CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00081730		2 Total pages f	iled: 13
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Ana-Maria			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	_{01/15/2025}	
		Ramos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 852227				Receipt #	Amount
Change of Address	Richardson, TX 75085					
	Trichardson, 177 73003				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Jeremy				
	NICKNAME	LAST		SUFFIX		
	NONVANIE	Davis		301117		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 10501 Markison Rd.	BOX PLEASE);	АР	7 / SUITE #; CITY	; SI	ATE; ZIP CODE
(Residence or Business)	Dallas, TX 75238					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(804) 338-8301					
8 REPORT TYPE	X January 15	30th day before	election	Runoff		ampaign treasurer
		-			appointment (off	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		П	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	Γ (if known)	
	State Representative Distr	ict 102 Dallas				
	1			I		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 113

13 C / OH NAME	14 Filer ID 00081730	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or polit These expenditures may have been n officeholders are required to report the	nade without the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
⊔ °	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASUR	RER NAME		
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS		
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (1.	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS	S MADE ELECTRONICALLY)	\$ 0.00	
	ES OF LOANS)	\$ 43,976.34			
EXPENDITURE TOTALS					
	4. TOTAL POLITIC		\$ 29,727.51		
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED / RIOD	AS OF THE LAST DAY OF THE	\$ 30,770.67	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT			under penalty of perjury, that the aconding includes all information required tection Code.		
			The Honorable Ana-Maria Ram	nos	
			Signature of Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the sa	aid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and sea	l of office.		
Signature of office	cer administering	Printed name of officer administ	ering Title of office	r administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 113	
18 FILER NAN Ramos, A	ME na-Maria (The Honorable)	19 Filer ID 00081730	(Ethics Commis	sion Filers)	
20 SCHEDULI NAME OF :	E SUBTOTALS SCHEDULE		SUBTOTA	L AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	43,976.34	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,727.51	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 1/63 Rpt: 4/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 10/26/2024	 Full name of contributor out-of-state PAC Achilike, Maurine Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$35.00
_	Deignaignal	Garland, TX 75044	- 10	Franksian (Cookarasiana			
8	Health care	pation / Job title (See Instructions)	9	Employer (See Instructions The Precious Homes	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC Adair, Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Plano, TX 75074 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney	, , , , , , , , , , , , , , , , , , , ,		Self	,		
	Date 07/11/2024	Full name of contributor out-of-state PAC Allen, Karen Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$25.00
		DALLAS, TX 75248					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Premier Vision of Dallas			
Date 08/11/2024		Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Principal occu Optometrist	DALLAS, TX 75248 pation / Job title (See Instructions)		Employer (See Instructions Premier Vision of Dallas			
	Date 09/11/2024	Full name of contributor out-of-state PAC Allen, Karen Contributor address; City; State; Zip Code DALLAS, TX 75248				Amount of Contribution (\$)	\$25.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Premier Vision of Dallas			
	, , , , , , , , ,		I_				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/63 Rpt: 5/113	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Ramos, Ana	-Maria (The Honorable)				00081730	
4	Date 10/11/2024	5 Full name of contributorAllen, Karen6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
•	Principal occu	DALLAS, TX 75248 pation / Job title (See Instructions) lo	Employer (See Instructions			
o	Optometrist	pation / Job title (See instructions	9	Premier Vision of Dallas			
	Date 11/11/2024	Full name of contributor Allen, Karen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		DALLAS, TX 75248					
Principal occupation / Job title (See Instruction		pation / Job title (See Instructions)	Employer (See Instructions			
	Optometrist			Premier Vision of Dallas	<u> </u>		
	Date 11/22/2024	Full name of contributor Allen, Karen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		DALLAS, TX 75248					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Optometrist			Premier Vision of Dallas	6		
	Date 12/09/2024	Full name of contributor Andrade, Alex Contributor address; City; St Dallas, TX 75225	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Bulle rock	pation / Job title (See Instructions)	Employer (See Instructions Finance	s)		
	Date 09/20/2024	Full name of contributor Armstrong, Barbara Contributor address; City; St Burleson, TX 76028	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not employe	pation / Job title (See Instructions d)	Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comp	plete this form	n.	1	Total pages Schedule A1: Sch: 3/63 Rpt: 6/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 10/27/2024	Armstrong, Marina	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Richardson, TX 75080	,				
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions Touch of Class	5)		
	Date 10/26/2024	Aschner, Judy Contributor address; City; State; Zip Co)	•	Amount of Contribution (\$)	\$50.00
Principal occup		Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
Not Employed			Not Employed				
	Date 12/06/2024	Full name of contributor out-of-s Aschner, Judy Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
		Richardson, TX 75081					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
Date 08/27/2024		Bach, Matthew				Amount of Contribution (\$)	\$50.00
	Principal occu FINANCE M.	pation / Job title (See Instructions) ANAGER		Employer (See Instructions sekisui specialty chemic		;	
	Date 07/30/2024	Baird, LeAnne	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Tutor	pation / Job title (See Instructions)		Employer (See Instructions Kumon Prestonwood	5)		
			'				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/63 Rpt: 7/113	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Ramos, Ana	-Maria (The Honorable)				00081730	
4	Date 11/22/2024	5 Full name of contributor Barrios, Dan6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
•	Teacher	panent, con une (coe menuene)		Richardson ISD	,		
	Date 08/20/2024	Full name of contributor Beach, Gary Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [
Solutions Architect			qliktech	',			
