joseph I. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$500.00
	Dringing! goog	Midland, TX 79702-2840	٦	Employer (See Instructions	·/	
8	Oil and gas	pation / Job title (See Instructions) exploration	9	Employer (See Instructions O'Neill Properties, LTD	•)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ONE Gas, INC. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,500.00
		Tulsa, OK 74103	_		_	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ONEOK Inc. Employee Political Action Committ Contributor address; City; State; Zip Code	tee)		Amount of Contribution (\$) \$1,000.00
	Dringinal acqu	Tulsa, OK 74102-0871 pation / Job title (See Instructions)	_	Employer (See Instructions	·/-	
	r illicipai occu	oduon / Job title (See Instructions)		Employer (See instructions)	
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Ogilvy, Timothy Contributor address; City; State; Zip Code Odessa, TX 79761)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_Oncor Texas State Political Action Committee of Contributor address; City; State; Zip Code Dallas, TX 75202-1234	of O	-		Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 44/71 Rpt: 47/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 11/18/2024	Orr, Maurice	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Texarkana, TX 75503 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Owner Date 10/11/2024	Full name of contributor ou Padfoot PAC Contributor address; City; State; Zith Houston, TX 77024	ut-of-state PAC (ID#:	Orr Auto		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/18/2024	Patterson, Cary Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$10,000.00
	Principal occu Partner	Texarkana, TX 75503-4303 pation / Job title (See Instructions)		Employer (See Instructions Peirson Patterson LLP)		
	Date 11/18/2024	Full name of contributor ou Patterson, Chad M. Contributor address; City; State; Zi Texarkana, TX 75503-9777	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Eagle Dental Center)		
	Date 11/18/2024	Full name of contributor of Patterson, Ty J. Contributor address; City; State; Zing Texarkana, TX 75503-2028	ut-of-state PAC (ID#:i)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Co-Owner	pation / Job title (See Instructions)		Employer (See Instructions Orr/Patterson Automotiv		Group	

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 45/71 Rpt: 48/275			
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)		
4	Date 11/18/2024	 Full name of contributor out-of-state PAC (ID# Patterson II III, William R. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5,000.00		
8	Principal occu Attorney	Texarkana, TX 75503-1662 pation / Job title (See Instructions)	9	Employer (See Instructions Martindale-Hubbell	 s)				
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID# Penn Entertainment Inc. Texas Texas PAC (St Contributor address; City; State; Zip Code Wyomissing, PA 19610-1247	ate)			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)				
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID# Perkins, Misty Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$25.00		
	Principal occu	Alvin, TX 77511 pation / Job title (See Instructions)	T	Employer (See Instructions	 i)				
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID# Perryman, Ray (Dr.) Contributor address; City; State; Zip Code Odessa, TX 79765-8914)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions The Perryman Group	<u> </u>				
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID# Petkovsek, Heather Contributor address; City; State; Zip Code Austin, TX 78703-2332	:			Amount of Contribution (\$)	\$5,000.00		
	Principal occu Advocacy	pation / Job title (See Instructions)		Employer (See Instructions Self	s)				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/71 Rpt: 49/275	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/09/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,500.66
_	Dringing Loggy	Washington, DC 20004-3650	Continue (Continue international			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Poinsett PLLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2100				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Political Action Committee Of The Independent Ir Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78768-4487 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 					
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Political Action Committee Of The Independent Ir Contributor address; City; State; Zip Code Austin, TX 78768-4487	<u> </u>		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: Political Action Committee for Engineers Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/71 Rpt: 50/275	
2	FILER NAME	RNAME		3	Filer ID (Ethics Commission	on Filers)
	Phelan, Mat	thew M. (The Honorable)			00062288	
4	Date 11/25/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
		Irving, TX 75062-2789				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	10/15/2024	Posey Law Firm, PC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2179				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/14/2024	Price, Betsy				\$250.00
		Contributor address; City; State; Zip Code				
	Dringing Loop	Fort Worth, TX 76109	Employer (See Instructions	<u> </u>		
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/09/2024	Provider Coalition for Care Political Action Comn	nittee		;	\$10,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-3082				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/09/2024	Public Blueprint LLC				\$1,000.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78701-2522				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		-				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 48/71 Rpt: 51/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25,000.00
8	Principal occu	Fort Worth, TX 76102-4150 pation / Job title (See Instructions)	9 Employer (See Instructions	 		
	Date	Full name of contributor out-of-state PAC (ID#:		<u></u>	Amount of Contribution (\$)	
	10/11/2024	Ramirez, Rene A. (Mr.) Contributor address; City; State; Zip Code				\$1,000.00
	Principal occu	Edinburg, TX 78539-3603 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Lobbyist	,	Self	,		
	Date 11/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
		Edinburg, TX 78539				
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 11/30/2024	Full name of contributor out-of-state PAC (ID#: Ramirez, Rene A. (Mr.) Contributor address; City; State; Zip Code Edinburg, TX 78539-3603			Amount of Contribution (\$)	\$1,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Ramsey, Ellen K. (Mrs.) Contributor address; City; State; Zip Code Midland, TX 79707-5077			Amount of Contribution (\$)	\$250.00
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Ramsey Petroleum	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/71 Rpt: 52/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78767-1806				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Rayburn Electric Cooperative Values General P Contributor address; City; State; Zip Code	•		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Rockwall, TX 75032 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Riceland Consulting LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Eagle Lake, TX 77434-7286 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Richie, Carl Contributor address; City; State; Zip Code Windcrest, TX 78239			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_Rios, Daniel Contributor address; City; State; Zip Code McAllen, TX 78504)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions RRP CONSULTING EN		NEERS, LLC	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/71 Rpt: 53/275	
2	FILER NAME Phelan, Mati	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	n Filers)
4	Date 07/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Rogers, Pam 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
•	Dringing occur	Bonham, TX 75418	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/11/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Pam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing occu	Bonham, TX 75418	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Pam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Bonham, TX 75418				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Pam Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Bonham, TX 75418				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Rosenthal Pauerstein Sandoloski Agather LLP Contributor address; City; State; Zip Code San Antonio, TX 78212			Amount of Contribution (\$)	\$735.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		·				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDU	LE A1
	The Instruc	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 51/71 Rpt: 54/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)				3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 08/18/2024	5 Full name of contributor Rosenzweig, Robin6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Boca Raton, FL 33434 pation / Job title (See Instructions		<u> </u>	Employer (See Instructions	·)		
0	Retired	pation / Job title (See Instructions	5)	<u> </u>	Retired	•)		
	Date 09/09/2024	Full name of contributor Rural Friends of Electric (Contributor address; City; S)		Amount of Contribution (\$)	\$5,000.00
	Princinal occu	Austin, TX 78701-2100 pation / Job title (See Instructions			Employer (See Instructions	-, 		
	i ilicipai occu	pation / Job title (See Instructions	5)		Employer (See mandenoria	')		
	Date 11/18/2024	Full name of contributor Russell, James Henry Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
		Texarkana, TX 75503-460						
	Principal occu Senior VP	pation / Job title (See Instructions	s) 		Employer (See Instructions The Arnold Companies	5)		
	Date 09/09/2024	Full name of contributor Ryall, Jean Marie Contributor address; City; S Austin, TX 78724)		Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions	5)		Employer (See Instructions Legislative & Regulatory		rategy and Advocacy	
	Date 09/25/2024	Full name of contributor Rydman, John A. Contributor address; City; S Houston, TX 77006-2398	tate; Zip Code)		Amount of Contribution (\$)	\$10,000.00
	Principal occu President an	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	riesiuelii äli	u Owner			Specs Family Partners			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/71 Rpt: 55/275	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Phelan, Mat	thew M. (The Honorable)			00062288	
4	Date 11/26/2024	 Full name of contributor		7	()	\$10,000.00
		Port Arthur, TX 77640-2001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/20/2024	Safelite Group Inc. PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Columbus, OH 43235-5086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/11/2024	Saldana, Amanda Contributor address; City; State; Zip Code				\$1,000.00
		Pharr, TX 78577-6165				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Attorney		Saldana Law Firm			
	Date	Full name of contributor ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	10/15/2024	Sanchez, Michael				\$500.00
		Contributor address; City; State; Zip Code				
		Andrews, TX 79714				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/09/2024	Scott, Bruce R.				\$500.00
		Contributor address; City; State; Zip Code				
	Principal occu	Austin, TX 78703-1428 pation / Job title (See Instructions)	Employer (See Instructions	.) [
	Consultant	pation / von title (occ motituetions)	Bruce Scott Consulting	·)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 53/71 Rpt: 56/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062288
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#:_Scott, James M. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$5,000.00
_		Beaumont, TX 77705-9628	_			
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Trans-Global Solutions	5) 	
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ Shelor Seaberg, Bonnie Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$50.00
	Princinal occu	Soap lake, WA 99851 pation / Job title (See Instructions)		Employer (See Instructions	-, 	
	T Tillelpai occa	sation, our title (occ mandenons)		Employer (See Manachoria	')	
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ Shelor Seaberg, Bonnie Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50.00
		Soap lake, WA 99851				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#:_ Shelor Seaberg, Bonnie Contributor address; City; State; Zip Code Soap lake, WA 99851)		Amount of Contribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Sheridan, Andrea Contributor address; City; State; Zip Code Austin, TX 78746-6100				Amount of Contribution (\$) \$1,000.00
		pation / Job title (See Instructions) esident for Government Affairs and Initiatives		Employer (See Instructions University of Texas	5)	
			<u> </u>	,		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/71 Rpt: 57/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
_	Daine in all account	Weatherford, TX 76087				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Southern Glazer's of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-1696			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_ Spicer, Peggy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Joplin, MO 64804 pation / Job title (See Instructions)	Employer (See Instructions			
	Timolpai occu	patient 7 000 title (occ motivations)	Employer (See Mail delicho			
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Spicer, Peggy Contributor address; City; State; Zip Code Joplin, MO 64804)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_Spicer, Peggy Contributor address; City; State; Zip Code Joplin, MO 64804			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/71 Rpt: 58/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/16/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Joplin, MO 64804				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/16/2024	Full name of contributor out-of-state PAC (ID#:_ Spicer, Peggy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Joplin, MO 64804 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	,				
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_ Tanner, Louis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78744				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Technology Network Texas PAC Contributor address; City; State; Zip Code Burlingame, CA 94010			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Tenaska Employees Texas Political Action Com Contributor address; City; State; Zip Code Omaha, NE 68154-5212	mittee		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/71 Rpt: 59/275
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 09/26/2024	Full name of contributor)	7	Amount of Contribution (\$) \$25,000.00
_		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Compassionate Healthcare PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25,000.00
	Principal occu	Austin, TX 78701-2175 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Academy of Pediatric Dentistry PAC Contributor address; City; State; Zip Code McKinney, TX 75069-1535			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Physician Assistants - PAC (Contributor address; City; State; Zip Code	TAPA PAC)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/71 Rpt: 60/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/09/2024	Full name of contributor	(Ag Air PAC)	7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701-2488				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Cooperative Council PAC Contributor address; City; State; Zip Code Austin, TX 78701-1872			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Drive in all account	Austin, TX 78754-5135	Farelover (Coo la structiona			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC Contributor address; City; State; Zip Code Austin, TX 78754-5135)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Assisted Living Association PAC Contributor address; City; State; Zip Code Austin, TX 78759-8505			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/71 Rpt: 61/275	
2	FILER NAME Phelan, Mati	atthew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 11/25/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78701-1634				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association for Interior Design PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77269 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Nurse Anesthetists Politica Contributor address; City; State; Zip Code	l Action Committee		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
		,	, ,, ,	,		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-2181)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Bail PAC Contributor address; City; State; Zip Code Dallas, TX 75222)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/71 Rpt: 62/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 12/02/2024	5 Full name of contributor Texas Beverage Alliance6 Contributor address; City; S			7	Amount of Contribution (\$)	\$10,000.00
		Austin, TX 78701-2165					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor Texas Consumer Credit (Contributor address; City; S	tate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	New Braunfels, TX 78131 pation / Job title (See Instructions		Employer (See Instructions	 s)		
	Date 09/09/2024	Full name of contributor Texas Consumer Finance Contributor address; City; S Kerrville, TX 78028-4417)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Date 11/25/2024	Full name of contributor Texas Cornerstone Credi Contributor address; City; S Dallas, TX 75265-5147)	•	Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor Texas Dairymen PAC Contributor address; City; S Grapevine, TX 76051	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/71 Rpt: 63/275	
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3	Filer ID (Ethics Commissio 00062288	n Filers)
4	Date 09/16/2024	Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78703-2350				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Early Childcare PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Lufkin, TX 75902-1488 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Health Care Assn. PAC Contributor address; City; State; Zip Code Austin, TX 78701-2125			Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/71 Rpt: 64/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 09/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
•	Dringing! goog	Austin, TX 78767-0279	0 Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701-2132 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Strategies Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC (TEXPAC) Contributor address; City; State; Zip Code Austin, TX 78701-1624			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC (TEXPAC) Contributor address; City; State; Zip Code Austin, TX 78701-1624)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/71 Rpt: 65/275	
2	FILER NAME Phelan, Mati	thew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 12/12/2024	Full name of contributor	DWAPAC)	7	Amount of Contribution (\$)	\$200.00
_	<u> </u>	Bridge City, TX 77611				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78705 upation / Job title (See Instructions)	Employer (See Instructions)		
		,	, ,, , (
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#: Texas Orthopaedic Assn. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1665				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Pharmacy Association PAC (PharmPAC) Contributor address; City; State; Zip Code Austin, TX 78757-8034)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Pipeline Association PAC (Tex-Pipe PAC) Contributor address; City; State; Zip Code Austin, TX 78701-1726)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 63/71 Rpt: 66/275
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 12/03/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00
8	Principal occu	Austin, TX 78701-2342 pation / Job title (See Instructions)	Employer (See Instructions		
	i illicipai occu	pation / Job title (See mail delions)	Employer (See manuchons	')	
	Date 11/21/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,500.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions	i)	
				,	
	Date 12/11/2024	Full name of contributor)		Amount of Contribution (\$) \$10,000.00
	Dringing aggr	Austin, TX 78701-1994 pation / Job title (See Instructions)	Employer (See Instructions	·/_	
	Fillicipal occu	pation 7 300 title (See instructions)	Employer (See instructions	·)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Rural Broadband Assn PAC (formerly Texa 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> 5)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 64/71 Rpt: 67/275		
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)	
4	Date 12/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
•	· ····oipai ooda			,			
	Date 12/10/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>			
	r illicipal occu	pation / 300 title (See instructions)	Employer (See instructions	,			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Veterinary Medical Assn. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78754-5239					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Water Quality Association PAC Contributor address; City; State; Zip Code Carrollton, TX 75006-6437)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/15/2024	Full name of contributor X out-of-state PAC (ID#: C Textron Inc PAC Contributor address; City; State; Zip Code Providence, RI 02903-2525	00123612		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/71 Rpt: 68/275		
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288		
4	Date 10/04/2024	 Full name of contributor	00507962	7	Amount of Contribution (\$) \$2,500.00		
_		Arlington, VA 22203-4167					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/09/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00		
	Principal occu	Austin, TX 78746-5568 pation / Job title (See Instructions)	Employer (See Instructions)			
		· · ·					
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: The Beer Alliance of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25,000.00		
		Austin, TX 78701-2656					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ The Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2656)		Amount of Contribution (\$) \$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/11/2024	Full name of contributor)		Amount of Contribution (\$) \$3,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 66/71 Rpt: 69/275		
2	FILER NAME Phelan, Matt	AE atthew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	on Filers)	
4	Date 10/11/2024	 Full name of contributor	00085316	7	Amount of Contribution (\$)	\$2,000.00	
_	Daine in all access	Philadelphia, PA 19192-0001	O Familia (Control to the trust				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ The Herrera Law Firm Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00	
	Deinsinal assu	San Antonio, TX 78207	Franks on (Cas Instructions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/22/2024	Full name of contributor			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701-2180 pation / Job title (See Instructions)	Employer (See Instructions				
	i illopai occa	pation / oob title (oce monactions)	Employer (See Matractions	,			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ The Real Estate Council of Austin, Inc. Good Go Contributor address; City; State; Zip Code Austin, TX 78701-4284			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/11/2024	Full name of contributor	Committee		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONEI	ARY POLITICAL CONTRIBU	I IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 67/71 Rpt: 70/275
2	FILER NAME Phelan, Mat	thew M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062288
4	Date 12/03/2024	 Full name of contributor	(ID#:)	7 Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701		
8	Principal occu Consultant	pation / Job title (See Instructions)	9 Employer (See Instructions CJ Parham Tredway Co	
	Date 10/11/2024	Full name of contributor Union Pacific Corp. Fund For Effective Gove Contributor address; City; State; Zip Code Washington, DC 20005-6621	•	Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
	Date 12/11/2024	Full name of contributor x out-of-state PAC (United Airlines Inc PAC (UAPAC) Contributor address; City; State; Zip Code	(ID#: <u>C00101766</u>)	Amount of Contribution (\$) \$5,000.00
	Principal occu	Chicago, IL 60606-7147 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Date 10/04/2024	Full name of contributor \(\times \) out-of-state PAC (\(\times \) United Parcel Service, Inc. PAC (UPSPAC) Contributor address; City; State; Zip Code Washington, DC 20003		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
	Date 10/21/2024	Full name of contributor X out-of-state PAC (UnitedHealth Group Incorporated PAC (Unit Contributor address; City; State; Zip Code Minneapolis, MN 55440-1459	tedHealth Group PAC)	Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
			'	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this form	1.	1	Total pages Schedule A1: Sch: 68/71 Rpt: 71/275			
2	FILER NAME Phelan, Mat	hew M. (The Honorable)			3	Filer ID (Ethics Commissi 00062288	on Filers)		
4	Date 10/15/2024	 Full name of contributor out VSP Holding Company Inc PAC Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$7,500.00		
		Rancho Cordova, CA 95670							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)				
	Date 11/11/2024	Full name of contributor out Vallot, Colette Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00		
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	.)				
	T Tillopal occu	pation 7 oob title (See mondetions)		Employer (See mondedions	')				
	Date 10/11/2024	Full name of contributor out Vistra Employee PAC of Vistra C Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$10,000.00		
		Irving, TX 75039-2479	· · · · · · · · · · · · · · · · · · ·						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 10/15/2024	Full name of contributor out Vistra Employee PAC of Vistra C Contributor address; City; State; Zip Irving, TX 75039-2479)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 11/26/2024	Full name of contributor x out Walgreen Co PAC (WALGREEN Contributor address; City; State; Zip Washington, DC 20005-4764)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
			I						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/71 Rpt: 72/275
2	FILER NAME Phelan, Matt	thew M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062288
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$) \$100.00
0	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)	9 Employer (See Instructions		
0	Fillicipal occu	pation / Job title (See Instructions)	Employer (See mstructions	·)	
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, William Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
		Wimberley, TX 78676			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Weldon (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$15,000.00
		Houston, TX 77027		<u> </u>	
	Principal occu Founder	pation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	s) 	
	Date 10/15/2024	Full name of contributor x out-of-state PAC (ID#: G Wells Fargo and Company Employee PAC (aka Contributor address; City; State; Zip Code Minneapolis, MN 55402-2338			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ White, Steven J. Contributor address; City; State; Zip Code Dallas, TX 75209)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONEI	ARY POLITICAL (CONTRIBUTION	15		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 70/71 Rpt: 73/275	
2	FILER NAME Phelan, Matt	thew M. (The Honorable)			3	Filer ID (Ethics Commission 00062288	on Filers)
4	Date 10/11/2024	5 Full name of contributor Wilkinson, Julia6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu President	West Lake Hills, TX 7874		Employer (See Instructions Still Water Foundation	5)		
	Date 12/03/2024	Full name of contributor Williams, Ellen Claire (Ms Contributor address; City; St)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	Austin, TX 78739-1743 pation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u> ;)		
	Date 09/09/2024	Full name of contributor Williams, Thomas D. Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	•	Navasota, TX 77868-0592 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 5)		
	Date 10/23/2024	Full name of contributor Williamson, Kathrine Contributor address; City; St Midland, TX 79701-5713	out-of-state PAC (ID#:ate; Zip Code	Williams Public Affairs		Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions ASIN STRATEGIC AFFAIRS)	Employer (See Instructions OCCIDENTAL PETROL		JM	
	Date 09/06/2024	Full name of contributor Wilshusen, Thomas Contributor address; City; St Houston, TX 77095	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEI	DULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A Sch: 71/71 Rpt: 74/2	
2	FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Comm 00062288	ission Filers)
4	Date 11/01/2024 5 Full name of contributor out-of-state PAC (ID#:) Wilson Jr., Welcome 6 Contributor address; City; State; Zip Code		(\$) \$2,500.00
	Houston, TX 77057		
8	Principal occupation / Job title (See Instructions) Real Estate Executive 9 Employer (See Instructions) Welcome Group, LLC		
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2024 Wyly-Rommel, PLLC Contributor address; City; State; Zip Code	Amount of Contribution	\$2,000.00
	Texarkana, TX 75503		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 75/275							
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)						
Phelan, Mat	thew M. (The Honorable)	00062288							
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date 12/02/2024	 Full name of contributor out-of-state PAC (ID#:)	contribution (\$) \$195.00	Advertising for fundraising event I					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.					
·			,						
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 contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 11/11/2024	Full name of contributor out-of-state PAC (ID#: Nau, John Contributor address; City; State; Zip Code			In-kind contribution description Fundraising event expenses (catering and valet)					
	Houston, TX 77019		Check if travel of	I butside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)					
President		Silver Eagle Distributors							
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: Patterson, Cary Contributor address; City; State; Zip Code Texarkana, TX 75503-4303			In-kind contribution description I Air travel for fundraising meetings I I I I I I I I I I I I I I I I I I I					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)					
Partner	•	Peirson Patterson I	,						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 76/275				
2 FILER NAME Phelan, Mat	thew M. (The Honorable)	3 Filer ID (Ethic 00062288	s Commission Filers)			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 12/03/2024	 Full name of contributor out-of-state PAC (ID#:			9 In-kind contribution description I Fundraising event expenses (catering and valet services) I putside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)		
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 09/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Realtors PAC (TREPAC) Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$250.00	In-kind contribution description Advertising for fundraising event		
	Austin, TX 78768		Check if travel of	I I Dutside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See in	nstructions)		
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 12/02/2024	Full name of contributor out-of-state PAC (ID#: Texas Realtors PAC (TREPAC) Contributor address; City; State; Zip Code		Amount of contribution (\$) \$250.00	I In-kind contribution I description I Advertising for fundraising event		
	Austin, TX 78768		Check if travel of	outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)		
Contributor's	(FOR JUDICIAL)	(See instructions)				
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı				