	Date 09/27/2024	Full name of contributor Bernstein, Roger Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		New York, NY 10025					
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	<u> </u>		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/01/2024	Full name of contributor Bhat, Goutham Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Gusto Inc.	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 5/63 Rpt: 8/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 11/15/2024	 Full name of contributor out-of-state PAC Blowers, Meg Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Sugar Land, TX 77498 pation / Job title (See Instructions)	l _o	Employer (See Instructions	<u>-,</u>		
<u> </u>	Hairdresser	pation / Job title (See Instructions)	9	Self	>)		
	Date 07/12/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)	1	Employer (See Instructions	3)		
	Not Employe			Not Employed	٠,		
	Date 09/26/2024	Full name of contributor	C (ID#:)	•	Amount of Contribution (\$)	\$35.00
		Garland, TX 75044					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/16/2024	Full name of contributor out-of-state PAC Bradley, Kelly Contributor address; City; State; Zip Code Dallas, TX 75248				Amount of Contribution (\$)	\$50.00
	Principal occu Coordinator	pation / Job title (See Instructions)		Employer (See Instructions Metrocare	<u>I</u> S)		
	Date 08/31/2024	Full name of contributor out-of-state PAC Brown, Veronica Contributor address; City; State; Zip Code garland, TX 75044)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	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: 6/63 Rpt: 9/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 12/12/2024	 Full name of contributor out-of-state PAC (ID#:_Brown, Veronica Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal	garland, TX 75044	10 Fundam (0 days 1			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Bryant, J L Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Fort Worth, TX 76132 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Bryant, J L Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Fort Worth, TX 76213				
	Principal occu Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not employed)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ COONEY, Frank Contributor address; City; State; Zip Code Richardson, TX 75081			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 09/03/2024	Full name of contributor x out-of-state PAC (ID#:_ CWA-COPE PCC Contributor address; City; State; Zip Code Washington, DC 20001	C00002089)		Amount of Contribution (\$)	\$250.00
	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: 7/63 Rpt: 10/113	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 11/07/2024	5 Full name of contributor X out-of-state PAC (ID#:_ CWA-COPE PCC 6 Contributor address; City; State; Zip Code	C00002089)	7	Amount of Contribution (\$)	\$2,000.00
•	Dringing Logg	Washington, DC 20001	Employer (See Instructions			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Cagle, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75248 upation / Job title (See Instructions)	Employer (See Instructions)		
Not Employed		Not Employed				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Cain, Randy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78763				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_Cain, Sally Contributor address; City; State; Zip Code Dallas, TX 75214)		Amount of Contribution (\$)	\$50.00
	Principal occu Education	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Cain, Sally Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$15.00
	Principal occu Education	pation / Job title (See Instructions)	Employer (See Instructions Privatetherapy)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 8/63 Rpt: 11/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 12/06/2024	Cain, Sally	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
_		Dallas, TX 75214			<u> </u>		
8	Education	pation / Job title (See Instructions)	9	Employer (See Instructions Privatetherapy	5)		
	Date 09/16/2024	Full name of contributor)		Amount of Contribution (\$)	\$35.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
Audio Engineer			TJ Callaway Audio Inc.	,			
	Date 09/26/2024	Full name of contributor out-of Caratini, Maria Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Richardson, TX 75081					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/20/2024	Cathey, Joan)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 10/26/2024	Cathey, Joan	f-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			1				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 9/63 Rpt: 12/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	r Filers)
4	Date 08/20/2024	Chapin, N	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Richardson, TX 75081	lo.	Employer (See Instructions	<u>, </u>		
8	Not Employe	pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 09/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$25.00
	Delicalization	Richardson, TX 75081		Foundation (Constructions	<u></u>		
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)			
	Date 10/10/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/14/2024	Chapin, N	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/11/2024	Chapin, N	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/63 Rpt: 13/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 11/27/2024	5 Full name of contributor Chevron Employees PAC6 Contributor address; City; S		C00035006)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Loggy	San Ramon, CA 94583		0 Employer (See Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor Chishty, Farhat Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$35.00
		Dallas, TX 75243			<u></u>		
	Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	S)		
	Date 09/20/2024	Full name of contributor Conner, Paul Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
		Dallas, TX 75216					
	Principal occu housekeepe	pation / Job title (See Instructions r	s)	Employer (See Instructions self	5)		
	Date 10/27/2024	Full name of contributor DeArman, Melinda Contributor address; City; S San Antonio, TX 78261)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	5)		
	Date 10/21/2024	Full name of contributor Donovan, Carol Contributor address; City; S Dallas, TX 75214	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	<u> </u>	Employer (See Instructions Not Employed	5)		

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E A1
	The Instru	ction Guide explains how to com	nplete this forr	m.	1	Total pages Schedule A1: Sch: 11/63 Rpt: 14/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/18/2024	Doyle, Lynne	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	McKinney, TX 75071 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0		Representative		City of Grapevine/CVB	•)		
	Date 09/18/2024	Dryburgh, James Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Karate Teac			PowerKenpo Inc.	,		
	Date 07/31/2024	Full name of contributor out-of Duke, Dianne Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Mesquite, TX 75149					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/31/2024	Duke, Dianne				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Duke, Dianne	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/63 Rpt: 15/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 10/31/2024	5 Full name of contributorDuke, Dianne6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Dringinal occu	Mesquite, TX 75149	lo.	Employer (See Instructions	<u>'</u>		
0	Not Employe	pation / Job title (See Instructions) ed	9	Not Employed	o)		
	Date 11/30/2024	Full name of contributor Duke, Dianne Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$10.00
	D: : 1	Mesquite, TX 75149			Ĺ		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 08/20/2024	Full name of contributor Edenson, Roy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Richardson, TX 75081					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	S)		
	Date 07/30/2024	Full name of contributor FRANCIS, GEORGIA Contributor address; City; Sta Dallas, TX 75248	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/04/2024	Full name of contributor FRANCIS, GEORGIA Contributor address; City; Sta Dallas, TX 75248	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/63 Rpt: 16/113	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 07/30/2024	5 Full name of contributor out-of-state PAC (ID#:_Fisher, Nancy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Deignaignal annu	Garland, TX 75044	In Francisco (Con Instructions	_		
8	Bookkeeper	pation / Job title (See Instructions)	9 Employer (See Instructions self	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_Fisher, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Garland, TX 75044	1 - 1 (2 1 1 1	_		
	Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions self	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Fisher, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Garland, TX 75044				
	Principal occu Bookkeeper	ipation / Job title (See Instructions)	Employer (See Instructions self	s)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Fisher, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Garland, TX 75044 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Bookkeeper		self			
	Date 11/30/2024	Full name of contributor out-of-state PAC (ID#:_Fisher, Nancy Contributor address; City; State; Zip Code Garland, TX 75044			Amount of Contribution (\$)	\$10.00
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions self	5)		

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruc	ction Guide explains hov	v to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 14/63 Rpt: 17/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 08/20/2024	5 Full name of contributor Flanagan, Susan6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$15.00
_		Richardson, TX 75080	·	_		Ĺ		
8	Not Employe	pation / Job title (See Instruction: ed	5)	9	Employer (See Instructions Not Employed	5)		
	Date 08/31/2024	Full name of contributor Flanagan, Susan Contributor address; City; S					Amount of Contribution (\$)	\$15.00
	Principal occu	Richardson, TX 75080 pation / Job title (See Instruction:	5)		Employer (See Instructions	s)		
	Not Employe		-,		Not Employed	-,		
	Date 09/16/2024	Full name of contributor Flanagan, Susan Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
		Richardson, TX 75080						
	Principal occu Not Employe	pation / Job title (See Instruction ed	5)		Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor Flanagan, Susan Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instruction ed	5)		Employer (See Instructions Not Employed	5)		
	Date 10/10/2024	Full name of contributor Flanagan, Susan Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	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: 15/63 Rpt: 18/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	ı Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_Flanagan, Susan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
•	Dringing oggu	Richardson, TX 75080	Employer (See Instructions)			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_Flanagan, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Dringinal occu	Richardson, TX 75080 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed)		
	Date 11/22/2024	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75080				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Flanagan, Susan Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Fountain, Cindy Contributor address; City; State; Zip Code Cleburne, TX 76033			Amount of Contribution (\$)	\$10.00
	Principal occu Retail Merch	ipation / Job title (See Instructions) nandiser	Employer (See Instructions Crossmark)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 16/63 Rpt: 19/113	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 10/20/2024	 Full name of contributor out-of-state PAC (ID#:_Frankland, Ron Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
		Garland, TX 75044				
8	Principal occu Teacher	ipation / Job title (See Instructions)	9 Employer (See Instructions Greenhill School)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_Freeland, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.12
	Principal occu	Bremerton, WA 98312 spation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Freeland, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.24
		Bremerton, WA 98312				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Freeland, Mark Contributor address; City; State; Zip Code Bremerton, WA 98312			Amount of Contribution (\$)	\$5.12
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_Freeland, Mark Contributor address; City; State; Zip Code Bremerton, WA 98312			Amount of Contribution (\$)	\$12.24
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 17/63 Rpt: 20/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 08/31/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$102.00
8	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Not Employe			Not Employed	,		
	Date 11/15/2024	Full name of contributor out-of-state Programmed MD, Catalina E Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75231					
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 11/27/2024	Full name of contributor out-of-state Progeorge Tex Quesada PC Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 08/31/2024	Full name of contributor out-of-state Programme Goehl, Nancy Contributor address; City; State; Zip Code Richardson, TX 75081)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 09/16/2024	Full name of contributor out-of-state Progreenberg, Terry Contributor address; City; State; Zip Code Dallas, TX 75248	AC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			,				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 18/63 Rpt: 21/113	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Ramos, Ana	-Maria (The Honorable)				00081730	
4	Date 09/24/2024	5 Full name of contributorGrissom, Marcia6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$50.00
	<u> </u>	Richardson, TX 75081	la.				