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/30/2024	ABC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
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
		Campaign bank fee
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	ABC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
	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
		Campaign bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	10/02/2024	ABC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
	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
		Campaign bank fee
		Sampaign Sam 100
	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 -

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/02/2024	ABC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
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 Campaign bank fee
		Sampaight Saint 166
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/02/2024	ABC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
	,	
		Dallas, TX 75265-0789
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	David and the second se
	Date 10/02/2024	Payee name ABC Bank
		7.20
	Amount (\$) \$18.00	Payee address; City; State; Zip Code PO Box 650789
	Ψ10.00	FO BOX 030709
		Dallas, TX 75265-0789
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign bank fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		mmittee	Legal S	ards/Memorials Ex ervices estruction Guid		Salaries		/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed a	bove)
1	Total pages Schedule F1:	2			M (The Her	aorablo)				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/109 Rpt:				M. (The Hor	iorable)					00062288		
4	Date 10/15/2024	5	Payee name ABC Bank										
6	Amount (\$) \$18.00	7	Payee addre	0789	City;	State;	Zip C	Code					
			Dallas, TX	75265	-0789			_					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Si} Fees	ee Categ	ories listed at the t	top of this sche	edule)	(b)		n, TX	, officeholder livin	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	icehold	er name	C	Office so	ought			Office h	eld	
	Date		Payee name										
	10/15/2024		ABC Bank										
	Amount (\$)		Payee addre	ss;	City;	State;	Zip C	Code					
	\$18.00		PO Box 650	0789									
			Dallas, TX	75265	-0789								
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees						=			plete Schedule T.	
									Campaign ba		, officeholder living	j expense	
									oampaign sc	A1111	100		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	icehold	er name	C	Office so	ught			Office h	eld	
	Date		Payee name										
	10/18/2024		ABC Bank										
	Amount (\$)		Payee addre	ss;	City;	State;	Zip C	Code					
	\$18.00		PO Box 650	0789									
			Dallas, TX	75265	-0789								
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees						ш			plete Schedule T.	
									Campaign ba		, officeholder living	g expense	
									Japaigii bt	111			
-	Complete ONLY if direct	Щ(Candidate/Offi	icehold	ler name	C	Office so	 ought			Office h	eld	
	expenditure to benefit C/O							5					

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: Sch: 4/109 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062288
4	Date 10/18/2024	5 Payee name ABC Bank
6	Amount (\$) \$18.00	7 Payee address; City; State; Zip Code PO Box 650789 Dallas, TX 75265-0789
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign bank fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/18/2024	Payee name ABC Bank
	Amount (\$) \$18.00	Payee address; City; State; Zip Code PO Box 650789 Dallas, TX 75265-0789
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign bank fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/18/2024	Payee name ABC Bank
	Amount (\$) \$18.00	Payee address; City; State; Zip Code PO Box 650789
		Dallas, TX 75265-0789
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign bank fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Over Polling Exp Printing Ex			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment	The Instruction Guide explain	ins how to con	nplete this form.			
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID (Ethics Commission Filers	,
	Sch: 5/109 Rpt:	Phelan, Matthew M. (The Honorable	e)			00062288	
4	Date	5 Payee name					
	10/21/2024	ABC Bank					
6	Amount (\$)	7 Payee address; City; Sta	ate; Zip Cod	le			_
	\$18.00	PO Box 650789					
		Dallas, TX 75265-0789					
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description			
	OF EXPENDITURE	Fees				ide of Texas. Complete Schedule T.	
				—		, officeholder living expense	
				Campaign ba	ank	iee	
_	Operation ONE V if dispose	One distant (Office In all any server	04:	- I- 4		Office health	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office souç	jnt .		Office held	
	Date	Payee name					
	10/28/2024	ABC Bank					
	Amount (\$)	Payee address; City; Sta	ate; Zip Cod	le			
	\$18.00	PO Box 650789					
		Dallas, TX 75265-0789					
	PURPOSE	(a) Category (See Categories listed at the top of this	s schodulo)	(b) Description			—
	OF	Fees	s scriedule)	:	l outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin	n, TX,	, officeholder living expense	
				Campaign ba	ank	fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	ıht		Office held	
	experientare to benefit 6/61						
	Date	Payee name					
	10/28/2024	ABC Bank					
	Amount (\$)	Payee address; City; Sta	ate; Zip Cod	le			
	\$18.00	PO Box 650789					
		Dallas, TX 75265-0789					
_	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description			
	OF EXPENDITURE	Fees			l outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin	n, TX,	, officeholder living expense	
				Campaign ba	ank	fee	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office soug	ıht		Office held	
	experientare to beliefft G/O						
0	rms provided by Texas E	thics Commission www.ethic	cs.state.tx.us	3		Version V4.1.0.5dd2a	.ce2

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: 6/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/28/2024	ABC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign bank fee
		Campaigh bank ice
Ļ	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	ABC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
	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 Campaign bank fee
		Campaigh bank ice
	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
	10/28/2024	ABC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
	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.
		Compaign bank for
		Campaign bank fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct 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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/28/2024	ABC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	PO Box 650789
		Dallas, TX 75265-0789
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
		Campaign bank fee
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/16/2024	ABC Bank
┝	Amount (\$)	Payee address; City; State; Zip Code
	• * *	
	\$22.00	PO Box 650789
		Dallas, TX 75265-0789
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/03/2024	AT&T Mobility
H	Amount (\$)	Payee address; City; State; Zip Code
	\$101.97	PO Box 537104
	Ψ101.91	1 O BOX 337 104
l		
L		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/11/2/12	Check if Austin, TX, officeholder living expense
		Campaign staff cell phone
\vdash	Operation Chilly 2. "	Open Highest (Office the Indian account)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 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 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 c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 8/109 Rpt:	Phelan, Matthew M. (The Honorable)		00062288
4 Date	5 Payee name	•	
09/03/2024	AT&T Mobility		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$101.97	PO Box 537104		
	Atlanta, GA 30353		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel o	utside of Texas. Complete Schedule T.
LXI ENDITORE		. —	TX, officeholder living expense
		Campaign sta	ii ceii phone
O Consolete ONII V if alive et	Outside to 10 ff and hald a record		Office health
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
·			
Date	Payee name		
10/03/2024	AT&T Mobility		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$102.01	PO Box 537104		
	Atlanta, GA 30353		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense		utside of Texas. Complete Schedule T.
		Campaign sta	TX, officeholder living expense
		Campaign sta	in cell prione
Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u> uaht	Office held
expenditure to benefit C/O		ugnt	Office field
Dete	Γ -		
Date 07/11/2024	Payee name American Bank of Commerce		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$10,345.42	PO Box 650789		
	Dallas, TX 75265-0789		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Credit Card Payment	I <u>—</u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
		_	edit card payment for expenditures
		reported on F	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
expenditure to benefit C/O		- J	

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: 9/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/11/2024	American Bank of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,181.92	PO Box 650789
	!	
	1	Dallas, TX 75265-0789
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
		Campaign credit card payment for expenditures
	!	reported on F4
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Date	Payee name
	09/10/2024	American Bank of Commerce
	Amount (\$) \$9,017.07	Payee address; City; State; Zip Code PO Box 650789
	ΦΘ,ΟΙΙ.ΟΙ	PO BOX 050769
		Dallas, TX 75265-0789
_	PURPOSE	_
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Campaign credit card payment for expenditures reported on F4
		<u> </u>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to some exer-	
	Date	Payee name
	10/10/2024	American Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,336.82	PO Box 650789
	!	
		Dallas, TX 75265-0789
	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
	1	Campaign credit card payment for expenditures
	l	reported on F4
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	н

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: Sch: 10/109 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	Date 11/12/2024	5 Payee name American Bank of Commerce	
6	Amount (\$) \$15,088.29	7 Payee address; City; State; Zip Code PO Box 650789	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense redit card payment for expenditures
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 12/13/2024	Payee name American Bank of Commerce	
	Amount (\$) \$25,494.45	Payee address; City; State; Zip Code PO Box 650789 Dallas, TX 75265-0789	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense redit card payment for expenditures F4
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 07/01/2024	Payee name Anedot	
	Amount (\$) \$2,444.86	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense cessing multiple credit card contributions 1/24
	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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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 The Instruction Guide explains how to complete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	1 2	Filer ID	(Ethics Commission Filers)	-
_	Sch: 11/109 Rpt:	Phelan, Matthew M. (The Honorable)	ľ	00062288	(Euros Commission Friers)	
4	Date	5 Payee name				-
•	10/02/2024	Angie Chen Button Campaign				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$75,000.00	PO Box 832748				
		Richardson, TX 75083				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				-
Ū	OF		outs	side of Texas. Com	plete Schedule T.	
	EXPENDITURE	Ochtribations/Bonations Made By		(, officeholder living		
		Political cont	ribı	ution		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	_
	expenditure to benefit C/OI	<u> </u>				
	Dete					=
	Date	Payee name				
	10/18/2024	Angie Chen Button Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25,000.00	PO Box 832748				
		Richardson, TX 75083				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				-
	OF		outs	side of Texas. Com	plete Schedule T.	
	EXPENDITURE	Continuations/Donations Made by		(, officeholder living		
		Political cont	ribı	ution		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	_
	expenditure to benefit C/OH					
	D-t-					=
	Date	Payee name				
	10/28/2024	Angie Chen Button Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10,000.00	PO Box 832748				
		Richardson, TX 75083				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				_
	OF		outs	side of Texas. Com	plete Schedule T.	
	EXPENDITURE		ı, TX	(, officeholder living	g expense	
		Political cont	ribı	ution		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	_
	expenditure to benefit C/OI					
						_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/05/2024	At Home
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$378.66	5151 US-290
		Austin, TX 78735
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 Provisions for legislative member Christmas events
		Trovisions for legislative member crinistinas events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/12/2024	Atchley & Associates LLP
H	Amount (\$)	Payee address; City; State; Zip Code
	\$11,715.72	1005 La Posada Dr
		Austin, TX 78752
	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 Campaign accounting and reporting services
		Campaign accounting and reporting services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/16/2024	Atchley & Associates LLP
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,413.45	1005 La Posada Dr
		Austin, TX 78752
	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
		Campaign accounting and reporting services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/19/2024	Ben E Keith
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$626.28	PO Box 1570
		Fort Worth, TX 76101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Kitchen supplies for legislative purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/29/2024	Ben E Keith
	Amount (\$)	Payee address; City; State; Zip Code
	\$855.25	PO Box 1570
		Fort Worth, TX 76101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Kitchen supplies for legislative purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Power name
	12/06/2024	Payee name Ben E Keith
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,050.61	PO Box 1570
	72,000.02	. 6 26/. 26. 6
		Fort Worth, TX 76101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Kitchen supplies for legislative purposes
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District
Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/109 Rpt: Phelan, Matthew M. (The Honorable) 00062288 4 Date Payee name 07/15/2024 Bergman, Maricruz M. 6 Amount (\$) Payee address; City; State; Zip Code \$4,280.69 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/31/2024 Bergman, Maricruz M. Amount (\$) Payee address; City; State; Zip Code \$4,280.68 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/09/2024 Bergman, Maricruz M. Amount (\$) Payee address: City: State; Zip Code \$148.74 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff mileage for political meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 15/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/15/2024	Bergman, Maricruz M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,280.69	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Campaigh stall payroll
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	•	
	Date	Payee name
	08/31/2024	Bergman, Maricruz M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,274.23	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Campaign staff payroll
		Campaigh stall payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/15/2024	Bergman, Maricruz M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,277.45	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

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 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: 16/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	09/30/2024	Bergman, Maricruz M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,277.45	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Campaigh stall payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	10/15/2024	Bergman, Maricruz M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,277.46	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign stoff payroll
		Campaign staff payroll
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	10/31/2024	Bergman, Maricruz M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,277.46	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stall payroll
\vdash	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
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 co	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/109 Rpt:		Phelan, Matthew M. (The Honorable)		00062288
4	Date	5	Payee name		-
	11/15/2024		Bergman, Maricruz M.		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$5,277.45		PO Box 5990		
			Austin, TX 78763		
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.
	LAFLINDITORL				Check if Austin, TX, officeholder living expense
					Campaign staff payroll
_	Operation ONE V if dispert	L	Office and Office Includes a second of the Includes and Includes a second of the Includes a second of the Includes and Includes a second of the Includes a second of the Includes and Includes a second of the Includes a second of th		Office held
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	t Office held
	·	_			
	Date		Payee name		
	11/29/2024		Bergman, Maricruz M.		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$5,277.46		PO Box 5990		
			Austin, TX 78763		
	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
					Campaign staff payroll
					Campaig. Cam pay'on
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	t Office held
	expenditure to benefit C/O			9	
	Date	Π	Payee name		
	12/13/2024		Bergman, Maricruz M.		
	Amount (\$)	┢	Payee address; City; State; Zip C	oho	
	\$5,277.45		PO Box 5990	ouc	
	Ψ0,211.40		1 0 20X 0000		
			Austin TV 70762		
	D. 100.00	<u> </u>	Austin, TX 78763	10.	N =
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Campaign staff payroll
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	H			

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:	
	Sch: 18/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date 12/31/2024	5 Payee name Bergman, Maricruz M.
-		-
6	Amount (\$) \$5,277.46	7 Payee address; City; State; Zip Code PO Box 5990
	40,211110	
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/06/2024	Big Smiles Face Painting
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	PO Box 2518
		Kyle, TX 76840
L	PURPOSE	· ·
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Face painting for legislative family Christmas event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/31/2024	Brown, Autumn
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
l		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

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

	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: 19/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/15/2024	Brown, Autumn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
		Austin, TX 78763
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/31/2024	Brown, Autumn
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/15/2024	Brown, Autumn
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Campaign statt payron
	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 Commit

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: 20/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	09/30/2024	Brown, Autumn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
		Cantipoligic cam payion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/15/2024	Brown, Autumn
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
	•	
		Austin, TX 78763
	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
		Campaign staff payroll
	Commission ONLL V if dispose	Condidate/Office holder name Office country
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	
	Date 10/31/2024	Payee name Brown, Autumn
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code PO Box 5990
	\$1,690.00	PO BOX 5990
		Auglia TV 70762
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Phelan, Matthew M. (The Honorable) Sch: 21/109 Rpt: 00062288 4 Date Payee name 11/15/2024 Brown, Autumn 6 Amount (\$) Payee address; City; State; Zip Code \$1,690.00 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2024 Brown, Autumn Amount (\$) Payee address; City; State; Zip Code \$1,690.00 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2024 Brown, Autumn Amount (\$) Payee address: City: State; Zip Code \$1,690.00 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

ense Trave les/Contract Labor OTH

	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: 22/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/31/2024	Brown, Autumn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,690.00	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/24/2024	Campaign Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$246.95	11 Lea Ave
		Nashville, TN 37210
	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 Email services for political use
		Email services for political use
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/15/2024	Cardwell, Margaret A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,710.77	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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 F	ilers)
	Sch: 23/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288	
4	Date	5 Payee name	
	07/31/2024	Cardwell, Margaret A.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,710.77	PO Box 5990	
		Austin TV 70700	
Ļ		Austin, TX 78763	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign staff payroll	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		
	Date	Payee name	
	08/15/2024	Cardwell, Margaret A.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,710.76	PO Box 5990	
		Austin TV 70702	
		Austin, TX 78763	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign staff payroll	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
_		T _	
	Date 08/31/2024	Payee name Cardwell, Margaret A.	
	Amount (\$)	-	
	\$2,710.78	Payee address; City; State; Zip Code PO Box 5990	
	Ψ2,110110	T G BOX GGGG	
		Austin, TX 78763	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign staff payroll	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	09/15/2024	Cardwell, Margaret A.
6	Amount (\$) \$2,710.76	7 Payee address; City; State; Zip Code PO Box 5990
		Austin, TX 78763
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Cardwell, Margaret A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,710.77	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Cardwell, Margaret A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,710.77	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

Travel Out of District

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.						
1 Total pages Schedule F1: Sch: 25/109 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (Ethics Commission File 00062288							
4 Date 10/31/2024	5 Payee name Cardwell, Margaret A.							
6 Amount (\$) \$2,710.76	7 Payee address; City; State; Zip Co PO Box 5990 Austin, TX 78763	de						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held						
Date 11/15/2024	Payee name Cardwell, Margaret A.							
Amount (\$) \$2,710.77	Payee address; City; State; Zip Co PO Box 5990 Austin, TX 78763	nde						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held						
Date 07/15/2024	Payee name Carmichael, Kimberly M.							
Amount (\$) \$230.87	Payee address; City; State; Zip Co PO Box 5990 Austin, TX 78763	ode						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held						

SCHEDULE F1

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

Fees Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage 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: 26/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/31/2024	Carmichael, Kimberly M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/15/2024	Carmichael, Kimberly M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	08/31/2024	Carmichael, Kimberly M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 5990
	7_00.00	
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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/Political Committee			Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 27/109 Rpt:		Phelan, Mat	tthew M. (The	Honorable)					00062288		
4	Date	5	Payee name						·			
	09/15/2024			, Kimberly M.								
6	Amount (\$)	7	Payee addres	ss; City;	Stat	e; Zip Co	nde					
ľ	\$230.87	ľ	PO Box 599		Otat	.o, <u> </u>	<i>,</i> a c					
	4200.01		. 0 20% 000									
			Auctin TV 5	70762								
Ļ		_	Austin, TX 7									
8	PURPOSE OF	(a)		ee Categories listed a		chedule)	(b)	Description		df.T O	andata Cabadula T	
	EXPENDITURE		Salaries/Wa	iges/Contract	Labor			_		officeholder livin	nplete Schedule T.	
								Campaign sta			genpense	
								. 0		•		
9	Complete ONLY if direct		 Candidate/Offi	ceholder name		Office sou	ıaht			Office h	eld	
	expenditure to benefit C/OI						3					
\vdash	Date	Π	Payee name									
	09/30/2024		-	Kimberly M.								
_	Amount (\$)	┝	Payee addres		Stat	e; Zip Co	nde					
	\$230.88		PO Box 599	•	Olai	.c, 2ip 00	de					
	Ψ230.00		1 O DOX 333	,0								
			Augtin TV -	70762								
		_	Austin, TX 7									
	PURPOSE OF	(a)		ee Categories listed a		chedule)	(b)	Description	outoi	do of Toyon Con	anlata Sahadula T	
EXPENDITURE			Salaries/Wa	iges/Contract	Labor					officeholder livin	nplete Schedule T. g expense	
								Campaign sta				
										-		
	Complete ONLY if direct		 Candidate/Offi	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OF	Н										
	Date		Payee name									
	10/15/2024		-	, Kimberly M.								
	Amount (\$)		Payee addres		Stat	e; Zip Co	ode					
	\$230.87		PO Box 599	, ,,		., .						
			Austin, TX 7	78763								
	PURPOSE	(2)					(h)	Description				
	OF	(a)		ee Categories listed a ages/Contract		chedule)	(5)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Salaties/ wa	iges/Contract	Labui					officeholder livin		
								Campaign sta	aff p	payroll		
	Complete ONLY if direct		- Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/31/2024	Carmichael, Kimberly M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	11/15/2024	Carmichael, Kimberly M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	11/29/2024	Carmichael, Kimberly M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 5990
	7_00.00	
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		laries/Wages/Contract Labor OTHER (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 29/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4 Date	5 Payee name	
12/13/2024	Carmichael, Kimberly M.	
6 Amount (\$) \$230.87	7 Payee address; City; State; Zi PO Box 5990 Austin, TX 78763	ip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		e sought Office held
Date	Payee name	
12/31/2024	Carmichael, Kimberly M.	
Amount (\$) \$230.88	Payee address; City; State; Z PO Box 5990	ip Code
	Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct expenditure to benefit C/O		e sought Office held
Date	Payee name	
11/26/2024	Central Market	
Amount (\$) \$421.72	Payee address; City; State; Z 4001 N Lamar Blvd	ip Code
	Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Provisions for legislative office
Complete ONLY if direct expenditure to benefit C/O		e 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 Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/12/2024	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.69	PO Box 2267
		Austin, TX 78783
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign office utilities
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/12/2024	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.55	PO Box 2267
		Austin, TX 78783
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign office utilities
	Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/10/2024	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.01	PO Box 2267
		Austin, TX 78783
	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.
	-	Campaign office utilities
		Campaign onice utilities
	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Legal Services Frinting Expense Frinting Expense Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction G	Guide explains l	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)	
	Sch: 31/109 Rpt:		Phelan, Mat	thew M. (The I	Honorable)					00062288			
4	Date	5	Payee name						_				
	10/15/2024		City of Austi	in Utilities									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$136.44		PO Box 226	67									
			Austin, TX 7	78783									
8	PURPOSE	(a)					(h)	Description					
ľ	OF	(")		ee Categories listed at nead/Rental Ex		edule)	(5)	_ :	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Omoo Ovon	10dd/11d11d1/	(porioo			Check if Austin	, TX,	officeholder living	g expense		
								Campaign off	fice	utilities			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld		
	experionality to benefit C/O												
	Date		Payee name										
	11/12/2024		City of Austi	in Utilities									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$120.25		PO Box 226	67									
			Austin, TX 7	78783									
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE			head/Rental Ex		ŕ					plete Schedule T.		
								ш		officeholder living	g expense		
								Campaign off	lice	uullues			
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	old		
	expenditure to benefit C/O		Januluale/Oni	centiquel fiame		Jilice Sou	grit			Office II	eiu		
	Data												
	Date 12/11/2024		Payee name	in I Itilities									
			City of Austi										
	Amount (\$)		Payee addres	-	State;	Zip Co	de						
	\$92.39		PO Box 226	07									
			Austin, TX 7	⁷⁸⁷⁸³									
	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description		do of Toyon Com	nplete Schedule T.		
	EXPENDITURE		Office Overl	head/Rental E>	cpense			ш		officeholder living			
								Campaign off					
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
1													

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/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: 32/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/18/2024	Cygnal LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,400.66	4501 Fairfax Dr
	,	
		Arlington, VA 22203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		House candidate in-kind for poining
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/31/2024	Davidson, Donna Garcia
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,205.00	PO Box 12131
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign legal services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
L		
	Date	Payee name
	09/23/2024	Diamond K Aero
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,287.90	PO Box 909
		Caldwell, TX 77836
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pilot services for campaign travel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 33/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/06/2024	Elves Farm
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	603 Harvey Ln
		Denison, TX 75020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tree for Capitol Christmas events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2024	Enterprise Rent-A-Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.10	7366 Cedar Springs Rd
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rental car for political trip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payso nama
	09/23/2024	Payee name FP1 Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	3001 Washington Blvd, 7th Floor
	+ =,000.00	
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political consulting services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travei in L Travel Ou Contract Labor OTHER (6