8	Teacher	pation / Job title (See Instructions)		Employer (See Instructions Richardson ISD)		
	Date 09/24/2024	Full name of contributor Grissom, Marcia Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$50.00
	<u> </u>	Richardson, TX 75081					
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions Richardson ISD)		
	Date 10/04/2024	Full name of contributor Gulf States Toyota Inc State Contributor address; City; State				Amount of Contribution (\$)	\$500.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/13/2024	Full name of contributor HCA Texas Good Governme Contributor address; City; State Dallas, TX 75240		307033		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/21/2024	Full name of contributor Hamblin, Andrea Contributor address; City; State Richardson, TX 75080	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$25.00
	Principal occu Volunteer co	pation / Job title (See Instructions) ordinator		Employer (See Instructions Richardson Adult Literac		Center	
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 19/63 Rpt: 22/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 07/31/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Dallas, TX 75230					
8	Principal occu RN LMSW	pation / Job title (See Instructions)	9	Employer (See Instructions Faith Presbyterian Hosp)	
	Date 09/26/2024	Full name of contributor out-of-state P Hebley, Sandi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringinal accu	Dallas, TX 75230 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	RN LMSW	pation / Job title (See Instructions)		Faith Presbyterian Hosp		9	
	Date 12/11/2024	Full name of contributor out-of-state P Hebley, Sandi Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75230					
	Principal occu RN LMSW	pation / Job title (See Instructions)		Employer (See Instructions Faith Presbyterian Hosp	•	2	
	Date 12/09/2024	Full name of contributor out-of-state P Helfand, Marcy Contributor address; City; State; Zip Code Dallas, TX 75240	`			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Marcy C. Helfand P.C.	5)		
	Date 12/10/2024	Full name of contributor out-of-state P Helfand, Marcy Contributor address; City; State; Zip Code Dallas, TX 75240	PAC (ID#:		•	Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Marcy C. Helfand PC	5)		

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 20/63 Rpt: 23/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/16/2024	5 Full name of contributor [Hendricks, John6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$120.00
8	Principal occu	Plano, TX 75074 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Not Employe	d		Not Employed			
	Date 09/20/2024	Full name of contributor Henley, Donald Contributor address; City; Sta				Amount of Contribution (\$)	\$500.00
		Charlottesville, VA 22903			<u> </u>		
	Principal occup Recording A	pation / Job title (See Instructions) rtist		Employer (See Instructions Self	5)		
	Date 12/10/2024	Full name of contributor Hillco PAC Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/07/2024	Full name of contributor Holland and Knight Texas Contributor address; City; Sta Dallas, TX 75201				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 07/19/2024	Full name of contributor Howden, Norman Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			,				

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 21/63 Rpt: 24/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 09/01/2024	5 Full name of contributor Inayathullah, Mohammed6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081	1				
8	Principal occu Technology	pation / Job title (See Instructions) Manager	9	Employer (See Instructions Humana Inc	5)		
	Date 09/26/2024	Full name of contributor Inayathullah, Mohammed Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	0	Employer (See Instructions	·/		
	Technology			Humana Inc	·)		
	Date 10/21/2024	Full name of contributor Inayathullah, Mohammed Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
	Principal occu Technology	pation / Job title (See Instructions) Manager		Employer (See Instructions Humana Inc	5)		
	Date 11/15/2024	Full name of contributor Inayathullah, Mohammed Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Technology	pation / Job title (See Instructions) Manager		Employer (See Instructions Humana Inc	5)		
	Date 11/22/2024	Full name of contributor Inayathullah, Mohammed Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Technology	pation / Job title (See Instructions) Manager		Employer (See Instructions Humana Inc	5)		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 22/63 Rpt: 25/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 12/06/2024	5 Full name of contributorInayathullah, Mohammed6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions	<u>, </u>	a	Employer (See Instructions	;) 		
	Technology)		Humana Inc	"		
	Date 11/19/2024	Full name of contributor Independent Bankers Ass Contributor address; City; St Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 07/01/2024	Full name of contributor Islam, Mohammed Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$15.00
		Plano, TX 75025 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 07/31/2024	Full name of contributor Jablonski, Carol Contributor address; City; St			Unemployed		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor Jablonski, Carol Contributor address; City; St Dallas, TX 75248	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	()		Employer (See Instructions Not Employed	5)		
			•					

	MONET	ARY POLITICAL C	CONTRIBUTIO	N			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 23/63 Rpt: 26/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commissio 00081730	n Filers)
4	Date 12/14/2024	5 Full name of contributor Jablonski, Carol6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75248						
8	Principal occu Not Employe	pation / Job title (See Instructions ed)	9	Employer (See Instructions Not Employed	5)		
	Date 07/31/2024	Full name of contributor Jackson, Sharon Contributor address; City; St)		Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions	<u> </u>		Employer (See Instructions	=)		
	Not Employe		,		Not Employed	P)		
	Date 09/26/2024	Full name of contributor Jackson, Sharon Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75243						
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions Not Employed	s)		
	Date 11/22/2024	Full name of contributor Jackson, Sharon Contributor address; City; St Dallas, TX 75243	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions Not Employed	s)		
	Date 12/11/2024	Full name of contributor Jasso, Delia Contributor address; City; St Red Oak, TX 75154	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
			l					

	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: 24/63 Rpt: 27/113	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 12/12/2024	 Full name of contributor out-of-state PAC (ID#:_ Kastl, Kristina N. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75204				
8	Principal occu Attorney	ipation / Job title (See Instructions)	9 Employer (See Instructions KASTL LAW P.C.)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Keener, Amie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75243 upation / Job title (See Instructions)	Employer (See Instructions)		
	Interior Desi		Gensler			
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Kelley, Barbara E Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Bastrop, TX 78602				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions noretiredne)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_Kelley, Barbara E Contributor address; City; State; Zip Code Bastrop, TX 78602			Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions noretiredne)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Contributor address; City; State; Zip Code Eagle Pass, TX 78852)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/63 Rpt: 28/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/26/2024	 Full name of contributor out-of-state PAC (ID#:_King, William Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$102.00
_		Richardson, TX 75081	I			
8	Principal occu Tutor	pation / Job title (See Instructions)	9 Employer (See Instructions self-employed)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_ King, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$102.00
	Dringing! goog	Richardson, TX 75081	Employer (Coo Instructions			
	Tutor	pation / Job title (See Instructions)	Employer (See Instructions self-employed)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ King, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$102.00
		Richardson, TX 75081				
	Principal occu Tutor	pation / Job title (See Instructions)	Employer (See Instructions self-employed)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ L Swanson, Lisa Contributor address; City; State; Zip Code Dallas, TX 75218			Amount of Contribution (\$)	\$102.00
	Principal occu Medical Dire	pation / Job title (See Instructions) ector	Employer (See Instructions BCBS)		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_ Lamont, Adam Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Dallas ISD)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/63 Rpt: 29/113	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 08/11/2024	5 Full name of contributor out-of-state PAC (ID#: Lamont, Adam 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75243				
8	Principal occu Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions) Dallas ISD)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Lamont, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deignaignal annu	Dallas, TX 75243	Faculty on (Co.) In attraction of			
	Teacher	pation / Job title (See Instructions)	Employer (See Instructions) Dallas ISD)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Lamont, Adam Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75243				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Dallas ISD)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_Lamont, Adam Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	upation / Job title (See Instructions)	Employer (See Instructions Dallas ISD)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Lamont, Adam Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Dallas ISD)		

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 27/63 Rpt: 30/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Deinsinal assu	San Antonio, TX 78253	<u> </u>	Franks var (Can kastrustis va			
8	Safety Engin	pation / Job title (See Instructions) neer	9	Employer (See Instructions US Air Force (retired civ		ın)	
	Date 08/29/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Not Employe			Not Employed	,,		
	Date 11/07/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 75780					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID: Lopez, Bridget Contributor address; City; State; Zip Code Dallas, TX 75229)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Linebarger Goggan Bla		. Sampson LLP	
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID: Lopez, Jiroko Contributor address; City; State; Zip Code Dallas, TX 75218				Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Lopez & Freshwater			

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 28/63 Rpt: 31/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 08/26/2024	5 Full name of contributor Lowy, Martin6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	District	Dallas, TX 75230	T.		Faradaya (Osadasata at			
8	Retired	pation / Job title (See Instructions)	9		Employer (See Instructions NA	5)		
	Date 09/26/2024	Full name of contributor Lowy, Martin Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75230			Franksian (Cap Instructions			
	Retired	pation / Job title (See Instructions)			Employer (See Instructions NA	5)		
	Date 11/12/2024	Full name of contributor Lowy, Martin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75230						
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions NA	5)		
	Date 12/12/2024	Full name of contributor Lowy, Martin Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	Dallas, TX 75230 pation / Job title (See Instructions)			Employer (See Instructions NA	<u> </u> ;)		
	Date 11/15/2024	Full name of contributor Mabry, Karen Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)			Employer (See Instructions Not employed	s)		
			<u>, </u>					

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 29/63 Rpt: 32/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 08/30/2024	Maguire-Powell, Alison 6 Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$10.00
8		Denton, TX 76210 pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe Date 09/30/2024		out-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 10/30/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	ed		Not Employed			
	Date 11/30/2024	Maguire-Powell, Alison Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	Denton, TX 76210 pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 09/15/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$502.00