	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: 34/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/06/2024	Fitzpatrick
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1288 Elm Pass Rd
		Bandera, TX 78003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Trick roper for legislative family Christmas event
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	12/09/2024	Fragoso, Joana
	Amount (\$)	Payee address; City; State; Zip Code
	\$715.00	4913 Bennett Ave
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cookies for legislative family Christmas event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	07/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.03	3025 N Dowlen Rd
		Beaumont, TX 77706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office opening snacks/supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 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 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:	<u> </u>
	Sch: 35/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/01/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.53	3025 N Dowlen Rd
		Beaumont, TX 77706
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Volunteer mtg snacks/supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.80	4800 B Hwy 365
	φ100.00	4800 B Hwy 505
		Port Arthur, TX 77642
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Jeff Co team meeting snacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	08/22/2024	Habana House Cigars
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.49	3601 South Congress Ave K300-A
		Austin, TX 78704
	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 Staff thank you/departure gift
		Stall trialik you/departure girt
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/15/2024	Hand, Braden A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.02	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date 07/21/2024	Payee name
	07/31/2024	Hand, Braden A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.02	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2024	Hand, Braden A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.01	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
	Operation Chilly 2. "	Openhalder (Office health and a second secon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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: 37/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/31/2024	Hand, Braden A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.03	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Campaign stan payron
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2024	Hand, Braden A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.01	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Hand, Braden A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.02	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	oroun oura'r aymoni	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 38/109 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
Ļ			00002200
4	Date 10/15/2024	5 Payee name Hand, Braden A.	
6	Amount (\$) \$850.02	7 Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
8	PURPOSE OF EXPENDITURE	Galanes/ Wages/ Contract Easter	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense taff payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Γ	Date	Payee name	
	10/31/2024	Hand, Braden A.	
	Amount (\$) \$850.01	Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
	PURPOSE OF EXPENDITURE	Salaries/ Wages/Contract Eabor	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense taff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	11/11/2024	Hand, Braden A.	
	Amount (\$) \$318.00	Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense taff mileage for political meetings
	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

	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: 39/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/15/2024	Hand, Braden A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.02	PO Box 5990
		Austin, TX 78763
8	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 Campaign staff payroll
		Campaign stall payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/29/2024	Hand, Braden A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.02	PO Box 5990
	ψ030.02	1 O BOX 3330
		Austin, TX 78763
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to benefit 6/01	
	Date	Payee name
	12/13/2024	Hand, Braden A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$745.08	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Sumpaign statt payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co	ommission Filers)
	Sch: 40/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288	
4	Date	5 Payee name	
	12/31/2024	Hand, Braden A.	
6	Amount (\$) \$850.01	7 Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign staff payroll	le T.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	
	Date	Payee name	
	08/08/2024	Hotel Havana	
	Amount (\$) \$65.62		
	DUDDOOF	San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense Meal for staff in transit to attend politi	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	08/09/2024	Hotel Havana	
	Amount (\$) \$324.45	Payee address; City; State; Zip Code 1015 Navarro St	
		San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense Staff lodging and meals for campaign	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/15/2024	Intuit
6	Amount (\$) \$59.70	7 Payee address; City; State; Zip Code 2700 Coast Ave
		Mountain View, CA 94043
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 Campaign staff payroll processing fees
		Campaign stan payron processing rees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2024	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.70	2700 Coast Ave
		Mountain View, CA 94043
	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
		Campaign staff payroll processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.70	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/31/2024	Intuit
6	Amount (\$) \$59.70	7 Payee address; City; State; Zip Code 2700 Coast Ave
		Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2024	Intuit
	Amount (\$) \$55.43	Payee address; City; State; Zip Code 2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Intuit
	Amount (\$) \$55.43	Payee address; City; State; Zip Code 2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/15/2024	Intuit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.43	2700 Coast Ave
		Mountain View, CA 94043
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
		Campaign staff payroll processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/31/2024	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.43	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees
		Campaign stall payroll processing lees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/15/2024	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.43	2700 Coast Ave
	400.10	2100 00001110
		Mountain View, CA 94043
	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
		Campaign staff payroll processing fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	onpolicitate to beliefit 6/01	·

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

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/109 Rpt: Phelan, Matthew M. (The Honorable) 00062288 4 Date Payee name 11/29/2024 Intuit 6 Amount (\$) Payee address; City; State; Zip Code \$51.17 2700 Coast Ave Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2024 Intuit Amount (\$) Payee address; City; State; Zip Code \$51.17 2700 Coast Ave Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2024 Intuit Amount (\$) Payee address: City; State; Zip Code \$51.17 2700 Coast Ave Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: Sch: 45/109 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062288
4	Date 07/01/2024	5 Payee name JW's Patio
6	Amount (\$) \$9,936.17	7 Payee address; City; State; Zip Code 6420 Phelan Blvd
8	PURPOSE OF EXPENDITURE	Beaumont, TX 77706 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Election night celebration balance
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/24/2024 Amount (\$) \$18,150.00	Payee name Jennifer Naedler Consulting Payee address; City; State; Zip Code 12122 Cypress Creek Lakes Dr
	PURPOSE	Cypress, TX 77433
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign fundraising consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/02/2024	Payee name John Lujan Campaign
	Amount (\$) \$75,000.00	Payee address; City; State; Zip Code PO Box 14479
		San Antonio, TX 78214
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political contribution
	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 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/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: 46/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288	
4	Date	5 Payee name	
	10/18/2024	John Lujan Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25,000.00	PO Box 14479	
		San Antonio, TX 78214	
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. Check if Austin TX afficiency process	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political contribution	
		T ontotal contribution	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_		T	_
	Date	Payee name	
	10/28/2024	John Lujan Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,000.00	PO Box 14479	
		San Antonio, TX 78214	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EA LIBITE.	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Political contribution	
_	CONTACTOR OF THE CONTAC		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/06/2024	Johns, Susan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	5604 Doliver Drive	
		Houston, TX 77056	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Refund Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		refund of prior period contribution	
	Operation ONLY if direct	Out if the 10th a half are not as a south of the same in the same	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 47/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/30/2024	Johnson Strategies LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	4612 Dusik Ln
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political consulting services
		1 Ontical consulting Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	09/18/2024	Johnson Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20,000.00	4612 Dusik Ln
	Ψ20,000.00	4012 DUSIK EN
		Austin, TX 78746
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political consulting services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/18/2024	KAP Print
	Amount (\$)	Payee address; City; State; Zip Code
	\$31,642.78	220 Quinn Dr
		Dripping Springs, TX 78620
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		In kind for house candidate mailer
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

Fees
Food/Beverage Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/28/2024	KAP Print
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15,821.39	220 Quinn Dr
		Dripping Springs, TX 78620
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign mailer expense for HD 37
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	KUSA Aviation LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,838.40	4700 Hangar Drive, Hangar 5
	Ψ12,000.10	1100 Hangai 21110, Hangai 0
		Beaumont, TX 77705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pilot services for political travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/15/2024	KUSA Aviation LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,092.00	4700 Hangar Drive, Hangar 5
	,=	······································
		Beaumont, TX 77705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Pilot services for political travel
_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards, Committee Legal Service	/Memorials Expense	-	nse es/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:		(The 11 to 2001 11)			3 Filer ID	(Ethics Commission Filers)
	Sch: 49/109 Rpt:	Phelan, Matthew M.	(The Honorable)			00062288	
4	Date	Payee name					
	10/17/2024	KUSA Aviation LLC					
6	Amount (\$)	•	•	Zip Code		<u> </u>	
	\$7,423.00	4700 Hangar Drive,	Hangar 5				
		Beaumont, TX 7770	5				
8	PURPOSE	a) Category (See Categorie	s listed at the top of this sched	_{dule)} (b) Description		
	OF EXPENDITURE	Travel Out of Distric	t		=	outside of Texas. Com	
					\Box	i, TX, officeholder living s for political tra	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name Of	fice sough	t	Office he	eld
_	Dato	Davis and Table					
	Date 10/02/2024	Payee name	n				
		Lacey Hull Campaig		Zin Coda			
	Amount (\$) \$75,000.00	Payee address; C PO Box 19231	ty; State;	Zip Code			
	Φ13,000.00	1 O DOV 19591					
		Houston, TX 77224					
	PURPOSE OF	a) Category (See Categorie		_{dule)} (b	Description	autaida of T C	nlote Cebedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expe					
			com ondoar commit		Political contr		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name Of	fice sough	t	Office he	eld
	Date	Payee name					
	10/18/2024	Lacey Hull Campaig	n				
	Amount (\$)	Payee address; C	ty; State;	Zip Code			
	\$25,000.00	PO Box 19231					
		Houston, TX 77224					
-	PURPOSE		- Barada and a sala	/h) Description		
	OF	 a) Category (See Categorie) Contributions/Donat 		iule)		outside of Texas. Com	plete Schedule T.
	EXPENDITURE	Candidate/Officehol		tee		, TX, officeholder living	g expense
					Political conti	ribution	
	Complete ONLY if direct	Condidate/Officehelder	2000	fine easier!	•	Office	ald.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sough	ι	Office he	eiu

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 Scheduler F1: 2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (00062288 1 Date 10/28/2024 5 Payee name Lacey Hull Campaign 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 19231 Houston, TX 77224 8 PURPOSE OF EXPENDITURE
4 Date 10/28/2024 5 Payee name Lacey Hull Campaign 6 Amount (\$) \$10,000.00 7 Payee address; City; State; Zip Code PO Box 19231 Houston, TX 77224 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee (b) Description Creck if ravel cusisive of Toxas. Complete Schedule 7. Candidate/Officeholder name Office sought Office held contribution 9 Complete QNLY if direct expenditure to benefit C/OH Date Office Payee name Lo/10/2024 Le Meridien Amount (\$) Payee address; City; State; Zip Code Dallas, TX 75201 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Complete QNLY if direct expenditure to benefit C/OH Complete QNLY if direct expenditure to benefit C/OH Date Office Sought Office Policy State; Zip Code Complete QNLY if direct expenditure to benefit C/OH Date Office Sought Office Policy Size Categories listed at the top of this schedule) Date Office Policy Size Categories listed at the top of this schedule) Date Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories listed at the top of this schedule) Office Policy Size Categories Schedule T. Office Order Office Policy Size Categories listed at the top of this schedule) Office Policy Size Size Size Size Size Size Size Size
Lacey Hull Campaign
6 Amount (\$)
Sample Complete Complete
Houston, TX 77224 Houston, TX 77224 (a) Category (see Categories listed at the top of this schedule)
B PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if Austin, TX. officeholder Invarige expense Political contribution
B PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if Austin, TX. officeholder Invarige expense Political contribution
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete QNLY if direct expenditure to benefit C/OH Date 10/10/2024
Political contribution Political contribution Political contribution Political contribution Political contribution Office held Candidate/Officeholder name Office sought Office held Payee name Le Meridien Amount (\$) Payee address; City; State; Zip Code Dallas, TX 75201 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Event Expense Complete QNLY if direct expenditure to benefit C/OH Complete QNLY if direct expenditure to benefit C/OH Date O7/20/2024 Date O7/20/2024 Payee name Margo Cardwell, PLLC Amount (\$) Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code S9,000.00 Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code S9,000.00 Police Overheard/Partal Expense Office Overheard/Partal Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH Date
Date
Amount (\$)
Amount (\$)
Amount (\$)
\$64.25
Dallas, TX 75201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff parking for campaign trip Complete ONLY if direct expenditure to benefit C/OH Date O7/20/2024 Amount (\$) Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 S9,000.00 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pointal Expenses (b) Description (b) Description (c) Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff parking for campaign trip Complete ONLY if direct expenditure to benefit C/OH Date O7/20/2024 Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 \$9,000.00 Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/(Pental Expense) (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff parking for campaign trip Complete ONLY if direct expenditure to benefit C/OH Date O7/20/2024 Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 \$9,000.00 Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/(Pental Expense) (b) Description Check if travel outside of Texas. Complete Schedule T.
EVENT EXPENDITURE Event Expense Staff parking for campaign trip Office held Office held Office held Office held Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 \$9,000.00 Event if travel outside of Texas. Complete Schedule T. In the check if travel outside of Texas. Complete Schedule T. In the check if travel outside of Texas. Complete Schedule T. In the check if travel outside of Texas. Complete Schedule T.
EVENT EXPENDITURE Event Expense Staff parking for campaign trip Office held Office held Office held Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 Sol W 14th St Austin, TX 78701 PURPOSE Office Overhead/Pantal Expenses Office Overhead/Pantal Expenses
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 \$9,000.00 \$08 W 14th St Austin, TX 78701 PURPOSE OF OF Office Overhead/(Pental Expanse) Office sought Office sought Office held Office sought Office held Office sought Office held (b) Description Office Check if Austin, TX, oncenoder inving expense Staff parking for campaign trip Office held Office held Office held Office Sought Office held Office Sought Office held Office Sought Office Held Office Overhead/(Pental Expanse)
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 508 W 14th St Austin, TX 78701 PURPOSE OF Overhead/Pantal Expense City Check if travel outside of Texas. Complete Schedule T.
Date 07/20/2024 Payee name 07/20/2024 Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 508 W 14th St Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pantal Expanse
Date 07/20/2024 Payee name 07/20/2024 Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 508 W 14th St Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pantal Expanse
07/20/2024 Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 508 W 14th St Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pantal Expanse
O7/20/2024 Margo Cardwell, PLLC Amount (\$) Payee address; City; State; Zip Code \$9,000.00 508 W 14th St Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pantal Expanse
Amount (\$) Payee address; City; State; Zip Code \$9,000.00 Solve 14th St Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pantal Expanse
\$9,000.00 508 W 14th St Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF OF Office Overhead/Pantal Expanse
Austin, TX 78701 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF OF OF Office Overhead/Pantal Expanse
PURPOSE OF
PURPOSE OF OF OF OF OF OF OF Check if travel outside of Texas. Complete Schedule T.
OF Office Overhead/Pental Expense
OF Office Overhead/Pental Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, 1X, officeholder living expense
Office stipend
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 51/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/06/2024	Margo Cardwell, PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	508 W 14th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office stipend
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u> </u>
	Date	Payee name
	07/15/2024	Marquez, III, Enrique
	Amount (\$)	Payee address; City; State; Zip Code
	\$837.37	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
	Date	Payee name
	07/31/2024	Marquez, III, Enrique
	Amount (\$)	Payee address; City; State; Zip Code
	\$837.38	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
		Campaign stan payron
-	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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Phelan, Matthew M. (The Honorable) Sch: 52/109 Rpt: 00062288 4 Date Payee name 08/15/2024 Marquez, III, Enrique 6 Amount (\$) Payee address; State; Zip Code \$837.37 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2024 Marquez, III, Enrique Amount (\$) Payee address; City; State; Zip Code \$1,755.17 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/09/2024 McLeroy, Albie Amount (\$) Payee address: City: State; Zip Code \$550.00 5943 Saphire Cove San Antonio, TX 78222 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Santa and Mrs. Claus services for legislative member Christmas event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

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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 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 54/109 Rpt: Phelan, Matthew M. (The Honorable) 00062288 4 Date Payee name 08/15/2024 Meisenheimer, Caitlin E. 6 Amount (\$) Payee address; City; State; Zip Code \$918.99 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2024 Meisenheimer, Caitlin E. Amount (\$) Payee address; City; State; Zip Code \$918.97 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/15/2024 Meisenheimer, Caitlin E. Amount (\$) Payee address: City: State; Zip Code \$918.99 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 55/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
L	09/30/2024	Meisenheimer, Caitlin E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$918.98	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
		Campaigh stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/15/2024	Meisenheimer, Caitlin E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$918.98	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaigh stan payron
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/31/2024	Meisenheimer, Caitlin E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$918.99	PO Box 5990
	,	
		Austin, TX 78763
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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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

Contributions/ Donations made By - Candidate/Officeholder/Political Committe Credit Card Payment			Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide	e explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 56/109 Rpt:	Phelan, Ma	tthew M. (The Hone	orable)				00062288		
4	Date	Payee name					_			
	11/15/2024		ner, Caitlin E.							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$918.98	PO Box 599	90							
		Austin, TX	78763							
8	PURPOSE		ee Categories listed at the to	on of this sahadula)	(b)	Description				
ľ	OF		ages/Contract Labo		(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	officeholder living	gexpense	
						Campaign sta	aff	payroll		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld	
	experialiture to beliefit C/OI									
	Date	Payee name								
	11/29/2024	Meisenhein	ner, Caitlin E.							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$918.98	PO Box 599	90							
		Austin, TX	78763							
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE		Salaries/Wa	ages/Contract Labo	or					plete Schedule T.	
						Campaign sta		officeholder living	g expense	
						Campaign su	an	payron		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	əld	
	expenditure to benefit C/O			200	.9			000		
-	Date	Payee name								
	12/13/2024	•	ner, Caitlin E.							
	Amount (\$)	Payee addre		State; Zip Co	ndo					
	\$918.98	PO Box 599		State, Zip Ct	Jue					
	Ψ310.30	1 O Box 333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Austin, TX	70762							
	DURROSE				<i>a</i> . x					
	PURPOSE OF		ee Categories listed at the to		(D)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Salalies/Wa	ages/Contract Labo	Л		ш		officeholder living		
						Campaign sta	aff	payroll		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld	
	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 Commit

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: 57/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/31/2024	Meisenheimer, Caitlin E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$918.99	PO Box 5990
		Austin, TX 78763
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 Campaign staff payroll
		Campaign stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	Michalk, Cole A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.10	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign staff mileage for political meetings
		Campaigh stail filleage for political freetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/01/2024	Michalk, Cole A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.62	PO Box 5990
	Ψ01.02	1 0 20% 0000
		Austin, TX 78763
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff mileage for political meetings
L		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

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	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: 58/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/01/2024	Michalk, Cole A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.02	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign staff mileage for political meetings
		Campaight stail filledge for political freetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	07/15/2024	Michalk, Cole A.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,144.81	PO Box 5990
	•	
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Power name
	07/31/2024	Payee name Michalk, Cole A.
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,144.81	PO Box 5990
		A
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 59/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/15/2024	Michalk, Cole A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,144.82	PO Box 5990
		Austin, TX 78763
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2024	Michalk, Cole A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,144.81	PO Box 5990
		Austin, TX 78763
	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.
	LA LABITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/15/2024	Michalk, Cole A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,144.81	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
		Campaign stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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 Commi

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.
Total pages Schedule I	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 60/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4 Date	5 Payee name
09/30/2024	Michalk, Cole A.
6 Amount (\$) \$1,144.6	7 Payee address; City; State; Zip Code PO Box 5990
	Austin, TX 78763
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
9 Complete ONLY if direct expenditure to benefit (
Date	Payee name
10/15/2024	Michalk, Cole A.
Amount (\$) \$1,144.	Payee address; City; State; Zip Code PO Box 5990
	Austin, TX 78763
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct expenditure to benefit (· ·
Date	Payee name
10/31/2024	Michalk, Cole A.
Amount (\$) \$1,144.	Payee address; City; State; Zip Code PO Box 5990
	Austin, TX 78763
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct expenditure to benefit (

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 c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 61/109 Rpt:		Phelan, Matthew M. (The Honorable)		00062288
4	Date	5	Payee name		<u> </u>
	11/15/2024		Michalk, Cole A.		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,144.81		PO Box 5990		
			Austin, TX 78763		
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.
	LAFLINDITORL				Check if Austin, TX, officeholder living expense
					Campaign staff payroll
_	Commission ONII V if dispose	<u> </u>	Candidata/Offical calder source		Office heald
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	t Office held
		_			
	Date		Payee name		
	11/29/2024	┖	Michalk, Cole A.		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$1,144.81		PO Box 5990		
			Austin, TX 78763		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Campaign staff payroll
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	12/13/2024		Michalk, Cole A.		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$1,144.82		PO Box 5990		
	. , -				
			Austin, TX 78763		
	PURPOSE	(2)		(h)) Description
	OF	ارم	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Jaianes/ wages/ Contract Labor		Check if Austin, TX, officeholder living expense
					Campaign staff payroll
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t 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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to co	ages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 62/109 Rpt:	Phelan, Matthew M. (The Honorable)		00062288
4 Date	5 Payee name		
12/31/2024	Michalk, Cole A.		
6 Amount (\$) \$1,144.81	7 Payee address; City; State; Zip Co PO Box 5990 Austin, TX 78763	de	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense fff payroll
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
07/01/2024	Mitchell, Kelly M.		
Amount (\$) \$368.50	Payee address; City; State; Zip Co PO Box 5990 Austin, TX 78763	de	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel Out of District	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense Iff mileage for political meetings
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
Date	Payee name		
07/15/2024	Mitchell, Kelly M.		
Amount (\$) \$3,445.96	Payee address; City; State; Zip Co	de	
	Austin, TX 78763		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	ш	utside of Texas. Complete Schedule T. TX, officeholder living expense Iff payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

Payee address;

PO Box 5990

City;

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Amount (\$)

\$3,445.96

expenditure to benefit C/OH

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District 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: 63/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	07/31/2024	Mitchell, Kelly M.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,445.95	PO Box 5990	
		Austin, TX 78763	
8	PURPOSE OF EXPENDITURE	Calaries, Wages, Cornilate Eabor	utside of Texas. Complete Schedule T. TX, officeholder living expense Iff payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/15/2024	Mitchell, Kelly M.	

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Austin, TX 78763		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	chedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct	Candidate/Officeholder name	Office sour	ht Office held

State; Zip Code

Date Payee name 08/31/2024 Mitchell, Kelly M. Amount (\$) Payee address; City; State; Zip Code DO Dov E000

\$3,445.96	PO BOX 5990		
	Austin, TX 78763		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule) (b	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontions 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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	09/15/2024	Mitchell, Kelly M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$3,445.95	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
		Campaign stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/30/2024	Mitchell, Kelly M.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3,445.95	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/15/2024	Mitchell, Kelly M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,445.96	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 65/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/16/2024	Mitchell, Kelly M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$321.60	PO Box 5990
		Austin, TX 78763
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff mileage for political meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/31/2024	Mitchell, Kelly M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,445.95	PO Box 5990
	Ψ0, 140.00	1 0 200 0000
		Austin, TX 78763
	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
		Campaign staff payroll
		Sampaign statt payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	11/15/2024	Mitchell, Kelly M.
	Amount (\$) \$3,445.96	Payee address; City; State; Zip Code PO Box 5990
	φ3,443.90	FO BOX 3990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Phelan, Matthew M. (The Honorable) Sch: 66/109 Rpt: 00062288 4 Date Payee name 11/29/2024 Mitchell, Kelly M. 6 Amount (\$) Payee address; City; State; Zip Code \$3,445.96 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 Mitchell, Kelly M. Amount (\$) Payee address; City; State; Zip Code \$408.70 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff mileage for political meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2024 Mitchell, Kelly M. Amount (\$) Payee address: City; State; Zip Code \$3,445.95 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

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

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: 67/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/31/2024	Mitchell, Kelly M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,445.95	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Gampaign stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	07/15/2024	Mittnacht, Daniel L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,087.37	PO Box 5990
	Ψ1,001.01	1 0 200 0000
		Austin, TX 78763
	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.
		Campaign staff payroll
		Campaign stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	07/31/2024	Mittnacht, Daniel L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,087.38	PO Box 5990
	Ψ1,001.00	1 0 200 0000
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Operation Of the Control of the Cont	Our Highest (Office health a name of the control of
	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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 68/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/15/2024	Mittnacht, Daniel L.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,087.37	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/31/2024	Mittnacht, Daniel L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,087.38	PO Box 5990
	•	
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONLY if direct	Condidate/Officeholder neme
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Data	
	Date 09/15/2024	Payee name Mittnacht, Daniel L.
	Amount (\$) \$1,087.37	Payee address; City; State; Zip Code PO Box 5990
	\$1,087.37	PO BOX 5990
		Auglia TV 70762
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/wages/Contract Labor Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	09/30/2024	Mittnacht, Daniel L.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,087.38	PO Box 5990
		Austin, TX 78763
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 Campaign staff payroll
		Can pagn can pay on
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/15/2024	Mittnacht, Daniel L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,087.37	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/31/2024	Mittnacht, Daniel L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.35	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

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: 70/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/15/2024	Mittnacht, Daniel L.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.35	PO Box 5990
		Austin, TX 78763
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 Campaign staff payroll
		Campaigh stail payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davida nama
	11/29/2024	Payee name Mittnacht, Daniel L.
		<u> </u>
	Amount (\$) \$92.35	Payee address; City; State; Zip Code PO Box 5990
	Φ92.33	FO POX 2990
		A
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/13/2024	Mittnacht, Daniel L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.35	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
_	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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/31/2024	Mittnacht, Daniel L.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.35	PO Box 5990
		Austin, TX 78763
8	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 Campaign staff payroll
		Campaigh stall payroll
_	Complete ONU V if allow	Constitute / Office health a more constitute of the constitute of
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Morgan Meyer Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$75,000.00	3838 Oak Lawn Ave, Ste 400
		Dallas, TX 75219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		1 Sittled Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	10/21/2024	Morgan Meyer Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$25,000.00	3838 Oak Lawn Ave, Ste 400
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Political contribution
	Commission ONU Wife allows	Constitute (Office healder no year
	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 Commit 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 marca Cabadula F1.	
1	Total pages Schedule F1: Sch: 72/109 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062288
Ļ	·	
4	Date	5 Payee name
	10/28/2024	Morgan Meyer Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	3838 Oak Lawn Ave, Ste 400
	·	
		Dallag TV 75040
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Political contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/01/2024	Neal, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.00	2204 Indian Trl
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising materials for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payron namo
	12/09/2024	Payee name Neal, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2204 Indian Trl
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising materials for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica 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: 73/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/15/2024	Parker, Ridge T.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,626.38	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2024	Parker, Ridge T.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,626.37	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
		Santipoligie Santi Pagrisa
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	Parker, Ridge T.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,626.38	PO Box 5990
	Ψ2,020.30	1 O BOX 3330
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
	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
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: 74/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	08/31/2024	Parker, Ridge T.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,626.37	PO Box 5990	
		Austin, TX 78763	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/ Wages/ Contract Easter	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Campaign sta	
		- Campaign ou	pasy. e
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	09/15/2024	Parker, Ridge T.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,626.38	PO Box 5990	
	,_,,_		
		Austin, TX 78763	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	LAI LINDITORE		, TX, officeholder living expense
		Campaign sta	яп раугоп
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
_	Data	Davida marra	
	Date 09/30/2024	Payee name Parker, Ridge T.	
	Amount (\$) \$2,626.37	Payee address; City; State; Zip Code PO Box 5990	
	φ2,020.37	FO B0X 3990	
		Austin TV 70762	
		Austin, TX 78763	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel of the schedule of the sche	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	TX, officeholder living expense
		Campaign sta	aff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 75/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/15/2024	Parker, Ridge T.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,626.38	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
		Campaign stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/31/2024	Parker, Ridge T.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,626.37	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/15/2024	Parker, Ridge T.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,626.38	PO Box 5990
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\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/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: 76/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4 Date	5 Payee name
11/29/2024	Parker, Ridge T.
6 Amount (\$) \$2,626.37	7 Payee address; City; State; Zip Code PO Box 5990
	Austin, TX 78763
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/13/2024	Parker, Ridge T.
Amount (\$) \$2,626.38	Payee address; City; State; Zip Code PO Box 5990
	Austin, TX 78763
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/31/2024	Parker, Ridge T.
Amount (\$) \$2,626.37	Payee address; City; State; Zip Code PO Box 5990
	Austin, TX 78763
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 77/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/15/2024	Perkins, Lauren K.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
8	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 Campaign staff payroll
		Campaigh stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/31/2024	Perkins, Lauren K.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
	¥ .02 0	
		Austin, TX 78763
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2024	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	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 Committee Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 78/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/31/2024	Perkins, Lauren K.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2024	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	Perkins, Lauren K.
	Amount (\$) \$461.75	Payee address; City; State; Zip Code PO Box 5990
	φ401.75	FO BOX 3990
		Auglia TV 70702
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 79/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/15/2024	Perkins, Lauren K.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/31/2024	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
	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 Campaign staff payroll
		Campaign stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/15/2024	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
	Ψ401.75	FO BOX 3990
		Auctin TV 70762
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	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 Comn

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 80/109 Rpt:	Phelan, Matthew M. (The Honorable)
4	Date	5 Payee name
	11/29/2024	Perkins, Lauren K.
6	Amount (\$) \$461.75	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763
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 Campaign staff payroll
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign staff payroll
		Campaign stan payron
_	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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Gift/Awards/Memoria Legal Services			/ages	s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
Ļ				The Instruction	Julue explains	HOW IO CO	mpie	ere mus mum.	-		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 81/109 Rpt:		Phelan, Ma	tthew M. (The	Honorable)					00062288	
4	Date	5	Payee name								
	10/28/2024		PoolHouse								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$62,536.01			St, Ste 200		-					
				·							
			Richmond,	VΔ 23220							
8	PURPOSE	(2)				1	(h)	December!			
o	OF	(a)		ee Categories listed a		nedule)	(D)	Description	nutei	ide of Teyes Con	mplete Schedule T.
	EXPENDITURE			ns/Donations N Officeholder/Po		nittee		_		, officeholder livin	
			Januluale/(J.IIIGGIIGIUGI/F	mucai Cuilli	muce		Political medi			
										-	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	aht			Office h	neld
	expenditure to benefit C/OI				·	5 0 0 0 u	J			36311	
\vdash	Date	Т	Doves a								
	Date 00/22/2024		Payee name	oorob Dorto	c						
	09/22/2024			search Partner							
	Amount (\$)		Payee addres		State	; Zip Co	de				
	\$107,548.16		103 E St SE								
			Washington	, DC 20003							
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Contribution	ns/Donations N	lade By			Check if travel			mplete Schedule T.
	LAFLINDITORE		Candidate/0	Officeholder/Po	olitical Comm	nittee		_		, officeholder livin	
								Polling expen	ıse	for House (candidates
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
		· ·									
	Date		Payee name								
	07/15/2024		Richmond,	Kristine E.							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$230.87		PO Box 599	90							
			Austin, TX 7	78763							
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		•	ages/Contract	•	<i>'</i>		Check if travel			mplete Schedule T.
	EXPENDITURE									, officeholder livin	ng expense
								Campaign sta	aff	payroll	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
L	expenditure to benefit C/OI										
			<u>-</u>								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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			Legal Services	als Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed abo	ve)
	Credit Card Payment			The Instruction	Guide explai	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 82/109 Rpt:		Phelan, Mat	thew M. (The	Honorable	;)				00062288		
4	Date	5	Payee name									
	07/31/2024		Richmond, I	Kristine E.								
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$230.88		PO Box 599	0								
			Austin, TX 7	8763								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract		,		_			plete Schedule T.	
	EXPENDITORE									officeholder living	g expense	
								Campaign sta	ап р	oayroli		
_	2	L				- "						
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	<u> </u>	_										
	Date		Payee name									
	08/15/2024		Richmond, I	Kristine E.								
	Amount (\$)		Payee addres		Sta	ate; Zip Co	de					
	\$230.87		PO Box 599	0								
			Austin, TX 7	8763								
	PURPOSE OF	(a)	Category (Se	e Categories listed a	t the top of this	schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract	Labor			<u></u>		de of Texas. Com officeholder living	plete Schedule T.	
								Campaign sta			у схренос	
								1 3		,		
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OF	Н										
	Date		Payee name									
	08/31/2024		Richmond, I	Kristine E.								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$230.88		PO Box 599	-		•						
			Austin, TX 7	8763								
	PURPOSE	(a)		e Categories listed a	* * * * * * * * * * * * * * * * * * * *		(h)	Description				
	OF	(-,		ges/Contract		scriedule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			9				_		officeholder living	g expense	
								Campaign sta	aff p	oayroll		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
	- SAPERIARIAN TO DETICITE 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/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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 83/109 Rpt:	Phelan, Matthew M. (The Honorable)		00062288
4	Date	5 Payee name		
	09/15/2024	Richmond, Kristine E.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$230.87	PO Box 5990		
		Austin, TX 78763		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
9	expenditure to benefit C/OI		agrit	Office field
	Data			
	Date 09/30/2024	Payee name		
		Richmond, Kristine E.		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$230.88	PO Box 5990		
		Austin, TX 78763		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/15/2024	Richmond, Kristine E.		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$230.87	PO Box 5990		
		Austin, TX 78763		
	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
				Campaign staff payroll
	Operation ONE VIII I	Open distance (Office had deep n	<u> </u>	Office 1 11
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 84/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/31/2024	Richmond, Kristine E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	PO Box 5990
		Austin, TX 78763
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
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/15/2024	Richmond, Kristine E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LA LABITORE	Check if Austin, TX, officeholder living expense Campaign staff payroll
		Campaign stail payroli
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/29/2024	Richmond, Kristine E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 5990
		Austin, TX 78763
	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
		Campaign staff payroll
	Complete ONE Wife direct	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 85/109 Rpt: Phelan, Matthew M. (The Honorable) 00062288 4 Date Payee name 12/13/2024 Richmond, Kristine E. 6 Amount (\$) Payee address; City; State; Zip Code \$230.87 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2024 Richmond, Kristine E. Amount (\$) Payee address; City; State; Zip Code \$230.88 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2024 San Antonio St. Partners Amount (\$) Payee address: City: State; Zip Code \$11,776.02 1402 San Antonio Street Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Rent for campaign office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 86/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/01/2024	Spectrum Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.98	414 S Falkenburg Rd
		Riverview, FL 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	4
	Date	Payee name
	07/01/2024	Spectrum Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.98	415 S Falkenburg Rd
	•	
		Riverview, FL 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	4
	Date	Payee name
	07/01/2024	Spectrum Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.98	416 S Falkenburg Rd
	•	
		Riverview, FL 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign staff internet
		Campaigh stail internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense F		ense ges/Contract Labor	Travel in Distr Travel Out of OTHER (ente	
1	Total pages Schedule F1:		IE atthew M. (The Hor	norablo)			3 Filer ID 00062288	(Ethics Commission Filers)
Ļ	Sch: 87/109 Rpt:		•	iorable)			1 00002288)
4	Date	5 Payee name						
	07/21/2024	Spectrum						
6	Amount (\$)	7 Payee addr		State;	Zip Code	Э		
	\$125.00	417 S Falk 	kenburg Rd					
		Riverview,	FL 77027					
8	PURPOSE	(a) Category (See Categories listed at the t	top of this schedu	ule) (I	Description		
	OF EXPENDITURE		rhead/Rental Expe				outside of Texas. Co	
						Campaign st	n, TX, officeholder liv	ing expense
						Campaign St	an interret	
9	Complete ONLY if direct	Candidate/Ot	fficeholder name	Off	ice sough	nt	Office	held
_	expenditure to benefit C/OI		mocnoider Hame		icc sough		Onice	TIOIG
	Date	Payee nam						
	08/21/2024	Spectrum	Mobile					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Code	Э		
	\$125.00	414 S Falk	cenburg Rd					
		Riverview,	FL 77027					
	PURPOSE	(a) Category (See Categories listed at the t	top of this schedu	ule) (I	Description		
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		<u> </u>	outside of Texas. Co	
						Campaign st	n, TX, officeholder liv taff internet	ing expense
						Jampaign 30		
\vdash	Complete ONLY if direct	Candidate/Of	fficeholder name	Off	ice sough	nt	Office	held
	expenditure to benefit C/OI				9			
—	Date	Payee nam	<u></u> е					
	09/21/2024	Spectrum						
	Amount (\$)	Payee addr		State:	Zip Code	2		
	\$125.00	1	kenburg Rd	Ciaco,	Joan	-		
	+==0.00							
		Riverview,	FL 77027					
	PURPOSE OF		See Categories listed at the t		_{ule)} (i	Description		
	EXPENDITURE	Office Ove	rhead/Rental Expe	nse			outside of Texas. Con, TX, officeholder liv	
						Campaign st		.
						, 5		
	Complete ONLY if direct	Candidate/Ot	fficeholder name	Off	ice sough	nt	Office	held
	expenditure to benefit C/O	H			,			

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 Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 88/109 Rpt: Phelan, Matthew M. (The Honorable) 00062288 4 Date Payee name 10/21/2024 Spectrum Mobile 6 Amount (\$) Payee address; State; Zip Code \$125.00 414 S Falkenburg Rd Riverview, FL 77027 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/21/2024 Spectrum Mobile Amount (\$) Payee address; City; State; Zip Code \$125.00 414 S Falkenburg Rd Riverview, FL 77027 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/21/2024 Spectrum Mobile Amount (\$) Payee address; City: State; Zip Code \$125.00 416 S Falkenburg Rd Riverview, FL 77027 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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	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: 89/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/29/2024	The Laurels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1315 Calder St
		Beaumont, TX 77701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office rental space for campaign events
		Office rental space for earnpaign events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	08/12/2024	USPS
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$196.00	223 N 14th ST
	4100.00	
		Nederland, TX 77627
	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 PO Box renewal
		PO Box Teriewai
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	08/26/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.90	3507 N Lamar Blvd
	Ψ00.00	SSST TELEMAN BITCH
		Austin, TX 78705
	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
		Shipping campaign materials
\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)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 90/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/28/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.45	223 N 14th ST
		Nederland, TX 77627
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/18/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.45	223 N 14th ST
		Nederland, TX 77662
	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 Campaign postage
		Campaign postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/10/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.45	223 N 14th ST
		Nederland, TX 77627
	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 Campaign postage
		Campaign postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 91/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/19/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.45	223 N 14th ST
		Nederland, TX 77627
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign postage
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.94	1455 Market St Ste 400 4th Floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff rideshare fee for campaign travel
		Stall Haeshare ree for earnpaigh traver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.73	1455 Market St Ste 400 4th Floor
	Ψ20.13	1433 Warket St Ste 400 4th 1 1001
		San Francisco, CA 94103
		In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff rideshare fee for campaign travel
	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manage Calculula Edu	
1 Total pages Schedule F1:	
Sch: 92/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4 Date	5 Payee name
07/01/2024	Uber
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.32	1455 Market St Ste 400 4th Floor
Ψ21.02	1400 Mainet of ote 400 4th Floor
	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Staff rideshare fee for campaign travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
07/01/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$21.92	1455 Market St Ste 400 4th Floor
Ψ21.32	1435 Market St Ste 400 4411 1001
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Staff rideshare fee for campaign travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiantare to serionic eye.	
Date	Payee name
07/01/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$44.38	1455 Market St Ste 400 4th Floor
	San Francisco, CA 94103
DUPPOSE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff rideshare fee for campaign travel
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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 93/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	08/04/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
٠	\$22.44	1455 Market St Ste 400 4th Floor	
	Ψ22.44	1400 Market St Ste 400 4th 1 1001	
		0 5	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Thaver out or Pistinet	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		l —	re fee for campaign travel
		3.4	o loo lo. campaign have.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Payee name	
	08/05/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.61	1455 Market St Ste 400 4th Floor	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.
	EXI ENDITORE	│	, TX, officeholder living expense
		Staff ridesnar	e fee for campaign travel
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/06/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.77	1455 Market St Ste 400 4th Floor	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Staff rideshar	e fee for campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 94/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	08/06/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.83	1455 Market St Ste 400 4th Floor	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		itside of Texas. Complete Schedule T.
	EXPENDITURE	·	TX, officeholder living expense
		Staff rideshare	fee for campaign travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	08/06/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.93	1455 Market St Ste 400 4th Floor	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		itside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out of District	TX, officeholder living expense
		Staff rideshare	fee for campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	10/11/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.54		
	Ψ24.04	1400 Market of Ste 400 4th 1 looi	
		San Francisco, CA 94103	
		L. In.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	staids of Tayon Complete Cake-1-1-T
	EXPENDITURE	Thaver out or district	ttside of Texas. Complete Schedule T. FX, officeholder living expense
		1	e fee for campaign travel
		Stall flueshare	. 100 101 dampaign have
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

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

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

	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: 95/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	10/16/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.90	1455 Market St Ste 400 4th Floor
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff rideshare fee for campaign travel
		Gail haddhard foo for dampaigh traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	<u> </u>
	Date	Payee name
	10/16/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.51	1455 Market St Ste 400 4th Floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff rideshare fee for campaign travel
		Stan nuesnare lee loi campaign traver
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/10/2024	United Healthcare
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,456.65	1250 S Capital of Texas Hwy #1
		West Lake, TX 78746
	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
		Campaign healthcare insurance
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
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 Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 96/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	08/12/2024	United Healthcare
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,456.65	1250 S Capital of Texas Hwy #1
		West Lake, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign healthcare insurance
		Campaign neathloare meananee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/11/2024	United Healthcare
_	Amount (\$)	Payee address; City; State; Zip Code
	\$3,456.65	1250 S Capital of Texas Hwy #1
	φ3,450.05	1230 3 Capital of Texas Hwy #1
		West Lake, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign healthcare insurance
		Campaign near and
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/10/2024	United Healthcare
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,073.99	1250 S Capital of Texas Hwy #1
		West Lake, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign healthcare insurance
		Sampaigh healthoare modification
-	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 -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 01 11 F4	
1	Total pages Schedule F1:	
	Sch: 97/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/13/2024	United Healthcare
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,765.32	1250 S Capital of Texas Hwy #1
		West Lake, TX 78746
Ļ	DUDD005	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign healthcare insurance
		Campaign neathicale insulance
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	12/11/2024	United Healthcare
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,765.32	1250 S Capital of Texas Hwy #1
	Ψ2,7 00.02	1200 G Capital of Texas Tilly 112
		West Lake, TX 78746
	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
		Campaign healthcare insurance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit 6/01	1
	Date	Payee name
	07/15/2024	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,441.90	Internal Revenue Service
	+0,	
		Onder LIT 04204
		Ogden, UT 84201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIONALE TO DEHEIR C/OI	1

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 98/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/31/2024	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.29	Internal Revenue Service
		Ogden, UT 84201
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
		Campaign staff payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/31/2024	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,904.86	Internal Revenue Service
		Ogden, UT 84201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2024	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,904.90	Internal Revenue Service
		Ogden, UT 84201
	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 Campaign staff payroll taxes
		Campaigh stail payfoll taxes
_	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 Commit

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a category not listed above)	
1 Total pages Schedule F1: 2 FILER NA	AME		3 Filer ID (Ethics Commission Filers))
Sch: 99/109 Rpt: Phelan,	Matthew M. (The Honorable)		00062288	
4 Date 5 Payee na	me			
08/30/2024 United S	tates Treasury			
6 Amount (\$) 7 Payee ad	dress; City; State	; Zip Code		
\$8,362.78 Internal I	Revenue Service			
	JT 84201			
	(See Categories listed at the top of this sch			
EXPENDITURE Salaries/	Wages/Contract Labor	<u> </u>	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		-	staff payroll taxes	
Complete ONLY if direct Candidate/ expenditure to benefit C/OH	Officeholder name	Office sought	Office held	
Date Payee na	me			
l '	tates Treasury			
Amount (\$) Payee ad		; Zip Code		
l ''	Revenue Service	,		
75,555.52				
Ogden, l	JT 84201			
I OE I	(See Categories listed at the top of this sch			
EXPENDITURE Salaries	Wages/Contract Labor	<u></u>	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		, <u>–</u>	staff payroll taxes	
		J	Company on the control	
Complete ONLY if direct Candidate/ expenditure to benefit C/OH	Officeholder name	Office sought	Office held	
Data Bayas as				
Date Payee na 09/26/2024 United S	me tates Treasury			
	<u> </u>	. 75- 0-d-		
Amount (\$) Payee ad \$6,969.74 Internal I		; Zip Code		
\$6,969.74 Internal i	Revenue Service			
Ogden, l	JT 84201			
PURPOSE (a) Category	(See Categories listed at the top of this sch			
OF Salaries	Wages/Contract Labor		vel outside of Texas. Complete Schedule T.	
		<u>-</u>	stin, TX, officeholder living expense staff payroll taxes	
		Campaign	stall payroll taxes	
Complete ONLY if direct Candidate/	Officeholder name	 Office sought	Office held	
expenditure to benefit C/OH	Cincendide Hame	Jinoc Jougin	Office field	