	Principal occu Community E	pation / Job title (See Instructions) Engagement		Employer (See Instructions Calpine)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 30/63 Rpt: 33/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 10/26/2024	5 Full name of contributor Martinez, Cathryn6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$250.00
	Dringing Loon	Houston, TX 77009	<u> </u>	_	Employer (Co.) Instructions	<u></u>		
8	Community E	pation / Job title (See Instructions Engagement)	9	Employer (See Instructions Calpine	o)		
	Date 11/07/2024	Full name of contributor McFadyen, Henry Contributor address; City; Si					Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions	3)		Employer (See Instructions	<u> </u>		
	Retired	panon, oos uno (eco menacione	,		Retired	-,		
	Date 07/02/2024	Full name of contributor McGarrahan, Andy Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2.00
		Dallas, TX 75248						
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/04/2024	Full name of contributor McGarrahan, Andy Contributor address; City; Si Dallas, TX 75248)		Amount of Contribution (\$)	\$2.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 07/29/2024	Full name of contributor McGarrahan, Andy Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 31/63 Rpt: 34/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 08/20/2024	5 Full name of contributor McGarrahan, Andy6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$3.00
8	Principal occur	Dallas, TX 75248 pation / Job title (See Instruction	2)	a	Employer (See Instructions	-, 		
0	Psychologist		5)	9	Self	>)		
	Date 09/05/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
	Principal occu Psychologist	pation / Job title (See Instruction:	5)		Employer (See Instructions Self	s)		
	Date 09/23/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
	Principal occu Psychologist	pation / Job title (See Instruction	5)		Employer (See Instructions Self	s)		
	Date 10/10/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S Dallas, TX 75248)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Psychologist	pation / Job title (See Instruction:	5)		Employer (See Instructions	<u> </u> S)		
	Date 10/26/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S Dallas, TX 75248	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
	Principal occu Psychologist	pation / Job title (See Instruction:	5)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 32/63 Rpt: 35/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 11/21/2024	5 Full name of contributor McGarrahan, Andy6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
8	Principal occu Psychologist	pation / Job title (See Instructions t	s)	9	Employer (See Instructions Self	5)		
	Date 12/11/2024	Full name of contributor McGarrahan, Andy Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2.00
	Dringing occur	Dallas, TX 75248			Employer (See Instructions	<u></u>		
	Psychologist	pation / Job title (See Instructions t)		Employer (See Instructions Self	s)		
	Date 12/13/2024	Full name of contributor McGarrahan, Andy Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248				L		
	Principal occu Psychologist	pation / Job title (See Instructions t	5)		Employer (See Instructions Self	5)		
	Date 11/27/2024	Full name of contributor McGuire, Michael Contributor address; City; Si Dallas, TX 75205	out-of-state PAC (ID#: iate; Zip Code			•	Amount of Contribution (\$)	\$1,500.00
	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Andrews Distributing	s)		
	Date 08/31/2024	Full name of contributor McKinney, Valorie Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 33/63 Rpt: 36/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 12/09/2024	5 Full name of contributor Medrano, Pauline6 Contributor address; City; St	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219					
8	Principal occu Elected Offic	pation / Job title (See Instructions sial	9	Employer (See Instructions Dallas County	5)		
	Date 07/31/2024	Full name of contributor Milazzo, Christine Asberry Contributor address; City; St)	•	Amount of Contribution (\$)	\$15.00
	Duinning Langu	Richardson, TX 75081		Familia var (Cala Instructions	<u></u>		
		pation / Job title (See Instructions ethodist University		Employer (See Instructions Graphic Designer	5)		
	Date 08/31/2024	Full name of contributor Milazzo, Christine Asberry Contributor address; City; St)	•	Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
		pation / Job title (See Instructions ethodist University		Employer (See Instructions Graphic Designer	5)		
	Date 09/30/2024	Full name of contributor Milazzo, Christine Asberry Contributor address; City; St)		Amount of Contribution (\$)	\$15.00
		pation / Job title (See Instructions ethodist University		Employer (See Instructions Graphic Designer	5)		
	Date 10/31/2024	Full name of contributor Milazzo, Christine Asberry Contributor address; City; St)	•	Amount of Contribution (\$)	\$15.00
	·	pation / Job title (See Instructions hthodist University		Employer (See Instructions Graphic Designer	5)		
		<u>. </u>	I	<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/63 Rpt: 37/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 08/31/2024	5 Full name of contributor out-of-state PAC (ID#:_Miller, Flip 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
0	Dringing ogg	Dallas, TX 75248 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Not Employe		Not Employed)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Miller, Flip Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed	,		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Sharon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Richardson, TX 75081				
	Principal occu bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions self)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Moskop, Kerry Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 35/63 Rpt: 38/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 10/20/2024	5 Full name of contributor [Moskop, Kerry6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.</u>		
	Not Employe			Not Employed	,		
	Date 12/06/2024	Full name of contributor [Moskop, Kerry Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	D: : 1	Dallas, TX 75243		(O)	_		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/07/2024	Full name of contributor [Munoz, Patricia Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Carrollton, TX 75006					
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)		