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:			3 Filer ID (Ethics Commission Filers)
	Sch: 100/109 Rpt:	Phelan, Matthew M. (The Honorable)		00062288
4	Date 10/15/2024	Payee name United States Treasury		
6	Amount (\$) \$6,969.74	Internal Revenue Service	Zip Code	
8	PURPOSE OF EXPENDITURE	Ogden, UT 84201 Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense staff payroll taxes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name O	fice sought	Office held
	Date 10/31/2024	Payee name United States Treasury		
	Amount (\$) \$24.00	Payee address; City; State; Internal Revenue Service Ogden, UT 84201	Zip Code	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense staff payroll taxes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name O	fice sought	Office held
	Date 10/31/2024	Payee name United States Treasury		
	Amount (\$) \$6,726.80	Payee address; City; State; Internal Revenue Service	Zip Code	
		Ogden, UT 84201		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense staff payroll taxes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name O	fice 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/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: 101/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	11/15/2024	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,726.82	Internal Revenue Service
		Ogden, UT 84201
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
		Campaign staff payroll taxes
		Campaign stan payren taxos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/29/2024	United States Treasury
		<u></u>
	Amount (\$)	Payee address; City; State; Zip Code Internal Revenue Service
	\$5,714.64	Internal Revenue Service
		Ogden, UT 84201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
		Campaign stan payren taxos
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
_	Date	Davies name
	12/13/2024	Payee name United States Treasury
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,714.70	Internal Revenue Service
		Ogden, UT 84201
	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 Campaign staff payroll taxes
		Cumpaign stan payron taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 102/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	12/27/2024	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,714.66	Internal Revenue Service
		Ogden, UT 84201
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
		Campaign staff payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	07/11/2024	Verizon
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO Box
		Newark, NJ 07101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff cell phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/11/2024	Verizon
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO Box
		Newark, NJ 07101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff cell phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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	
1	Total pages Schedule F1:	
	Sch: 103/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
L	09/07/2024	Verizon
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code PO Box
		Newark, NJ 07101
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
		Campaign staff cell phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/07/2024	Verizon
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO Box
		Newark, NJ 07101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign staff cell phone
		Campaign stan cen phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	11/07/2024	Verizon
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO Box
L		Newark, NJ 07101
	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
		Campaign staff cell phone
	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/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: 104/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288	
4		5 Payee name		
	12/07/2024	Verizon		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$125.00	PO Box		
		N I. N. 1 07404		
L		Newark, NJ 07101		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	ription neck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Onloc Overneaa/Nerital Expense	neck if Austin, TX, officeholder living expense	
		Cam	paign staff cell phone	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
	· .			
	Date	Payee name		
	12/05/2024	Walmart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$60.58	5017 US-290		
		Austin, TX 78735		
	PURPOSE		odicato co	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	ription neck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	L Ch	neck if Austin, TX, officeholder living expense	
		Provi	isions for legislative member Christmas events	
	Operation ONLY if dispert	Out distant 10ff on holding groups	Office held	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office neid	
_	Data			
	Date 12/31/2024	Payee name Walmart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$227.10	5017 US-290		
		332. 33 233		
		Austin, TX 78735		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription	
	OF EXPENDITURE	Event Expense	neck if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		neck if Austin, TX, officeholder living expense isions for legislative Christmas events	
		1100	isions for registative crimstiffus events	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/Oh		-	
ı				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 105/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	07/15/2024	Watts, Sydney P.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,151.37	PO Box 5990
		Austin, TX 78763
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 Campaign staff payroll
		Campaigh stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/31/2024	Watts, Sydney P.
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,151.38	PO Box 5990
	Ψ1,131.30	1 O Box 3330
		Aughin TV 707C2
L		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign staff payroll
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
F	Date	Payee name
	08/15/2024	Watts, Sydney P.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,151.37	PO Box 5990
	. ,	
		Austin, TX 78763
Н	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
		Campaign staff payroll
L		
1	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1
-		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Phelan, Matthew M. (The Honorable) Sch: 106/109 Rpt: 00062288 4 Date Payee name 08/31/2024 Watts, Sydney P. 6 Amount (\$) Payee address; City; State; Zip Code \$1,151.38 PO Box 5990 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/15/2024 Watts, Sydney P. Amount (\$) Payee address; City; State; Zip Code \$1,151.37 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2024 Watts, Sydney P. Amount (\$) Payee address: City; State; Zip Code \$1,151.38 PO Box 5990 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

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

l	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)	_
l	Sch: 107/109 Rpt:	Phelan, Matthew M. (The Honorable) 00062288	
4	Date	5 Payee name	_
	10/15/2024	Watts, Sydney P.	
6	Amount (\$) \$1,151.37	7 Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/31/2024	Watts, Sydney P.	
	Amount (\$) \$1,151.38	Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	11/15/2024	Watts, Sydney P.	
	Amount (\$) \$1,151.37	Payee address; City; State; Zip Code PO Box 5990	
		Austin, TX 78763	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica			Legal Services	nais Expense			se s/Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment		The Instruction	ո Guide exp	olains how to co	ompl	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers))
	Sch: 108/109 Rpt:		Phelan, Mat	thew M. (The	e Honoral	ble)				00062288		
4	Date	5	Payee name									
	11/29/2024		Watts, Sydn	ey P.								
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	ode					
	\$1,151.38		PO Box 599	0								
			Austin, TX 7	8763								
8	PURPOSE	(a)	Category (Se	e Categories lister	l at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa			uno corrodato)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE									officeholder livin	g expense	
								Campaign sta	ап	payroll		
_		L					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenolder name	9	Office sou	ugnt			Office h	ela	
		_										
	Date		Payee name	_								
	12/13/2024		Watts, Sydn									
	Amount (\$)		Payee addres			State; Zip Co	ode					
	\$1,151.37		PO Box 599	0								
			Austin, TX 7	8763								
	PURPOSE OF	(a)	Category (Se	e Categories listed	at the top of	this schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contrac	t Labor			<u> </u>		de of Texas. Con officeholder livin	nplete Schedule T. g expense	
								Campaign sta			g caponico	
										-		
	Complete ONLY if direct		Candidate/Offic	eholder name)	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									_
	12/31/2024		Watts, Sydn	ey P.								
	Amount (\$)		Payee addres	ss; City;		State; Zip Co	ode					
	\$1,151.38		PO Box 599	0								
			Austin, TX 7	8763								
	PURPOSE	(a)	Category (Se	e Categories lister	Lat the top of	this schedule)	(b)	Description				
	OF	ľ	Salaries/Wa			una scriculic)	`´		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin	g expense	
								Campaign sta	att	payroll		
	0 1. 0	L				0.00	<u>L</u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenolder name	9	Office sou	ught			Office h	eıa	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/C The Instruction Guide explains how to complet	Contract Labor OTHER (enter a category not listed above)
4	Total pages Cab - dul - E4		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 109/109 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	10/15/2024	Wood, Michael	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,900.00	6371 Haven Ave	
	Ψ1,000.00	307171W317W3	
		Rancho Cucamongo, CA 91737	
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.
	2/11/2/10/12		Check if Austin, TX, officeholder living expense
		'	Political research services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 186/275 Phelan, Matthew M. (The Honorable) 00062288 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Payee name 5 Date 12/23/2024 It's All N' the Presentation Amount (\$) Payee address; State; Zip Code \$5,830.35 3965 Phelan Blvd, #106 Beaumont, TX 77707 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Design and decor services for legislative member Christmas events 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Mitchell, Kelly M. 12/31/2024 Amount (\$) Payee address; City; State; Zip Code \$285.53 PO Box 5990 Austin, TX 78763 TYPE OF Non-Political Χ Political **EXPENDITURE**

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(b) Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense
Reimburse cell phone and Uber

(a) Category (See Categories listed at the top of this schedule)

Loan Repayment/Reimbursement

Candidate/Officeholder name

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 187/275 Phelan, Matthew M. (The Honorable) 00062288 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 12/16/2024 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code \$40.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign domain renewal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2024 Murphy Nasica Payee address: Amount (\$) City; State; Zip Code \$5,125.00 PO Box 1648 Austin, TX 78767 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Grassroots consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 188/275 Phelan, Matthew M. (The Honorable) 00062288 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 07/15/2024 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code \$5,125.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Grassroots consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/15/2024 Murphy Nasica Payee address: Amount (\$) City; State; Zip Code \$5,125.00 PO Box 1648 Austin, TX 78767 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Grassroots consulting Complete 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 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 Com	mission Filers)		
Sch: 1/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution k of Commerce	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	RES \$ 5,402.33			
6 PAYMENT	(a) Amount Charged \$36.78	(b) Date of Charge 07/22/2024	(c) Date(s) Credit Card Is 08/11/2024	suer Paid			
7 PAYEE	(a) Payee name Ace Mart	2237 E Riverside Dr, Ste 1			e, Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Provisions for legislative member reception				
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 Officependiture to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged \$60.58	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Is 10/10/2024	suer Paid			
PAYEE	(a) Payee name Ace Mart		(b) Payee address; 2237 E Riverside Dr, S Austin, TX 78741	City, Stat Ste 101B	e, Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Provisions for legislative family Christmas event				
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			
PAYMENT	(a) Amount Charged \$85.31	(b) Date of Charge 10/23/2024	(c) Date(s) Credit Card Is 11/12/2024	suer Paid			
PAYEE	(a) Payee name Ace Mart		(b) Payee address; 2237 E Riverside Dr, S Austin, TX 78741	City, Stat Ste 101B	e, Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Provisions for legislative family Christmas event				
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense			
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

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

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

Candidate/Officeholder/Politica			laries/Wages/Contr		THER (enter a cate	gory not listed al	oove)
	The Inst	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 2/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				_
ISSUER	see pi	revious	EXPEND	ITURES D TO A CREDIT	. \$	5,402.3	33
	·		CARD	D TO A CILEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$54.02	12/05/2024	12/12/2024	4			
	4552						
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			2237 E Riv	erside Dr, Ste	101B		
	Ace Mart						
			Austin, TX	78741			
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Provisions	for legislative n	nember rece	ption	
X Political	Event Expense						
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		Credit Card Issue	r Paid		
	\$28.44	08/01/2024	08/11/2024	4			
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	A	PO Box 81	226				
	Amazon						
		Seattle, WA 98108-1226					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Provisions for legislative family Christmas event				
	Event Expense	,	Provisions	ior legislative i	amily Christi	nas event	
X Political							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,		expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH		L (1) = 1 (-1)	1/1-/1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue 1	r Paid		
	\$165.66	08/01/2024	00/11/202	•			
PAYEE	(a) Payee name		(b) Payee ac		City,	State,	Zip Code
	Amazon		PO Box 81	226			
	, 		0				
DUDDOCE OF	(a) Catagony		(b) Description	A 98108-1226			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` '	for legislative f	amily Christr	nas event	
X Political	Event Expense		T TO VIOLOTIO	ioi logiolativo i	army ormon	1140 010111	
Non-Political	(a) D at 1 in 1 in 1			7	<i></i>		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Offic	e sougnt		Office field		
expenditure to belieff 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 (Etl	nics Commis	sion Filers)
Sch: 3/85 Rpt:	Phelan, Matthew M	I. (The Honorable)		00062288		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	5,402.3	33
6 PAYMENT	(a) Amount Charged \$36.79	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issi 08/11/2024	uer Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-122	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Provisions for legislative			
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 expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$99.59	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issi 08/11/2024	uer Paid		
PAYEE	(a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-122	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Provisions for legislative			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$172.20	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issi 08/11/2024	uer Paid		
PAYEE	(a) Payee name Amazon	,	(b) Payee address; PO Box 81226 Seattle, WA 98108-122	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Provisions for legislative			
Non-Political	(*)	of Texas. Complete Schedule T.		TX, officeholder living ex	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 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 (Ethi	cs Commiss	sion Filers)
Sch: 4/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$	5,402.3	33
6 PAYMENT	(a) Amount Charged \$57.09	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issu 08/11/2024	uer Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-1226	Box 81226		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	(b) Description Provisions for legislative family Christmas event				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Offi			e sought	Office held		
PAYMENT	(a) Amount Charged \$257.04	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issu 09/10/2024	uer Paid		
PAYEE	PAYEE (a) Payee name Amazon			City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Seattle, WA 98108-1226 (b) Description Provisions for legislative			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$25.10	(b) Date of Charge 09/22/2024	(c) Date(s) Credit Card Issu 10/10/2024	uer Paid		
PAYEE	(a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-1226	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Provisions for legislative			
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, 1 e sought	X, officeholder living exp	oense	

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 (Et	3 Filer ID (Ethics Commission Filers)				
Sch: 5/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRICARD	\$	5,402.3	33			
6 PAYMENT	(a) Amount Charged \$114.53	(b) Date of Charge 09/22/2024	(c) Date(s) Credit Card I: 10/10/2024	ssuer Paid					
7 PAYEE	(a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-12	City, 226	State,	Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Provisions for legislative office					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
PAYMENT	(a) Amount Charged \$75.94	(b) Date of Charge 10/20/2024	(c) Date(s) Credit Card I: 11/12/2024	ssuer Paid					
PAYEE	PAYEE (a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-12	City, 226	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Provisions for legislative office						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
PAYMENT	(a) Amount Charged \$59.98	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card I: 11/12/2024	ssuer Paid					
PAYEE	(a) Payee name Amazon		(b) Payee address; PO Box 81226 Seattle, WA 98108-12	City, 226	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Provisions for legislat	ive office					
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austi e sought	in, TX, officeholder living e Office held	xpense				

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: 6/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORNO	\$	5,402.3	33				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$28.94	10/22/2024	11/12/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Amazon									
		Seattle, WA 98108-1226								
8 PURPOSE OF EXPENDITURE										
X Political	1	Overhead/Rental Expense Provisions for legislative of								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	ζ, 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	er Paid						
	\$43.13	10/22/2024	11/12/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Amazon		PO Box 81226							
			Seattle, WA 98108-1226							
PURPOSE OF	(a) Category	(4)	(b) Description							
EXPENDITURE 	(See Categories listed at the top Office Overhead/Ren		Provisions for legislative office							
X Political		ļ.								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	ζ, 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	er Paid						
	\$257.58	10/23/2024	11/12/2024							
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code				
			PO Box 81226							
	Amazon									
			Seattle, WA 98108-1226							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Provisions for legislative	office						
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	ζ, officeholder living exp	ense					
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

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)		
	Sch: 7/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	I Issuer Paid				
		\$27.05	12/13/2024							
7	PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code		
		Amazon		PO Box 81	.226					
L		Seattle,								
8	PURPOSE OF EXPENDITURE	(a) Category	of this schedule)	(b) Descripti						
	Office Overhead/Rental Expense			Provisions	for legislative o	тісе				
	X Political									
L	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				
F	expenditure to benefit C/OH	(a) Amazunt Chausiad	(h) Data of Charge	(a) Data(a) (Sundit Count Income	Daid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	12/12/2024	Credit Card Issuer 4	Palu				
		\$50.39	11/17/2024							
┝	PAYEE	(a) Payee name		(b) Payee ad	ddress:	City,	State,	Zip Code		
		(a) · a) se ···a····e		1 ' '	non Carter Blvd,	-	Otolio,	p		
		American Airlines								
				Fort Worth	, TX 76155					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Description						
	EXPENDITURE	Fees	of this scriedule)	Airline fees for campaign staff for political trip						
l	X Political									
L	Non-Political	\(\frac{1}{2}\)	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	() (T (1) = 1 (2)	1,,,,,,,						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer 4	Paid				
		\$861.95	11/17/2024	12,12,202	•					
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ddress:	City,	State,	Zip Code		
		(a) r ayou name		1 ` '	non Carter Blvd,		Otato,	Zip Code		
		American Airlines		1200 7 411111	ion dantor biva,					
				Fort Worth	, TX 76155					
Г	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Airfare for	campaign staff	for political trip				
	X Political	Traver out or District								
L	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 (Ethics Co	ommission Filers)					
Sch: 8/85 Rpt:	Phelan, Matthew M	I. (The Honorable)		00062288						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5,	,402.33					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$1,345.34	07/22/2024	08/11/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, S	State, Zip Code					
	ATX Cocina		110 San Antonio St, #170							
			Austin, TX 78701							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	diagram malitical in						
X Political	Food/Beverage Expe	·	Meeting with members to	uiscuss political is	sues					
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 \$116.00	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issue 08/11/2024	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, S	State, Zip Code					
	(a) r ayee name		3600 Presidential Blvd	Oity,	tate, Zip Code					
	Austin-Bergstrom Ir	nternational	2.70							
			Austin, TX 78719							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking for legislative conference trip							
X Political	rees									
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	ce sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$46.00	10/11/2024	11/12/2024							
PAYEE	(a) Payee name	I	(b) Payee address;	City, S	State, Zip Code					
			3600 Presidential Blvd	•	•					
	Austin-Bergstrom Ir	nternational								
			Austin, TX 78719							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking for campaign fund	draising trip						
X Political										
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										

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: 9/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged \$64.00	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer 11/12/2024	Paid							
7 PAYEE	(a) Payee name Austin-Bergstrom Ir	nternational	(b) Payee address; 3600 Presidential Blvd	City,	State,	Zip Code					
	(-) 0 - +		Austin, TX 78719								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking for campaign func	Iraising trip							
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	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue 11/12/2024			· Paid							
PAYEE	PAYEE (a) Payee name			City,	State,	Zip Code					
	Austin-Bergstrom Ir	nternational	3600 Presidential Blvd								
	() 0 :		Austin, TX 78719								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking for campaign func	Iraising trip							
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	·	e sought	Office held							
expenditure to benefit C/OH			· ·								
PAYMENT	(a) Amount Charged \$43.00	(b) Date of Charge 11/20/2024	(c) Date(s) Credit Card Issuer 12/12/2024	Paid							
Austin-Bergstrom International			(b) Payee address; 3600 Presidential Blvd Austin, TX 78719	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees			(b) Description Parking for campaign fund	Iraising trip							
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							

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	ics Commiss	sion Filers)				
Sch: 10/85 Rpt:	Phelan, Matthew M.	(The Honorable)			00062288						
4 CREDIT CARD ISSUER	Name of finan see pr	evious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	5,402.3	33				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid						
	\$282.39	12/19/2024									
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code				
	Avis		7010 State	Hwy 71							
			Austin, TX								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Descripti								
X Political	Transportation Equipm Expense		Rental car	for political trip							
Non-Political	— —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	State, Zip Code					
9 Complete ONLY if direct	·			_	Office held						
expenditure to benefit C/OH											
				Credit Card Issuer	Paid						
	\$284.26	1.26 07/16/2024 08/11/2024									
PAYEE	PAYEE (a) Payee name			ddress;	City,	State,	Zip Code				
	Central Market		4001 N La	mar Blvd							
			Austin, TX	78756							
PURPOSE OF	(a) Category		(b) Descripti								
EXPENDITURE X Political	(See Categories listed at the top of Food/Beverage Exper		Provisions for legislative member reception								
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Chack if Austin TV	officeholder living exp	nonco					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	<u>L</u> e sought	Check ii Austin, 1X,	Office held	Delise					
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	· Paid						
	\$142.78	07/21/2024	08/11/2024	4							
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code				
	O STATE OF THE STA		4001 N La	mar Blvd							
	Central Market										
			Austin, TX								
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				on for locialative m		ion					
l <u> </u>	Food/Beverage Expense			for legislative n	nember recept	1011					
X Political				-							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	Office hold	pense					
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought					Office held						
copenditure to beliefft C/On	enditure 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 (I	Ethics Commiss	sion Filers)	
	Sch: 11/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s \$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$47.15	(b) Date of Charge 09/27/2024	(c) Date(s) Credit C 10/10/2024	Card Issuer Paid			
7	PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N Lamar Bl	vd	State,	Zip Code	
Ļ	DUDDOOT 05	(a) Cataman		Austin, TX 78756 (b) Description	j 			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	ategories listed at the top of this schedule) Provisions for legislative					
				if Austin, TX, officeholder living	j expense			
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue 10/10/2024		card Issuer Paid				
	PAYEE	Central Market 4001 N Lan		(b) Payee address; 4001 N Lamar Bl Austin, TX 78756	vd	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for leg				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living	j expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$139.85	(b) Date of Charge 10/03/2024	(c) Date(s) Credit C 10/10/2024	Card Issuer Paid			
	PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N Lamar Bl Austin, TX 78756	vd	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	SE OF (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			gislative office			
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			ule T. Check if Austin, TX, officeholder living expense				
е	Complete <u>ONLY</u> 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

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: 12/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$32.80	(b) Date of Charge 10/07/2024	(c) Date(s 10/10/20) Credit Card Issuer)24	Paid		
7	PAYEE	(a) Payee name Central Market		(b) Payee 4001 N L Austin, T	∟amar Blvd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Provision				
					officeholder living exp	ense		
9	· —			Office held				
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$38.26	(b) Date of Charge 10/18/2024	(c) Date(s 11/12/20) Credit Card Issuer)24	Paid		
	PAYEE	(a) Payee name Central Market			∟amar Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, T (b) Descri Provision		office		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$63.14	(b) Date of Charge 10/18/2024	(c) Date(s 11/12/20) Credit Card Issuer)24	Paid		
	PAYEE	(a) Payee name Central Market		(b) Payee 4001 N L Austin, T	_amar Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Provision	ption ns for legislative o	office		
L	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 sought Office held							
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 (Ethic	s Commiss	sion Filers)	
	Sch: 13/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$224.50	(b) Date of Charge 10/28/2024	(c) Date(s) (11/12/202	Credit Card Issuer 4	Paid			
7	PAYEE	(a) Payee name Central Market		(b) Payee at 4001 N La	mar Blvd	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX (b) Descripti Provisions		ffice			
				Check if Austin, TX,	officeholder living expe	ense			
ı	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder				Office held			
	PAYMENT	(a) Amount Charged \$120.14	(b) Date of Charge 11/04/2024	(c) Date(s) (11/12/202	Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name Central Market		(b) Payee at 4001 N La Austin, TX	mar Blvd	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descripti		ffice			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held			
	PAYMENT	(a) Amount Charged \$316.32	(b) Date of Charge 11/12/2024	(c) Date(s) (12/12/202	Credit Card Issuer 4	· Paid			
	PAYEE	(a) Payee name Central Market		(b) Payee at 4001 N La Austin, TX	mar Blvd	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Provisions for legislative			on	ffice			
	Non-Political	(6)			Check if Austin, TX,	officeholder living expe	ense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder name Office 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 (Ethi	cs Commiss	sion Filers)					
Sch: 14/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged \$34.95	(b) Date of Charge 11/20/2024	(c) Date(s) Credit Card Issuer 12/12/2024	Paid							
7 PAYEE	(a) Payee name Central Market		(b) Payee address; 4477 S Lamar Blvd	City,	State,	Zip Code					
	() -		Austin, TX 78756								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative o	ffice							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	iceholder living expense						
expenditure to benefit C/OH			e sought	Office held							
PAYMENT	(a) Amount Charged \$142.22	(b) Date of Charge 11/20/2024	(c) Date(s) Credit Card Issuer 12/12/2024	Paid							
PAYEE	(a) Payee name Central Market	(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative o	office							
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 \$17.67	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer 12/12/2024	Paid							
Central Market 4001 N Lam			(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	(b) Description Provisions for legislative o	office								
Non-Political	(c) Check if travel outside		officeholder living exp	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 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: 15/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$61.27	(b) Date of Charge 12/03/2024	(c) Date(s 12/12/20) Credit Card Issue 124	r Paid				
7	PAYEE	(a) Payee name Central Market		(b) Payee 4001 N L Austin, T	amar Blvd	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Provisions for legislative								
	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 expenditure to benefit C/OH				Office held						
L	•	(-) A	(h) Data at Obania	(-) D -+- (-)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- D-1-I				
	PAYMENT	(a) Amount Charged \$236.13	(b) Date of Charge 12/03/2024	12/12/20) Credit Card Issue 124	r Paid				
	PAYEE	(a) Payee name Central Market		(b) Payee 4001 N L Austin, T	.amar Blvd	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		Christmas eve	nts			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$242.66	(b) Date of Charge 12/03/2024	(c) Date(s)) Credit Card Issue 124	r Paid				
	PAYEE	(a) Payee name Central Market		(b) Payee 4001 N L Austin, T	amar Blvd	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	PENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense Provisions for legislative Christmas expense				Christmas eve	nts			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living ex	pense			
e	Complete ONLY if direct expenditure to benefit C/OH	e sought		Office held						
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

l		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 16/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$13.14	(b) Date of Charge 12/05/2024	(c) Date(s) C 12/12/2024	redit Card Issuer 1	Paid		
7	PAYEE	(a) Payee name Central Market		(b) Payee ad 4001 N Lar	mar Blvd	City,	State,	Zip Code
Ļ	DUDDOG 05	(a) Cataman		Austin, TX				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions	for legislative o	office		
				Check if Austin, TX,	officeholder living exp	ense		
9				e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$39.95	(b) Date of Charge 12/05/2024	(c) Date(s) C 12/12/2024	redit Card Issuer 1	Paid		
Г	PAYEE (a) Payee name (b) Payee a			(b) Payee ad	ldress;	City,	State,	Zip Code
		Central Market		4001 N Lar	mar Blvd			
L				Austin, TX 78756				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Descriptions	on for legislative n	nember recept	ion	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Oneok ii 7 dodini, 17X,	Office held		
6	expenditure to benefit C/OH			. .				
	PAYMENT	(a) Amount Charged \$205.09	(b) Date of Charge 12/05/2024	(c) Date(s) C 12/12/2024	redit Card Issuer I	Paid		
Г	PAYEE	(a) Payee name	ı	(b) Payee ad	ldress;	City,	State,	Zip Code
		Central Market (b) Lamar Blvd			mar Blvd			
L				Austin, TX				
	PURPOSE OF EXPENDITURE X Political	1 1 2 1			on for legislative n	nember recept	ion	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			lule T. Check if Austin, TX, officeholder living expense				
€	Complete ONLY if direct expenditure to benefit C/OH	·	e sought	1	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 (Ethics Co	mmissi	on Filers)	
	Sch: 17/85 Rpt:	Phelan, Matthew M	. (The Honorable)	00062288			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5,	402.3	3
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issue 12/12/2024	er Paid		
7	PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City, S	tate,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative	member reception		
	Non-Political	Check if Austin, TX	, officeholder living expense				
ı	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	Office held				
	PAYMENT	(a) Amount Charged \$664.30	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issue 12/12/2024	er Paid		
	PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City, S	tate,	Zip Code
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Provisions for legislative			
		· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		C, officeholder living expense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$103.87	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issue 12/12/2024	er Paid		
	PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City, S	tate,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Provisions for legislative	Christmas events		
L	Non-Political	· · · —	of Texas. Complete Schedule T.		C, officeholder living expense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Öffice	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 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: 18/85 Rpt:	Phelan, Matthew M	I. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	 \$	5,402.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ırd Issuer Paid			
	\$430.40	12/06/2024	12/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Central Market		4001 N Lamar Blv	d			
			Austin, TX 78756				
8 PURPOSE OF EXPENDITURE	(a) Category	of this schedule)	(b) Description				
X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense Provisions for legislative				ents		
				Austin, TX, officeholder living	expense		
Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH	penditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid			
	\$99.93	12/12/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Central Market		4001 N Lamar Blv	d			
	Central Market						
			Austin, TX 78756				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Provisions for legislative office				
l <u>—</u>	Food/Beverage Expe		Provisions for legislative office				
X Political							
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		Austin, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	(-) A	(h) D-t(Ob	(-) D-+- (-) O	ad Issues Baid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ira issuer Pala			
	\$150.00	12/27/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
''	(a) Fayee name		1000 E 5th St	City,	Siale,	Zip Code	
	Corazon		1000 L 3til 3t				
			Austin, TX 78702				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)			legislative member	residence		
X Political	Fees						
Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if	Austin, TX, officeholder living	expense		
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 Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)
	Sch: 19/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$200.00	12/27/2024					
7	PAYEE	(a) Payee name Corazon		(b) Payee 1000 E 5		City,	State,	Zip Code
				Austin, T				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Deposit fee for legislative member resider				
					Check if Austin, TX	officeholder living exp	oense	
9	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$879.97	(b) Date of Charge 11/22/2024	(c) Date(s 12/12/20) Credit Card Issue 024	r Paid		
	PAYEE	EE (a) Payee name (b) Payee address;			City,	State,	Zip Code	
		Dominion Forms In	С	2501 ML	K Drive			
L				Orange,	TX 77630			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri	ption campaign mater	ials		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	nonco	
┝	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Crieck if Austin, 17.	Office held	Delise	
6	expenditure to benefit C/OH			Ü				
	PAYMENT	(a) Amount Charged \$212.13	(b) Date of Charge 11/12/2024	(c) Date(s)) Credit Card Issue)24	r Paid		
	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
		DropBox		1800 Ow	ens St			
				San Fran	ncisco, CA 94158	3		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri Campaig	ption yn software subso	cription		
	Non-Political	(c) Chock if traval autoida	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living and	nonco	
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		e sought	Crieck if Austin, TX,	office held	Jense	
expenditure to benefit C/OH					Omoo nou			
Н		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 thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 20/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$191.52	(b) Date of Charge 11/24/2024	(c) Date(s) C 12/12/2024	Credit Card Issuer 4	Paid			
7	PAYEE	(a) Payee name DropBox		(b) Payee ac 1800 Ower	ns St	City,	State,	Zip Code	
Ļ		() 0 :		 	sco, CA 94158				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign	on software subsc	cription			
				Check if Austin, TX,	officeholder living exp	ense			
9	o complete <u>o re</u> il allost			e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$873.80	(b) Date of Charge 08/07/2024	(c) Date(s) C 08/11/2024	Credit Card Issuer 4	Paid			
	PAYEE (a) Payee name (b) I		(b) Payee ac	ldress;	City,	State,	Zip Code		
		Embassy Suites		501 S 4th S					
L		() 0 :		Louisville, KY 40202 (b) Description					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)		on r staff attending	legislative cor	nference		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin. TX.	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
6	expenditure to benefit C/OH			Ü					
	PAYMENT	(a) Amount Charged \$266.30	(b) Date of Charge 10/12/2024	(c) Date(s) C 11/12/2024	Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name Enterprise Rent-A-0	Car	(b) Payee ac 7366 Ceda Dallas, TX	ır Springs Rd	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (b) Description			for political trip				
L		Non-Political (c) Check if travel outside of Texas. Complete Schedule T. ete ONLY if direct Candidate/Officeholder name Office soud			Check if Austin, TX,	officeholder living exp	ense		
E	Complete ONLY if direct expenditure to benefit C/OH	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:	1: 2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 21/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	5,402.33		
6	PAYMENT	(a) Amount Charged \$272.45	(b) Date of Charge 10/17/2024	(c) Date(s) 11/12/20	Credit Card Issue 24	er Paid			
7	PAYEE	(a) Payee name Enterprise Rent-A-0	Car	(b) Payee a 7366 Ced	lar Springs Rd	City, State, Zip Cod			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip)			
	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			
	PAYMENT	(a) Amount Charged \$217.21	(b) Date of Charge 10/23/2024	(c) Date(s) 11/12/20	Credit Card Issue 24	er Paid			
	PAYEE (a) Payee name Enterprise Rent-A-Car		Car	(b) Payee 2604 E 8	th St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	*	Odessa, (b) Descrip Rental ca)			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$394.92	(b) Date of Charge 12/16/2024	(c) Date(s)	Credit Card Issue	er Paid			
	PAYEE	(a) Payee name Enterprise Rent-A-0	Car	(b) Payee 8 816 Colo Austin, T	rado St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Descrip Rental ca	r for political trip				
_	Non-Political	(*) 	of Texas. Complete Schedule T.	o coucht	Check if Austin, TX	Cffice hold	ense		
e	Complete ONLY if direct xpenditure 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 (Ethics Comm	nission Filers)					
Sch: 22/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5,40	2.33			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$5,000.00	08/26/2024	09/10/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code			
	Four Seasons		98 San Jacinto Blvd	vd				
			Austin, TX 78701					
8 PURPOSE OF EXPENDITURE								
X Political	(See Categories listed at the top of this schedule) Event Expense Campaign fundraiser even			nt space				
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 \$24.00	(b) Date of Charge 09/09/2024	(c) Date(s) Credit Card Issuer Paid 10/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code			
	(3)		98 San Jacinto Blvd	- 3 ,	., [
	Four Seasons							
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking fee for campaign fundraiser event					
X Political	1 003							
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	ce sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$24.00	09/09/2024	10/10/2024					
PAYEE	(a) Payee name	l .	(b) Payee address;	City, State	e, Zip Code			
			98 San Jacinto Blvd					
	Four Seasons							
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking fee for campaign	fundraiser event				
X Political								
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								

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	s Commiss	sion Filers)			
	Sch: 23/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 5,402.33		33		
6	PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 09/09/2024	(c) Date(s) (10/10/202	Credit Card Issuer 4	d Issuer Paid				
		,								
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Four Seasons		98 San Ja	cinto Blvd					
				Austin, TX	78701					
8	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking fe	e for campaign	fundraiser ever	nt			
	X Political	Fees								
	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				
ex	penditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid				
		\$4,422.08	09/11/2024	10/10/202	4					
PAYEE (a) Payee name		(b) Payee a		City,	State,	Zip Code				
		Four Seasons		98 San Jacinto Blvd						
				Austin, TX	78701					
	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE	(See Categories listed at the top	· ·	Catering services for campaign fundraiser event						
	X Political	Food/Beverage Expe	nse							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	x, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
ex	kpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 12/12/2024						
		\$9,502.65	11/22/2024	12/12/202	-					
\vdash	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
				98 San Jacinto Blvd						
		Four Seasons								
				Austin, TX	78701					
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Event Expense	or this schedule)	Campaign	fundraiser ever	nt space				
	X Political									
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
ex	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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME					nics Commiss	sion Filers)		
	Sch: 24/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	. OF UNITEMIZED NDITURES GED TO A CREDIT	\$	\$ 5,402.33			
6	PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 12/04/2024	12/12/20		r Paid				
7	PAYEE	(a) Payee name (b) Payee address; 98 San Jacinto Blvd Austin, TX 78701			City, State, Zip Co					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Parking fee for campa			ption	ı fundraiser event				
	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 expenditure to benefit C/OH				e sought		Office held				
	PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 12/04/2024	(c) Date(s	s) Credit Card Issue 024	er Paid				
	PAYEE (a) Payee name Four Seasons				address; Jacinto Blvd TX 78701	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking fee for campaign fundraiser event						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 12/04/2024	(c) Date(s 12/12/20	s) Credit Card Issue 024	r Paid				
	PAYEE	(a) Payee name Four Seasons			address; Jacinto Blvd	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	,	(b) Descri Parking	fee for campaign					
\vdash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o oouelet	Check if Austin, TX	, officeholder living ex	rpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains hov	v to complete this form.						
1 Total pages Schedul	ges Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 25/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRECARD	\$	5,402.3	33			
6 PAYMENT	(a) Amount Charged \$2,056.72	(b) Date of Charge 11/11/2024	(c) Date(s) Credit Card Is: 12/12/2024	suer Paid					
7 PAYEE	(a) Payee name Haverty's	4301 W William Cannon Dr			City, State, Zip Co n Dr				
8 PURPOSE OF EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)			office					
X Political	X Political Office Overhead/Rental Expense								
Non-Political	\ \frac{1}{2}	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			older living expense				
· ·	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Officeholder name			Office held					
PAYMENT	(a) Amount Charged \$79.91	(b) Date of Charge 11/17/2024	(c) Date(s) Credit Card Is: 12/12/2024	suer Paid					
PAYEE	PAYEE (a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			ription ons for legislative office					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if di expenditure to benefit		name Offic	ce sought	Office held					
PAYMENT	(a) Amount Charged \$136.47	(b) Date of Charge 11/17/2024	(c) Date(s) Credit Card Is: 12/12/2024	suer Paid					
PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for legislative office					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense				
Complete ONLY if di expenditure to benefit		name Offic	ce sought	Office held					
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:	otal pages Schedule F4: 2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)			
	Sch: 26/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	\$ 5,402.33				
6	PAYMENT	(a) Amount Charged \$325.80	(b) Date of Charge 07/02/2024	(c) Date(s) 07/11/20	Credit Card Issue 24	er Paid					
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City, State, Zip Coo					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Provisions for legislative			office						
	Non-Political		· <u>L</u>			, officeholder living ex	officeholder living expense				
9 Complete ONLY if direct candidate/Officeholder name Office expenditure to benefit C/OH				e sought		Office held					
	PAYMENT	(a) Amount Charged \$30.24	(b) Date of Charge 07/10/2024	(c) Date(s) 08/11/20	Credit Card Issue 24	er Paid					
	PAYEE (a) Payee name HEB			(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative office							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living ex	pense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$56.89	(b) Date of Charge 07/17/2024	(c) Date(s) 08/11/20) Credit Card Issue 24	er Paid					
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	nse	(b) Descri	otion is for legislative (office					
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
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

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	ics Commiss	sion Filers)		
Sch: 27/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 5,402.33				
6 PAYMENT	(a) Amount Charged \$67.50	(b) Date of Charge 07/17/2024	(c) Date(s) 08/11/20) Credit Card Issuei 124	Paid				
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, S 1000 E 41st St				Zip Code		
8 PURPOSE OF	(a) Category		Austin, T						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Provisions for legislative of the control of this schedule)			office					
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	() 4 () 4	[(1) D () (0)	100000) O 1'' O 11	D : 1				
PAYMENT	(a) Amount Charged \$124.67	(b) Date of Charge 07/18/2024	(c) Date(s)) Credit Card Issuei 124	Paid				
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	HEB		1000 E 4	1st St					
			Austin, T	X 78751					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption ns for legislative o	office				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living exp	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	<u> </u>	Office held				
PAYMENT	(a) Amount Charged \$138.52	(b) Date of Charge 07/19/2024	(c) Date(s) 08/11/20) Credit Card Issuer 124	Paid				
PAYEE	(a) Payee name HEB		(b) Payee 2652 Lak Austin, T	ke Austin Blvd	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		nember recept	tion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
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 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

Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 28/85 Rpt: Phelan, Matthew M. (The Honorable) 00062288 **CREDIT CARD** Name of financial institution **TOTAL OF UNITEMIZED** 5,402.33 **EXPENDITURES ISSUER** see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 08/11/2024 07/21/2024 \$81.48 PAYEE (a) Payee name (b) Payee address; Citv. State. Zip Code 1000 E 41st St **HEB** Austin, TX 78751 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Provisions for legislative member reception Food/Beverage Expense X Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 08/11/2024 \$94.87 07/30/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1000 E 41st St HEB Austin, TX 78751 PURPOSE OF (a) Category (b) Description (See Categories listed at the top of this schedule) **EXPENDITURE** Provisions for legislative office Food/Beverage Expense x Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH (b) Date of Charge PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid 08/11/2024 \$178.53 07/30/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1000 E 41st St **HEB** Austin, TX 78751 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Provisions for legislative office Food/Beverage Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office 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 (Ethic	s Commiss	ion Filers)			
	Sch: 29/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	5,402.3	33			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$29.01	07/31/2024	08/11/202	4						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		LIED		1801 E 51	st St						
		HEB									
				Austin, TX 78723							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript							
	X Political	Food/Beverage Expe		Provisions	for legislative o	опісе					
	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						
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$196.84	07/31/2024	08/11/202	4						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		HEB		1000 E 41	st St						
		1125									
	DUDDOS 05	(a) Cataman		Austin, TX							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Provisions for legislative office							
	X Political	Food/Beverage Expe	nse	Provisions for legislative office							
	Non-Political			_ <u>_</u>							
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Onici	e sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid					
	TATMENT	.,		09/10/202		i aid					
		\$85.19	08/14/2024								
\vdash	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code			
		(a) r a) se mame		1000 E 41		0.09,	Otato,	p			
		HEB									
				Austin, TX	78751						
Г	PURPOSE OF	(a) Category		(b) Descript							
	EXPENDITURE	URE (See Categories listed at the top of this schedule)			for legislative o	office					
	X Political	Food/Beverage Expense									
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi				officeholder living exp	ense				
	Complete ONLY if direct	omplete ONLY if direct Candidate/Officeholder name Office				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 thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 30/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	5,402.3	33
6 PAYMENT	(a) Amount Charged \$200.22	(b) Date of Charge 08/14/2024	(c) Date(s) C 09/10/2024	Credit Card Issuer 4	r Paid		
7 PAYEE	(a) Payee name HEB		(b) Payee at 1000 E 41s	st St	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description		office		
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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$124.39	(b) Date of Charge 08/16/2024	(c) Date(s) C 09/10/2024	credit Card Issuer 4	r Paid		
PAYEE	(a) Payee name HEB		(b) Payee ac 1000 E 41s Austin, TX	st St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative office				
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 \$268.26	(b) Date of Charge 08/27/2024	(c) Date(s) C 09/10/2024	Credit Card Issuer 4	r Paid		
PAYEE	(a) Payee name HEB		(b) Payee ac 1000 E 41s Austin, TX	st St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descriptions	on for legislative o	office		
Non-Political	`	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		

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: 31/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$74.71	(b) Date of Charge 08/28/2024	(c) Date(s) 09/10/20) Credit Card Issuei 124	r Paid		
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	11st St	City,	State,	Zip Code
Ļ	PURPOSE OF	(a) Category		Austin, T (b) Descri				
8	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper			ns for legislative n	nember recept	ion	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9		Candidate/Officeholder	name Office	e sought		Office held		
Ű	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$5.96	(b) Date of Charge 08/29/2024	(c) Date(s 09/10/20) Credit Card Issuei 024	r Paid		
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		HEB		1000 E 4	11st St			
L				Austin, T	X 78751			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative member reception				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	nonco	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Austin, 17,	Office held	Jerise	
	expenditure to benefit C/OH			g				
	PAYMENT	(a) Amount Charged \$13.12	(b) Date of Charge 08/29/2024	(c) Date(s 09/10/20) Credit Card Issuer 124	r Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	11st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		member recept	ion	
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
€	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 (Ethics Commission Filers)			
Sch: 32/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDICARD	\$ 5,402.33			
6 PAYMENT	(a) Amount Charged \$30.15	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issue 09/10/2024	er Paid			
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative member reception				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	t C/OH			Office held			
PAYMENT	(a) Amount Charged \$49.38	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issue 09/10/2024	er Paid			
PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Description Provisions for legislative member reception				
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			
PAYMENT	(a) Amount Charged \$113.00	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issue 09/10/2024	er Paid			
PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Provisions for legislative	member reception			
Non-Political (c) Check if travel outside of Texas. Complete Schedule			_	K, 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	-	THER (enter a category	not iisteu a	bove)	
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 33/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288		,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$164.40	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issue 09/10/2024	r Paid			
7	PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Austin, TX 78751 (b) Description Provisions for legislative r	member reception			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$229.24	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issue 09/10/2024	r Paid			
	PAYEE (a) Payee name HEB			(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative member reception				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$23.18	(b) Date of Charge 08/30/2024	(c) Date(s) Credit Card Issue 09/10/2024	r Paid			
	PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Provisions for legislative of	office				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exper	nse			
е	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 this fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 34/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF L EXPENDITU CHARGED T CARD		\$	5,402.3	33
6 PAYMENT	(a) Amount Charged \$45.27	(b) Date of Charge 08/31/2024	(c) Date(s) Cred 09/10/2024	lit Card Issuer	Paid		
7 PAYEE	(a) Payee name HEB		(b) Payee address 500 Canyon F	Ridge Dr	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative member reception				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	andidate/Officeholder name Office sought			Office held		
PAYMENT	(a) Amount Charged \$216.51	(b) Date of Charge 09/04/2024	(c) Date(s) Cred 09/10/2024	lit Card Issuer	Paid		
PAYEE	(a) Payee name HEB		(b) Payee address 1000 E 41st S Austin, TX 78	St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description Provisions for		office		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$143.64	(b) Date of Charge 09/12/2024	(c) Date(s) Cred 10/10/2024	lit Card Issuer	Paid		
PAYEE	(a) Payee name HEB		(b) Payee address 1000 E 41st S Austin, TX 78	St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for		office		
Non-Political (c) Check if travel outside of Texas. Complete Schedule 1				neck if Austin, TX,	officeholder living exp	oense	
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 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: 35/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$44.32	(b) Date of Charge 09/18/2024	(c) Date(s 10/10/20) Credit Card Issue 124	er Paid		
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		e office		
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH	()		145-14				
	PAYMENT	(a) Amount Charged \$695.22	(b) Date of Charge 09/18/2024	(c) Date(s)) Credit Card Issue 124	er Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	1st St	City,	State,	Zip Code
\vdash	PURPOSE OF	(a) Category		Austin, T (b) Descri				
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Provisions for legislative member reception				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$308.20	(b) Date of Charge 09/19/2024	(c) Date(s)) Credit Card Issue 124	er Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Descri	otion ns for legislative	office		
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense	
е	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 Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Etl	nics Commiss	sion Filers)	
	Sch: 36/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$7.56	(b) Date of Charge 09/24/2024	(c) Date(s 10/10/20) Credit Card Issu 124	er Paid			
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	11st St	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Descri		e office			
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	kpense		
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$352.33	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issu 124	er Paid			
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	11st St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78751 (b) Description Provisions for legislative office					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$29.34	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issu 124	er Paid			
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descri	ns for legislative				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX	K, officeholder living e	kpense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
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 Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 37/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$210.53	09/26/2024	10/10/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	HEB		1000 E 41st St				
			Austin, TX 78751				
8 PURPOSE OF	(a) Category	-f.4b-illl)	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Provisions for legislative	member reception			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	nse		
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	er Paid			
	\$43.03	09/27/2024	10/10/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	HEB		1000 E 41st St				
			Austin, TX 78751				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Provisions for legislative office				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	nse		
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			
	\$54.90	09/27/2024	10/10/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			1000 E 41st St	<i>y.</i>		·	
	HEB						
			Austin, TX 78751				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	•	Provisions for legislative	office			
X Political	. Jour Develage Exper						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	nse		
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 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: 38/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged \$127.43	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer 10/10/2024	r Paid							
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St	City,	State,	Zip Code					
			Austin, TX 78751								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$88.11	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer 10/10/2024	Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB		1000 E 41st St								
			Austin, TX 78751								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
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	·	e sought	Office held							
PAYMENT	(a) Amount Charged \$56.36	(b) Date of Charge 10/04/2024	(c) Date(s) Credit Card Issuer 10/10/2024	r Paid							
PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for legislative office								
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							