	Date 09/20/2024	Full name of contributor Murphy, Gladys Contributor address; City; Sta San Antonio, TX 78259)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self)		
	Date 11/22/2024	Full name of contributor Murphy, Gladys Contributor address; City; Sta San Antonio, TX 78259)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 36/63 Rpt: 39/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 11/16/2024	5 Full name of contributor out-of-state PAC (ID#: Muslim Democratic Caucus of Texas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	Deinsinal	Arlington, TX 76018	10 Familiary (0 a last artists)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/27/2024	Full name of contributor X out-of-state PAC (ID#:_NRG Energy Inc PAC Contributor address; City; State; Zip Code Princeton, NJ 08540	C00366559)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_Nicolae, Cristina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deire die alle access	Dallas, TX 75243	T. Faralana (One lantantian)			
	Designer	pation / Job title (See Instructions)	Employer (See Instructions) Cristina Nicolae)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Nicolae, Cristina Contributor address; City; State; Zip Code Dallas, TX 75243	_		Amount of Contribution (\$)	\$50.00
	Principal occu Designer	pation / Job title (See Instructions)	Employer (See Instructions) Cristina Nicolae)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_Nicolae, Cristina Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$10.00
	Principal occu Self-employe	pation / Job title (See Instructions) ed	Employer (See Instructions) Cristina Nicolae)		

	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: 37/63 Rpt: 40/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 11/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,000.00
_		Irving, TX 75062				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_OConnell, MPatricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed			
	Date 08/03/2024	Full name of contributor out-of-state PAC (ID#:_ Olson, Paul Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Dallas, TX 75243				
	Principal occu Cash Office	pation / Job title (See Instructions)	Employer (See Instructions Whole Foods Market)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State PAC Contributor address; City; State; Zip Code Dallas, TX 75202)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/06/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) Diagnostician	Employer (See Instructions Irving ISD)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 38/63 Rpt: 41/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 07/27/2024	5 Full name of contributorOrr Heath, Angela6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
0	Dringing oggu	Heartland, TX 75126	a [_	Employer (See Instruction	<u></u>		
8		pation / Job title (See Instructions Diagnostician) 	9	Employer (See Instructions Irving ISD	>)		
	Date 07/29/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S)	•	Amount of Contribution (\$)	\$10.00
		Heartland, TX 75126				L		
		pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	s)		
	Date 08/06/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$25.00
		Dallas, TX 75243						
		pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	5)		
	Date 08/27/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S Heartland, TX 75126)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions Diagnostician			Employer (See Instructions Irving ISD	5)		
	Date 08/29/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S Heartland, TX 75126	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	5)		
	Luucullonal	Diagnosiolan			TVIIII IOD			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 39/63 Rpt: 42/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 09/06/2024	5 Full name of contributorOrr Heath, Angela6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Dringing agg	Dallas, TX 75243	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions Diagnostician	,		Employer (See Instructions Irving ISD	>)		
	Date 09/27/2024	Full name of contributor Orr Heath, Angela Contributor address; City; St				•	Amount of Contribution (\$)	\$10.00
		Heartland, TX 75126				L		
		pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	s)		
	Date 09/29/2024	Full name of contributor Orr Heath, Angela Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Heartland, TX 75126						
	•	pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	s)		
	Date 10/06/2024	Full name of contributor Orr Heath, Angela Contributor address; City; St Dallas, TX 75243	out-of-state PAC (ID#:	••••			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	5)		
	Date 10/27/2024	Full name of contributor Orr Heath, Angela Contributor address; City; St Heartland, TX 75126	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions Diagnostician)		Employer (See Instructions Irving ISD	5)		
	Luucauondi	Piagriosticia I			Traing IOD			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 40/63 Rpt: 43/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 10/29/2024	Orr Heath, Angela	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Heartland, TX 75126 pation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
٠		Diagnostician		Irving ISD	')		
	Date 11/06/2024	Full name of contributor Orr Heath, Angela Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75243					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
		Diagnostician		Irving ISD			
	Date 11/15/2024	Full name of contributor Pacheco, Vanessa Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
	Principal occu Vice Preside	pation / Job title (See Instructions) ent		Employer (See Instructions Ohana Cottonwood	5)		
	Date 12/13/2024	Full name of contributor Pantzer, John Contributor address; City; State; Richardson, TX 75081	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Skywire Design Inc	<u> </u>		
	Date 09/24/2024	Full name of contributor Petterborg, Larry Contributor address; City; State; Dallas, TX 75243	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 41/63 Rpt: 44/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 07/31/2024	5 Full name of contributor [Peña, George6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$100.00
	Dringing aggr	Addison, TX 75001	lo.	Employer (See Instructions	_		
8	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		
	Date 09/17/2024	Full name of contributor [Peña, Jorge Contributor address; City; Sta				Amount of Contribution (\$)	\$15.00