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	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
	Sch: 39/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$75.52	(b) Date of Charge 10/04/2024	(c) Date(s) 10/10/20	Credit Card Issu 24	er Paid		
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descrip		e office		
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense	
	Complete ONLY if direct xpenditure to benefit C/OH				Office held			
	PAYMENT	(a) Amount Charged \$115.66	(b) Date of Charge 10/07/2024	(c) Date(s) 10/10/20	Credit Card Issu 24	er Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	1st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78751 (b) Description Provisions for legislative office				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$270.69	(b) Date of Charge 10/07/2024	(c) Date(s) 10/10/20	Credit Card Issu 24	er Paid		
	PAYEE	(a) Payee name HEB	1	(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Descrip Provision	tion s for legislative	office		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX	K, officeholder living ex	pense	
e	Complete ONLY if direct xpenditure 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 (Et	hics Commiss	sion Filers)					
Sch: 40/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$98.04	10/08/2024	11/12/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB		1000 E 41st St								
			Austin, TX 78751								
8 PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Provisions for legislativ	e office							
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				Office held							
expenditure to benefit C/OH	liture to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$19.98	10/09/2024	11/12/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB		1000 E 41st St								
			Austin, TX 78751								
PURPOSE OF	(a) Category	of this cohodule)	(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Provisions for legislative office								
X Political											
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 Iss	uer Paid							
	\$19.98	10/09/2024	11/12/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			1000 E 41st St								
	HEB										
			Austin, TX 78751								
PURPOSE OF	(a) Category	of this cahadula)	(b) Description								
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			e office							
X Political	X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		TX, 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 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 (Ethi	cs Commiss	sion Filers)
	Sch: 41/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$125.29	(b) Date of Charge 10/09/2024	(c) Date(s) C 11/12/2024	Credit Card Issuer 4	Paid		
7	PAYEE	(a) Payee name HEB		(b) Payee at 1000 E 41s		City,	State,	Zip Code
L				Austin, TX				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descriptions	on for legislative o	ffice		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	xpenditure to benefit C/OH			e sought		Office held		
\$48.22 10/15			(b) Date of Charge 10/15/2024	(c) Date(s) C 11/12/2024	Credit Card Issuer 4	^r Paid		
Г	PAYEE (a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
		HEB		1000 E 419				
L		() 2		Austin, TX				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descriptions	on for legislative o	office		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$84.56	(b) Date of Charge 10/15/2024	(c) Date(s) C 11/12/2024	Credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name HEB		(b) Payee ac 1000 E 41s Austin, TX	st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	PENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Provisions for legislative office				_
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
ε	Complete <u>ONLY</u> 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:		3 Filer ID (Ethi	cs Commis	sion Filers)					
	Sch: 42/85 Rpt:	Phelan, Matthew M	an, Matthew M. (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$34.60	(b) Date of Charge 10/17/2024	(c) Date(s 11/12/20) Credit Card Issuel)24	r Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee	11st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		Austin, T (b) Descri Provision		office				
	X Political				_					
Ļ	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
9 -	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	marile Office	e sought		Office field				
	PAYMENT	(a) Amount Charged \$131.19	(b) Date of Charge 10/17/2024	(c) Date(s 11/12/20) Credit Card Issuel)24	r Paid				
	PAYEE	(a) Payee name		(b) Payee 1000 E 4		City,	State,	Zip Code		
L		() 2		Austin, T						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri Provision	ption ns for legislative c	office				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$317.73	(b) Date of Charge 10/17/2024	(c) Date(s 11/12/20) Credit Card Issuel)24	r Paid				
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	11st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		office				
	Non-Political	` 1	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				
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 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: 43/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged \$9.40	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Card Issuer 11/12/2024	Paid							
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St	City,	State,	Zip Code					
			Austin, TX 78751								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
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 \$57.50	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Card Issuer 11/12/2024	Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB		1000 E 41st St								
			Austin, TX 78751								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
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	·	e sought	Office held							
PAYMENT	(a) Amount Charged \$151.99	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Card Issuer 11/12/2024	Paid							
PAYEE (a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			office							
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							

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:		3 Filer ID (Ethi	cs Commis	sion Filers)			
	Sch: 44/85 Rpt:	Phelan, Matthew M	n, Matthew M. (The Honorable) Name of financial institution			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$18.40	(b) Date of Charge 10/19/2024	(c) Date(s)) Credit Card Issuel 124	r Paid		
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	11st St	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		Austin, T (b) Descri	ption			
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Provision	ns for legislative o	office		
	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		
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$23.41	(b) Date of Charge 10/19/2024	(c) Date(s)) Credit Card Issue 124	r Paid		
	PAYEE (a) Payee name (b) Payee addr			address;	City,	State,	Zip Code	
		HEB		1000 E 4	11st St			
				Austin, T	X 78751			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption ns for legislative c	office		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living exp	oense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought		Office held		
	PAYMENT	(a) Amount Charged \$30.26	(b) Date of Charge 10/19/2024	(c) Date(s 11/12/20) Credit Card Issue 124	r Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	11st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, T (b) Descri		office		
	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		
Γ		<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 for	m.				
1 Total pages Schedule F4:					3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 45/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged \$11.85	(b) Date of Charge 10/22/2024	(c) Date(s) Credit 11/12/2024	t Card Issuer	Paid			
7 PAYEE	(a) Payee name HEB		(b) Payee addres 1000 E 41st St Austin, TX 787		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for I		nember recep	tion		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	enditure to benefit C/OH			Office held				
PAYMENT	(a) Amount Charged \$97.02	(b) Date of Charge 10/25/2024	(c) Date(s) Credit 11/12/2024	t Card Issuer	· Paid			
PAYEE	(a) Payee name HEB		(b) Payee address 1000 E 41st St Austin, TX 787		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· · · · · · · · · · · · · · · · · · ·	(b) Description Provisions for I		nember recep	tion		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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			
PAYMENT	(a) Amount Charged \$560.03	(b) Date of Charge 10/29/2024	(c) Date(s) Credit 11/12/2024	t Card Issuer	Paid			
PAYEE	(a) Payee name HEB		(b) Payee addres 1000 E 41st St Austin, TX 787		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for I		ffice			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			eck if Austin, TX,	officeholder living ex	pense		
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 (Ethics Commis	sion Filers)						
Sch: 46/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5,402.	33						
6 PAYMENT	(a) Amount Charged \$17.15	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St	City, State,	Zip Code						
			Austin, TX 78751								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative n	nember reception							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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							
PAYMENT	(a) Amount Charged \$155.48	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
PAYEE	PAYEE (a) Payee name HEB		(b) Payee address; 1000 E 41st St	City, State,	Zip Code						
			Austin, TX 78751								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative n	nember reception							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	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							
PAYMENT	(a) Amount Charged \$237.08	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
PAYEE (a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City, State,	Zip Code							
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for legislative family Christmas event							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	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 Insti	ruction Guide explains how	to complete this form.	•				
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME				Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 47/85 Rpt:	Phelan, Matthew M	. (The Honorable)		c	00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURE: CHARGED TO A CARD	s s	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged \$35.78	(b) Date of Charge 10/31/2024	(c) Date(s) Credit C 11/12/2024	Card Issuer F	Paid			
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for leg		fice			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, of	ficeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit C/OH				Office held			
PAYMENT	(a) Amount Charged \$41.58	(b) Date of Charge 11/01/2024	(c) Date(s) Credit C 11/12/2024	Card Issuer F	Paid			
PAYEE	(a) Payee name HEB		(b) Payee address; 1801 E 51st St Austin, TX 78723		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description Provisions for leg		iice			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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			
PAYMENT	(a) Amount Charged \$109.74	(b) Date of Charge 11/01/2024	(c) Date(s) Credit C 11/12/2024	Card Issuer F	Paid			
PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for leg		fice			
Non-Political	(*)	of Texas. Complete Schedule T.			ficeholder living exp	ense		
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 (Ethi	cs Commiss	sion Filers)					
Sch: 48/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged \$65.94	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St	City,	State,	Zip Code					
			Austin, TX 78751								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	expenditure to benefit C/OH			Office held							
PAYMENT	(a) Amount Charged \$175.88	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB		1000 E 41st St								
			Austin, TX 78751								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held							
PAYMENT	(a) Amount Charged \$10.88	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
PAYEE (a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Provisions for legislative member reception								
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							

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: 49/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33					
6 PAYMENT	(a) Amount Charged \$126.50	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card Issuel 11/12/2024	r Paid							
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1000 E 41st St	City,	State,	Zip Code					
			Austin, TX 78751								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative of	office							
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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$64.20	(b) Date of Charge 11/06/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB		1000 E 41st St								
			Austin, TX 78751								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative of	office							
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	<u> </u>	e sought	Office held							
PAYMENT	(a) Amount Charged \$383.91	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid							
PAYEE (a) Payee name HEB		(b) Payee address; 1000 E 41st St Austin, TX 78751	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			office							
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							

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:	ages Schedule F4: 2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)			
	Sch: 50/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	5,402.3	33			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$109.23	11/19/2024	12/12/202	4						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		LIED		1000 E 41	st St						
		HEB									
				Austin, TX							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
	X Political	Food/Beverage Expe		Provisions	for legislative o	оπісе					
	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	r name Office sought			Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$72.90	11/20/2024	12/12/202	4						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		HEB		1000 E 41	st St						
		1125		l							
L	DUDDOS 05	(a) Cataman		Austin, TX							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Provisions for legislative office							
	X Political	Food/Beverage Expe	nse	Provisions for legislative office							
	Non-Political				_						
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
۱	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Onici	e sougni		Office field					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid					
	TATMENT	.,		12/12/202		i aid					
		\$117.21	11/20/2024								
\vdash	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code			
		(a) r a) se mame		1000 E 41		0.0,	Otato,	p			
		HEB									
				Austin, TX	78751						
	PURPOSE OF	(a) Category		(b) Descripti							
	EXPENDITURE	(See Categories listed at the top		Provisions	for legislative o	office					
	X Political	Food/Beverage Expe	136								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. г	Check if Austin, TX,	officeholder living expe	ense				
	Complete ONLY if direct			e sought	_	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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	· ·					Ethics Commiss	sion Filers)		
	Sch: 51/85 Rpt:	Phelan, Matthew M	lan, Matthew M. (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZE							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$219.22	(b) Date of Charge 11/20/2024	(c) Date(s)	Credit Card Issue 24	er Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		office				
	Non-Political		of Texas. Complete Schedule 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				
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(s)	Cradit Card Issue	or Doid				
	PATMENT	\$49.61	11/21/2024	12/12/20) Credit Card Issue 24	er Paiu				
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	1st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, T (b) Description (b) Provision		office				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-1	Check if Austin, TX	, officeholder living	expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$556.19	(b) Date of Charge 11/22/2024	(c) Date(s)) Credit Card Issue 24	er Paid				
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Descri	otion is for legislative	family Christ	mas event			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX		expense			
е	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 Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Etl	nics Commiss	sion Filers)		
	Sch: 52/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$559.06	(b) Date of Charge 11/22/2024	(c) Date(s) 12/12/20	Credit Card Issue 24	r Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative family Christmas event						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living e	xpense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$369.58	(b) Date of Charge 11/30/2024	(c) Date(s)	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name (b) Payee address; 701 Capital of Texas					State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip			as event			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$7.54	(b) Date of Charge 12/03/2024	(c) Date(s)	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	nse	(b) Descrip Provision	s for legislative o					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX	officeholder living e	xpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
Ī										

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	ics Commiss	sion Filers)		
	Sch: 53/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$142.67	(b) Date of Charge 12/03/2024	(c) Date(s) 12/12/20	Credit Card Issu 24	er Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip		office				
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living exp	pense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$235.12	35.12 12/03/2024 12/12/2024			er Paid				
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expen		(b) Description Provisions for legislative office						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	K, officeholder living exp	pense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$15.92	(b) Date of Charge 12/04/2024	(c) Date(s) 12/12/20	Credit Card Issu 24	er Paid				
	PAYEE	(a) Payee name HEB	1	(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Descrip Provision	tion s for legislative	office				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.									
e	Complete ONLY if direct expenditure to benefit C/OH	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 Insti	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: 54/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged \$24.72	(b) Date of Charge 12/04/2024	(c) Date(s) Cr 12/12/2024	edit Card Issuer	Paid			
7 PAYEE	(a) Payee name HEB		(b) Payee add 1000 E 41st Austin, TX 7	St	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description		ffice			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 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 \$57.27 12/04/2024			(c) Date(s) Cr 12/12/2024	edit Card Issuer	Paid			
PAYEE	(a) Payee name HEB		(b) Payee add 1000 E 41st Austin, TX 7	St	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description Provisions for legislative office					
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			
PAYMENT	(a) Amount Charged \$165.86	(b) Date of Charge 12/04/2024	(c) Date(s) Cr 12/12/2024	edit Card Issuer	Paid			
PAYEE	(a) Payee name HEB		(b) Payee add 1000 E 41st Austin, TX 7	St	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			n or legislative o	ffice			
Non-Political	(1)	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			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 (E	Ethics Commiss	sion Filers)		
	Sch: 55/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$220.20	(b) Date of Charge 12/04/2024	(c) Date(s)) Credit Card Issue 24	er Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description Provisions for legislative Christmas events						
L	Non-Political		of Texas. Complete Schedule 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				
	PAYMENT (a) Amount Charged (b) Date of Charge \$38.73 12/05/2024) Credit Card Issue 124	er Paid				
	PAYEE (a) Payee name HEB			(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative office						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense			
l e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$136.47	(b) Date of Charge 12/05/2024	(c) Date(s)	Credit Card Issue 24	er Paid				
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Descri Provision	otion Is for legislative	family Christi	mas event				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				_					
е	Complete ONLY if direct xpenditure to benefit C/OH	•				Office held				
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 (Ethi	cs Commiss	sion Filers)			
Sch: 56/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$	5,402.3	33			
6 PAYMENT	(a) Amount Charged \$147.64	(b) Date of Charge 12/05/2024	(c) Date(s) Cr 12/12/2024	edit Card Issuer	Paid					
7 PAYEE	(a) Payee name HEB		(b) Payee add 1000 E 41st Austin, TX 7	: St	City,	State,	Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descriptio		amily Christma	ıs event				
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 expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held					
PAYMENT	(a) Amount Charged \$259.86	(b) Date of Charge 12/05/2024	705/2024 12/12/2024							
PAYEE	(a) Payee name HEB		(b) Payee add 1000 E 41st Austin, TX 7	: St	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative family Christmas event							
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 \$244.14	(b) Date of Charge 12/06/2024	(c) Date(s) Cr 12/12/2024	edit Card Issuer	Paid					
PAYEE	(a) Payee name HEB		(b) Payee add 1000 E 41st Austin, TX 7	: St	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descriptio Provisions f	n or legislative fa	amily Christma	as event				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T										
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name				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: 57/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$10.54	(b) Date of Charge 12/08/2024	(c) Date(s)) Credit Card Issuei 124	r Paid			
7	PAYEE	(a) Payee name HEB		(b) Payee 8801 S C Austin, T	Congress Ave	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative office					
	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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	\$30.41 12/08/2024 12/12/2024				r Paid			
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	11st St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78751 (b) Description Provisions for legislative office					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$115.77	(b) Date of Charge 12/08/2024	(c) Date(s)) Credit Card Issuei)24	r Paid			
	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4 Austin, T	11st St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Provision	ption ns for legislative c	office			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH			e sought		Office held			
ı	<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 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: 58/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$156.94	(b) Date of Charge 12/08/2024	(c) Date(s) (12/12/202	Credit Card Issuer 4	Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee at 1000 E 41. Austin, TX	st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative office						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
	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 \$39.48 12/09/2024			(c) Date(s) (12/12/202	Credit Card Issuer 4	Paid				
	PAYEE	(a) Payee name HEB		(b) Payee at 1000 E 41. Austin, TX	st St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative office						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	oense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$0.61	(b) Date of Charge 12/11/2024	(c) Date(s) (12/12/202	Credit Card Issuer 4	Paid				
	PAYEE (a) Payee name HEB			(b) Payee address; City, State, Zip Co 1000 E 41st St Austin, TX 78751						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Descripti Provisions	on for legislative o	office				
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.									
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
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 (Ethi	cs Commis	sion Filers)		
	Sch: 59/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$25.23	(b) Date of Charge 12/11/2024	(c) Date(s)) Credit Card Issuei 124	r Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee 1000 E 4	11st St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		Austin, TX 78751 (b) Description Provisions for legislative office						
	X Political	μ								
	Non-Political	· · -	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
H	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issuer Paid						
	Aimeni	\$132.00 12/11/2024 12/12/2024			•	i i did				
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		HEB		1000 E 4	11st St					
				Austin, T	X 78751					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislative office						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack if Austin TX	officeholder living exp	nense			
 -	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Onesk ii Austrii, 174,	Office held	561136			
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
		\$98.15	12/22/2024		,					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		HEB		1000 E 4	11st St					
				Austin, T	X 78751					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri		office				
Nan Palitical				Dobastia a sec	-#CII-I !! !					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				e sought	Cneck if Austin, TX,	officeholder living exp	oense			
6	Complete ONLY if direct candidate/Officeholder name off expenditure to benefit C/OH			c sought		Office Helu				
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 Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)		
Sch: 60/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33		
6 PAYMENT	(a) Amount Charged \$369.88	(b) Date of Charge 11/12/2024	(c) Date(s) Credit Card Issue 12/12/2024	er Paid				
7 PAYEE	(a) Payee name Hilton Houston		(b) Payee address; 2001 Post Oak Blvd Houston, TX 77056	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Staff lodging for campaig	n trip				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT (a) Amount Charged (b) Date of Charged \$21.08 10/03/20			(c) Date(s) Credit Card Issue 10/10/2024	er Paid				
PAYEE	(a) Payee name Hyatt Regency Lost	t Pines	(b) Payee address; 575 Hyatt Lost Pines Rd Cedar Creek, TX 78612	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking fee for caucus ev	/ent				
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 Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$389.27	(b) Date of Charge 10/04/2024	(c) Date(s) Credit Card Issue 10/10/2024	er Paid				
PAYEE	(a) Payee name Hyatt Regency Lost	t Pines	(b) Payee address; 575 Hyatt Lost Pines Rd Cedar Creek, TX 78612	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			event				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			, officeholder living expe	ense				
Complete ONLY if direct 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 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)			
l	Sch: 61/85 Rpt:	Phelan, Matthew M	I. (The Honorable)		ļ	00062288					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES :	\$	5,402.3	33			
6	PAYMENT	(a) Amount Charged \$634.01	(b) Date of Charge 10/04/2024	(c) Date(s) Credit 10/10/2024	Card Issuer I	Paid					
7	PAYEE	(a) Payee name Hyatt Regency Los	t Pines	(b) Payee addres	Pines Rd	City,	State,	Zip Code			
Ļ		(a) Oatawari		Cedar Creek, T	X 78612						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Staff lodging for caucus event							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, of	fficeholder living exp	ense				
9	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 \$26.00 10/05/2024			(c) Date(s) Credit 10/10/2024	t Card Issuer I	Paid					
r	PAYEE (a) Payee name			(b) Payee addres	ss;	City,	State,	Zip Code			
		Hyatt Regency Los	t Pines	575 Hyatt Lost							
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top	of this schedule)	Cedar Creek, TX 78612 (b) Description Parking fee for caucus event							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, of	fficeholder living exp	ense				
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$262.35	(b) Date of Charge 12/09/2024	(c) Date(s) Credit 12/12/2024	t Card Issuer I	Paid					
	PAYEE (a) Payee name Krispy Kreme			(b) Payee address; City, State, Zip of 701 E Stassney Ln Austin, TX 78745				Zip Code			
	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Provisions for legislative family Christmas event							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule										
6	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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: 62/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$613.38	(b) Date of Charge 10/11/2024	(c) Date(s)) Credit Card Issuei 124	r Paid			
7	PAYEE	(a) Payee name Le Meridien		(b) Payee 2927 Ma Dallas, T	ple Ave	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Staff lodging for campaign trip					
	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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$631.04	(b) Date of Charge 10/11/2024	11/12/2024					
	PAYEE	(a) Payee name Le Meridien		(b) Payee 2927 Ma Dallas, T	ple Ave	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Staff lodging for campaign trip					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$897.56	(b) Date of Charge 10/13/2024	(c) Date(s 11/12/20) Credit Card Issuei)24	r Paid			
	PAYEE	(a) Payee name Le Meridien		(b) Payee 2927 Ma Dallas, T	ple Ave	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Speaker	ption lodging for camp	aign trip			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct candidate/Officeholder name expenditure to benefit C/OH			e sought		Office held			
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: 63/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$1,476.97	10/13/2024	11/12/2024							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Le Meridien		2927 Maple Ave							
			Dallas, TX 75201							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Travel Out of District	of this schedule)	Staff lodging for campaign trip							
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	er Paid						
	\$270.39	10/16/2024	11/12/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Magnolia Hotel		1401 Commerce St							
			Dallas, TX 75201							
PURPOSE OF	(a) Category	of their coloradials)	(b) Description							
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	Staff lodging for campaign trip							
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 11/12/2024	er Paid						
	\$453.87	10/17/2024	11/12/2024							
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code				
			1401 Commerce St							
	Magnolia Hotel									
			Dallas, TX 75201							
PURPOSE OF	(a) Category	of this schodule)	(b) Description							
	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		Speaker lodging for camp	paign trip						
X Political										
Non-Political	(c) Check if travel outside									
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 (Ethi	cs Commis	sion Filers)		
	Sch: 64/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$555.62	(b) Date of Charge 10/17/2024	(c) Date(s 11/12/20) Credit Card Issue)24	r Paid				
7	PAYEE	(a) Payee name Magnolia Hotel		(b) Payee 1401 Co Dallas, T	mmerce St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Staff lodging for campaign trip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT (a) Amount Charged \$270.39 (b) Date of Charge 11/12/2024 (c) Date(s) Credit Card Is 11/12/2024				r Paid					
	PAYEE (a) Payee name Magnolia Hotel			(b) Payee 1401 Co Dallas, T	mmerce St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Staff lodging for campaign trip						
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 07/02/2024	(c) Date(s) 07/11/20) Credit Card Issue 024	r Paid				
	PAYEE	(a) Payee name Microsoft			address; rosoft Way d, WA 98052	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			tal Expense	(b) Descri Campaig	ın software subso					
lacksquare	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office				Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	omplete ONLY if direct Candidate/Officeholder name enditure to benefit C/OH				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 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: 65/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33				
6 PAYMENT	(a) Amount Charged \$27.08	(b) Date of Charge 07/05/2024	(c) Date(s) Credit Card Issuel 07/11/2024	r Paid						
7 PAYEE	(a) Payee name Microsoft		(b) Payee address; One Microsoft Way	City,	State,	Zip Code				
a purpose of	(a) Category		Redmond, WA 98052 (b) Description							
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	*	Campaign software subsc	cription						
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						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 07/06/2024	(c) Date(s) Credit Card Issue 07/11/2024	r Paid						
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Microsoft		One Microsoft Way							
			Redmond, WA 98052							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign software subscription							
X Political			<u> </u>							
Non-Political	`	of Texas. Complete Schedule T.		officeholder living exp	oense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held						
PAYMENT	(a) Amount Charged \$75.76	(b) Date of Charge 07/27/2024	(c) Date(s) Credit Card Issuel 08/11/2024	r Paid						
PAYEE	Microsoft		(b) Payee address; One Microsoft Way Redmond, WA 98052	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign software subscription							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				pense					
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office 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

			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: 66/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$27.08	(b) Date of Charge 08/05/2024	(c) Date(s) 0 08/11/202	Credit Card Issuer 4	Paid			
		φ27.06	06/05/2024						
7	PAYEE	(a) Payee name	•	(b) Payee a		City,	State,	Zip Code	
		Microsoft		One Micro	soft Way				
					WA 98052				
8	PURPOSE OF	(a) Category	-f.ub.:bd.ul-\	(b) Descripti					
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaign	software subsc	ription			
	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					
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$10.81	08/06/2024	08/11/202	4				
	PAYEE (a) Payee name ((b) Payee a	ddress;	City,	State,	Zip Code		
		Microsoft		One Micro	soft Way				
				Redmond,	WA 98052				
	PURPOSE OF	(a) Category	(II)	(b) Descripti					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign software subscription					
	X Political		— р						
	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			
ex	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 09/10/202	Credit Card Issuer	Paid			
		\$27.08	09/05/2024	09/10/202	4				
	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
				One Micro	soft Way				
		Microsoft							
				Redmond,	WA 98052				
	PURPOSE OF	(a) Category	of this colored (Is)	(b) Descripti					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Campaign	software subsc	ription			
	X Political	Cines evernous remai Expense							
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				X, officeholder living expense			
	Complete ONLY if direct	/ if direct				Office held			
ex	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 (Ethi	cs Commiss	sion Filers)				
Sch: 67/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33				
6 PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issue 09/10/2024	r Paid						
7 PAYEE	(a) Payee name Microsoft		(b) Payee address; One Microsoft Way	City,	State,	Zip Code				
0. PURPOSE OF	(a) Category		Redmond, WA 98052 (b) Description							
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaign software subsc	cription						
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 \$75.76	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issue 10/10/2024	r Paid						
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code				
	Microsoft		One Microsoft Way							
			Redmond, WA 98052							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Parking fee for fundraising meeting							
X Political Non-Political	() —		<u></u>							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH			<u> </u>							
PAYMENT	(a) Amount Charged \$27.08	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issue 10/10/2024	r Paid						
PAYEE	Microsoft		(b) Payee address; One Microsoft Way Redmond, WA 98052	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Campaign software subscription							
Non-Political	itical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				ense					
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office 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 fo	rm.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 68/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITUR CHARGED TO CARD	RES	\$	5,402.3	33	
6	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 10/06/2024	(c) Date(s) Cred 10/10/2024	t Card Issuer	Paid			
7	PAYEE	(a) Payee name Microsoft		(b) Payee addre	Way	City,	State,	Zip Code	
Ļ	DUDDOCE OF	(a) Category		Redmond, WA (b) Description	98052				
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaign soft	ware subsc	ription			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck 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 \$27.08	(b) Date of Charge 11/04/2024	(c) Date(s) Cred 11/12/2024	t Card Issuer	Paid			
	PAYEE (a) Payee name		(b) Payee addre	ss;	City,	State,	Zip Code		
				One Microsoft	Way				
L				Redmond, WA	98052				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign soft	ware subsc	ription			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	L — — — — — — — — — — — — — — — — — — —	eck if Austin TX	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder		e sought	CCK II Austili, TA,	Office held	icrisc		
€	expenditure to benefit C/OH	Garrandato, Girisonolasi							
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 11/06/2024	(c) Date(s) Cred 11/12/2024	t Card Issuer	Paid			
	PAYEE	(a) Payee name	•	(b) Payee addre	ss;	City,	State,	Zip Code	
		Microsoft		One Microsoft	Way				
1				Redmond, WA	98052				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Campaign software subscription					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
E	Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH 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 Inst	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: 69/85 Rpt:	Phelan, Matthew M	I. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$27.08	12/05/2024	12/12/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Microsoft		One Microsoft Way				
			Redmond, WA 98052				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent	· ·	Campaign software subso	cription			
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			
	\$10.81	12/06/2024	12/12/2024				
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Microsoft		One Microsoft Way				
			Redmond, WA 98052				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Office Overhead/Rent		Campaign software subscription				
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			
	\$225.85	08/06/2024	08/11/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
	1		416 W Muhammad Ali Bly	vd			
	Parlay Sports Bar						
			Louisville, KY 40202				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Dinner for staff attending	legislative confe	erence		
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			
				•			

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 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 70/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 5,402.33		33
6 PAYMENT	(a) Amount Charged \$351.41	(b) Date of Charge 07/21/2024	(c) Date(s) 08/11/20) Credit Card Issuer 124	Paid		
7 PAYEE	(a) Payee name Perla's		(b) Payee 1400 S C Austin, T	Congress Ave	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip		r		
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		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$495.05	(b) Date of Charge 12/15/2024	(c) Date(s)) Credit Card Issuer	Paid		
PAYEE (a) Payee name (b) P			(b) Payee	address;	City,	State,	Zip Code
	Perla's		1400 S C	Congress Ave			
			Austin, T				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Legislativ	otion ve member dinne	r		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l .	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
PAYMENT	(a) Amount Charged \$250.39	(b) Date of Charge 09/06/2024	(c) Date(s) 09/10/20) Credit Card Issuer 124	Paid		
PAYEE	(a) Payee name PGA Omni Frisco		(b) Payee 4341 PG Frisco, T	A Pkwy	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging	otion for staff attending	legislative cor	ference	
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> 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: 71/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$265.21	(b) Date of Charge 12/05/2024	(c) Date(s)) Credit Card Issuei 124	r Paid		
7	PAYEE	(a) Payee name Premiere Events		(b) Payee 11810 M Austin, T	anchaca Rd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descri		Christmas even	nts	
	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 expenditure to benefit C/OH Candidate/Officeholder name Office sought						Office held		
	PAYMENT	(a) Amount Charged \$772.29	(b) Date of Charge 07/09/2024	(c) Date(s 08/11/20) Credit Card Issuei)24	r Paid		
	PAYEE	(a) Payee name Qi Austin	835 W 6th St, #114		th St, #114	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78703 (b) Description Legislative member luncheon				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$389.70	(b) Date of Charge 08/28/2024	(c) Date(s 09/10/20) Credit Card Issuei)24	r Paid		
	PAYEE	(a) Payee name Quorum Report		(b) Payee 8407 S 1 Austin, T	st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description News subscription for political use				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
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 Insti	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: 72/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$253.53	11/13/2024	12/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Ranch 616		616 Nueces St				
			Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Food/Beverage Exper	· ·	Legislative member lunch	ieon			
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			
	\$10.00	09/19/2024	10/10/2024				
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Randall's		3300 Bee Caves Rd				
			West Lake Hills, TX 7874	6			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u>—</u>	Food/Beverage Exper		Provisions for legislative office				
X Political							
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	())	L (1) D (1 (10)	1() 5 : () 6 : 10 : 11				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 12/12/2024	r Paid			
	\$343.20	11/17/2024	12/12/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	(a) rayce name		3300 Bee Caves Rd	Oity,	State,	Zip Code	
	Randall's		oooo bee oaves ka				
			West Lake Hills, TX 7874	6			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	•	Provisions for legislative	office			
X Political	Food/Beverage Expe	IISE					
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							

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/Onicendiden/Folitica		uction Guide explains how	-	JITIER (enter a categor	y not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 73/85 Rpt:	Phelan, Matthew M.	(The Honorable)		00062288			
4 CREDIT CARD ISSUER	Name of finan		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged \$361.95	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Issu 09/10/2024	er Paid			
7 PAYEE	(a) Payee name Ready Refresh		(b) Payee address; PO Box 856680	City,			
			Louisville, KY 40285-668	80			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Rental		(b) Description Water service of legislati	ve office			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				
PAYMENT	(a) Amount Charged \$686.42	(b) Date of Charge 10/19/2024	(c) Date(s) Credit Card Issu 11/12/2024	er Paid			
PAYEE	PAYEE (a) Payee name Ready Refresh		(b) Payee address; PO Box 856680	City,	State,	Zip Code	
			Louisville, KY 40285-668	30			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Renta		(b) Description Water service of legislative office				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX	K, 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 \$377.94	(b) Date of Charge 11/20/2024	(c) Date(s) Credit Card Issue 12/12/2024	er Paid			
PAYEE	(a) Payee name Ready Refresh		(b) Payee address; PO Box 856680 Louisville, KY 40285-668	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Renta		(b) Description Water service of legislati				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeho				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 Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
	Sch: 74/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	5,402.3	33		
6	PAYMENT	(a) Amount Charged \$702.37	(b) Date of Charge 12/19/2024	(c) Date(s)	Credit Card Issue	r Paid				
7	PAYEE	(a) Payee name Ready Refresh		(b) Payee PO Box 8		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Water se	otion rvice of legislativ	ve office				
	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 \$378.73	(b) Date of Charge 08/01/2024	(c) Date(s) 08/11/20	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name Save on Crafts			address; -235 t, SC 29673	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Ornaments for legislative member Christmas event				nt		
	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	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 07/18/2024	(c) Date(s) 08/11/20	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3	36611	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees			(b) Descri Airline fe	otion es for staff to atte	end legislative	conference	ce		
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living exp	oense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
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 Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 75/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5,402.33			
6 PAYMENT	(a) Amount Charged \$487.92	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuel 10/10/2024	r Paid			
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top- Travel Out of District	of this schedule)	(b) Description Airfare for campaign staff	for political event			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				
PAYMENT	(a) Amount Charged \$392.95	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Card Issuel 10/10/2024	r Paid			
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Airfare for campaign staff for political event				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held			
PAYMENT	(a) Amount Charged \$242.02	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issuer 10/10/2024	r Paid			
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Airfare for campaign staff for political event				
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 Office	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 Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)			
Sch: 76/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD)2.33			
6 PAYMENT	(a) Amount Charged \$288.97	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuel 11/12/2024	r Paid				
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36611	City, Stat	e, Zip Code			
			Dallas, TX 75235					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Airfare for campaign staff	for political event				
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 Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$417.98	(b) Date of Charge 10/14/2024	(c) Date(s) Credit Card Issuer 11/12/2024	r Paid				
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, Stat	e, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Airfare for campaign staff for political event					
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 Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$429.98	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuel 11/12/2024	r Paid				
PAYEE	Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, Stat	e, Zip Code			
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Airfare for campaign staff for political event				
Non-Political	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	Complete ONLY if direct Candidate/Officeholder name Office 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 (Ethio	cs Commiss	sion Filers)	
Sch: 77/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288	00062288		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$	5,402.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$45.00	10/23/2024	11/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36611				
	() 2 .		Dallas, TX 75235				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ataffbila in two		and.	
X Political	Fees	,	Travel fee for campaign staff while in transit to atte political event			enu	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, 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	er Paid			
	\$31.04	08/07/2024	08/11/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Spectrum		400 Atlantic St				
			Stamford, CT 06901				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u>—</u>	Office Overhead/Ren		Internet for campaign office				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH		I	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/10/2024	er Paid			
	\$310.10	09/07/2024	09/10/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	_		400 Atlantic St				
	Spectrum						
			Stamford, CT 06901				
PURPOSE OF	(a) Category	(4)	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Internet for campaign off	ice			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	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

Polling Expense Travel in E Printing Expense Travel Out Salaries/Wages/Contract Labor OTHER (6

	The Inst	truction Guide explains how	to complete	this form.	(* ** *********************************	. ,	,
1 Total pages Schedule F	1: 2 FILER NAME				3 Filer ID (Eth	nics Commis	sion Filers)
Sch: 78/85 Rpt:	Phelan, Matthew M	1. (The Honorable)			00062288		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6 PAYMENT	(a) Amount Charged \$310.10	(b) Date of Charge 10/07/2024	(c) Date(s 10/10/20) Credit Card Issue 124	r Paid		
7 PAYEE	(a) Payee name Spectrum		(b) Payee 400 Atlan		City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Ren		Internet for campaign office				
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/Officeholde	r name Offic	e sought		Office held		
expenditure to benefit C/O	Н		_				
PAYMENT	(a) Amount Charged \$140.73	(b) Date of Charge 11/07/2024	(c) Date(s 11/12/20) Credit Card Issue 124	r Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Spectrum		400 Atlantic St				
			Stamford, CT 06901				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Descri	ption for campaign offic	ce		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living ex	/nense	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholde	•	e sought	Oneskii / tastiii, 174,	Office held	фензе	
PAYMENT	(a) Amount Charged \$140.73	(b) Date of Charge 12/08/2024	(c) Date(s 12/12/20) Credit Card Issue 024	r Paid		
PAYEE	(a) Payee name Spectrum		(b) Payee 400 Atlan	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Descri Internet	ption for campaign offic	ce		
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		r 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 Inst	ruction Guide explains how	to complete this	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 79/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$186.30	(b) Date of Charge 10/23/2024	(c) Date(s) C 11/12/2024	redit Card Issuer	Paid		
7	PAYEE	(a) Payee name Staybridge Suites			Ben Shepperd	City, d Pkwy	State,	Zip Code
8	PURPOSE OF	(a) Category		Odessa, T>				
ľ	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Staff lodging for campaign trip				
	Non-Political	(c) Check if travel outside	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 \$186.30	(b) Date of Charge 10/23/2024	(c) Date(s) C 11/12/2024	redit Card Issuer I	Paid		
Г	PAYEE	(a) Payee name	I .	(b) Payee ad	dress;	City,	State,	Zip Code
					Ben Shepperd	d Pkwy		
L		() 2 :		Odessa, T				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Speaker loc	on dging for campa	aign trip		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$345.94	(b) Date of Charge 09/03/2024	(c) Date(s) C 09/10/2024	redit Card Issuer I	Paid		
Г	PAYEE	(a) Payee name	ı	(b) Payee ad	dress;	City,	State,	Zip Code
		The Apron		4341 PGA	Pkwy			
L				Frisco, TX				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	·	(b) Description Meeting with conference	h member and	staff attending	g legislati	ve
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TY	officeholder living exp	nense	
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	O TOOK II ZUDBIII, TA,	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

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: 80/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$101.73	(b) Date of Charge 07/19/2024	(c) Date(s 08/11/20) Credit Card Issue 124	er Paid		
7	PAYEE	(a) Payee name Twin Liquors		(b) Payee 2604 W	7th St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$38.95	(b) Date of Charge 07/30/2024	(c) Date(s 08/11/20) Credit Card Issu 024	er Paid		
	PAYEE	(a) Payee name Twin Liquors		(b) Payee 1000 E 4 Austin, T	11st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri		member rece	ption	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living	expense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$49.77	(b) Date of Charge 09/18/2024	(c) Date(s)) Credit Card Issu 024	er Paid		
	PAYEE	(a) Payee name Twin Liquors		(b) Payee 1000 E 4 Austin, T	11st St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	s Expense	(b) Descri Gift for c	ampaign fundrai			
lacksquare	Non-Political	1	of Texas. Complete Schedule T.	0 001:24	Check if Austin, TX	C, officeholder living	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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 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: 81/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$100.65	(b) Date of Charge 09/27/2024	(c) Date(s 10/10/20) Credit Card Issue)24	r Paid		
7	PAYEE	(a) Payee name Twin Liquors		(b) Payee 1000 E 4 Austin, T	1st St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Descri		member recepti	ion	
	Non-Political		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 \$251.10	(b) Date of Charge 11/26/2024	(c) Date(s) Credit Card Issue 024	r Paid		
	PAYEE	(a) Payee name Twin Liquors		(b) Payee 5505 Bal Austin, T	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri		ser host		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$32.19	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issue 124	r Paid		
	PAYEE	(a) Payee name Uber			address; rket St Ste 400 4 ncisco, CA 94103		State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri	eshare fee for car			
\vdash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0 00115:54	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		
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 (Ethio	cs Commis	sion Filers)
	Sch: 82/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$37.69	(b) Date of Charge 10/11/2024	(c) Date(s 11/12/20) Credit Card Issuel)24	r Paid		
7	PAYEE	(a) Payee name Uber			address; irket St Ste 400 4 ncisco, CA 94103		State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri				
	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		
\vdash	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(s) Credit Card Issue	r Daid		
	PATMENT	\$24.93	10/22/2024	11/12/20		raiu		
	PAYEE	(a) Payee name Uber			address; rket St Ste 400 4 ncisco, CA 94103		State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$23.85	(b) Date of Charge 10/23/2024	(c) Date(s 11/12/20) Credit Card Issuer 124	r Paid		
	PAYEE	(a) Payee name Uber	1		address; irket St Ste 400 4 ncisco, CA 94103		State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri Staff ride	eshare fee for can			
$ldsymbol{f eta}$	Non-Political	(7)	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		
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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: 83/85 Rpt:	Phelan, Matthew M	. (The Honorable)			00062288		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	5,402.3	33
6	PAYMENT	(a) Amount Charged \$11.24	(b) Date of Charge 11/18/2024	(c) Date(s 12/12/20) Credit Card Issuel)24	r Paid		
7	PAYEE	(a) Payee name Uber			address; irket St Ste 400 4 ncisco, CA 94103		State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$44.97	(b) Date of Charge 11/18/2024	(c) Date(s 12/12/20) Credit Card Issue 124	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma San Frar		State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri				
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$30.28	(b) Date of Charge 11/19/2024	(c) Date(s 12/12/20) Credit Card Issuel)24	r Paid		
	PAYEE	(a) Payee name Uber			address; irket St Ste 400 4 ncisco, CA 94103		State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District		(b) Descri Staff ride	eshare fee for can			
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political	(*) —	of Texas. Complete Schedule T.	2 2011erb+	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
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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 (Eth	cs Commiss	sion Filers)
Sch: 84/85 Rpt:	Phelan, Matthew M	. (The Honorable)		00062288		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRECARD	\$	5,402.3	33
6 PAYMENT	(a) Amount Charged \$400.00	(b) Date of Charge 11/26/2024	(c) Date(s) Credit Card Is 12/12/2024	ssuer Paid		
7 PAYEE	(a) Payee name USPS		(b) Payee address; City, State, 10700 27th Ave S Tukwila, WA 98168			Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description PO box for campaign use			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, 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 \$46.40	(b) Date of Charge 12/11/2024	(c) Date(s) Credit Card Is 12/12/2024	ssuer Paid		
PAYEE	(a) Payee name Walmart		(b) Payee address; 1030 Norwood Park E Austin, TX 78753	City, Blvd	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Provisions for legislati	ive office		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, 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 \$170.46	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card Is 10/10/2024	ssuer Paid		
PAYEE	(a) Payee name Zoom		(b) Payee address; 55 Almaden Blvd San Jose, CA 95113	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Software subscription	for campaign use		
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	n, TX, officeholder living ex	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica	-	ces Sal ruction Guide explains how		THER (enter a category	not listed ab	oove)		
1 Total pages Schodule F4:		dollori Guide explaine non	to complete tine formi	3 Filer ID (Ethics	Commiss	ion Filore)		
1 Total pages Schedule F4:		(The I I amendale)		- '	Commiss	ion Filers)		
Sch: 85/85 Rpt:	Phelan, Matthew M.		1	00062288				
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES		5,402.3	12		
ISSUER	see pr	evious	CHARGED TO A CREDIT] ³	5,402.3	3		
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$170.46	09/13/2024	10/10/2024					
	Ψ170.40	03/10/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(a) r ayee name		55 Almaden Blvd	Oity,	Otato,	Zip Code		
	Zoom		33 Allilaueli bivu					
			Con 1000 CA 05112					
a purpose of	(a) Catagony		San Jose, CA 95113 (b) Description					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	1 ' '	compoign use				
l <u> </u>	Office Overhead/Rent		Software subscription for campaign use					
X Political								
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse			
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				
	\$327.98	07/18/2024	08/11/2024					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			PO Box 36611					
	Southwest Airlines							
			Dallas, TX 75235					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of Travel Out of District	of this schedule)	Airfare for campaign staff for political event					
X Political	Traver Out of District							
Non-Political	(c) X Check if travel outside of			, officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
I								

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 274/275 2 FILER NAME Filer ID (Ethics Commission Filers) Phelan, Matthew M. (The Honorable) 00062288 8 Amount (\$) Date 5 Name of person from whom amount is received 11/25/2024 Ragnar Research Partners \$1,649.16 6 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20003 Purpose for which amount is received Check if political contribution returned to filer Refund of previously reported expenditure Amount (\$) Date Name of person from whom amount is received 09/30/2024 **United States Treasury** \$191.24 Address of person from whom amount is received; City; State; Zip Code Ogden, UT 84201 Purpose for which amount is received Check if political contribution returned to filer Refund of payroll tax overpayment

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: Sch: 1/1 Rpt: 275/275 2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062288 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines

i ne insti	ruction G	ulae explains	now to complete	e tnis form.	Sch: 1/1 Rpt: 275/275	
2 FILER NAME					3 Filer ID (Ethics Commission F	ilers)
Phelan, Matthew	M. (The I	Honorable)			00062288	
		ation or Labor Orga	anization / Pledgor /Pay	/ee		
Southwest Airlin						
5 Contribution / Expe			_	_		
Schedule A2		Schedule B	Schedule B(J)	Schedule C2		edule F1
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
6 Dates of Travel		of person(s) travelin	ng			
	Mitche	ll, Kelly				
			departure location			
08/05/2024	Austin	, TX				
			of destination location			
08/07/2024	Louisv	ille, KY				
10 Means of transport				conference, seminar, or	r other event)	
Commercial Airp	olane	Travel to atte	end NCSL Annual M	eeting 		