	Principal occu	Addison, TX 75001 pation / Job title (See Instructions)		Employer (See Instructions			
	Not Employe			Not Employed	')		
	Date 12/10/2024	Full name of contributor [Phariss, Mark Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$250.00
		PLANO, TX 75093					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Tenet Healthcare	5)		
	Date 10/02/2024	Full name of contributor [PharmPAC Contributor address; City; Sta Austin, TX 78757	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor Pique, Lynn Contributor address; City; Sta Redwood City, CA 94063	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 42/63 Rpt: 45/113	
2	FILER NAME Ramos, Ana	: a-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 08/31/2024	 Full name of contributor out-of-state PAC (ID#: Polman, Cheryl Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
	B. State of age.	Dallas, TX 75218	To a large (Con Instruction	Ĺ		
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions n/a	;) 		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#: Potts, Garry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occi	Dallas, TX 75209 upation / Job title (See Instructions)	Employer (See Instructions	=, 		
	Video produ		Self	<i>'</i>)		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: Potts, Garry Contributor address; City; State; Zip Code		<u> </u>	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75209				
	Principal occu Video produ	upation / Job title (See Instructions) Icer	Employer (See Instructions Self	s)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#: Potts, Garry Contributor address; City; State; Zip Code Dallas, TX 75209		•	Amount of Contribution (\$)	\$25.00
	Principal occu Video produc	upation / Job title (See Instructions) ucer	Employer (See Instructions Self	;)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Potts, Garry Contributor address; City; State; Zip Code Dallas, TX 75209	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Video produc	upation / Job title (See Instructions) Icer	Employer (See Instructions Self	;)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/63 Rpt: 46/113	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state PAC (ID#:_Proffitt, Alicia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
0	Principal occu	Brighton, MI 48116	9 Employer (See Instructions			
8	Not Employe		Not Employed)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Putman, Barry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$13.50
	Principal occu	Graham, WA 98338 upation / Job title (See Instructions)	Employer (See Instructions			
	College Prof		Pierce College	,		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Ramirez, Rene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$502.00
		Edinburg, TX 78539				
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Rice, Harvey Contributor address; City; State; Zip Code Galveston, TX 77554			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_Richard, Susan Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$35.00
	Principal occu Sr QA Engin	ipation / Job title (See Instructions) neer	Employer (See Instructions Matlin Silver Inc)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 44/63 Rpt: 47/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 10/27/2024	 Full name of contributor out-of-state PAC Richard, Susan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$35.00
_	Dringing Loon	Dallas, TX 75243	lo.	Employer (See Instructions	<u></u>		
8	Sr QA Engin	pation / Job title (See Instructions) eer	9	Employer (See Instructions Matlin Silver Inc	5)		
	Date 12/13/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Portland, OR 97220 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Not Employe			Not Employed			
	Date 09/26/2024	Full name of contributor out-of-state PAC Roach, Julie Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75243					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC Ryan, Connie Contributor address; City; State; Zip Code Brightwood, OR 97011	,)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC SMITH, ROBERT M Contributor address; City; State; Zip Code DALLAS, TX 75230	C (ID#:		•	Amount of Contribution (\$)	\$500.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions ACCIDENT & INJURY (IROPRACTIC	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 45/63 Rpt: 48/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 08/31/2024	5 Full name of contributor Sacco, Linda6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081						
8	Principal occu Retired	pation / Job title (See Instructions	;) 	9	Employer (See Instructions IMB Southern Baptist	5)		
	Date 08/30/2024	Full name of contributor Sanders, Nancy Contributor address; City; Si dallas, TX 75229					Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> ;)		
	Not Employe	ed			Not Employed			
	Date 09/18/2024	Full name of contributor Saunders, Jane Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		waco, TX 76708						
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	5)		
	Date 11/27/2024	Full name of contributor Schneider, Kathy Contributor address; City; Si Dallas, TX 75254)		Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)		Employer (See Instructions Not Employed	5)		
	Date 09/20/2024	Full name of contributor Schuster, Phyllis Contributor address; City; Si Ruidoso, NM 88345	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/63 Rpt: 49/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state PAC (ID#:_ Schuster, Phyllis 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
0	Dringing ogg	Ruidoso, NM 88345	9 Employer (See Instructions			
8	Not Employe		Not Employed)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Schuster, Phyllis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Ruidoso, NM 88345 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Schuster, Phyllis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Ruidoso, NM 88345				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Schuster, Phyllis Contributor address; City; State; Zip Code Ruidoso, NM 88345)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_Schuster, Phyllis Contributor address; City; State; Zip Code Ruidoso, NM 88345)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 47/63 Rpt: 50/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 10/25/2024	Schuster, Phyllis	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Ruidoso, NM 88345 pation / Job title (See Instructions)	9	Employer (See Instructions)		
Ŭ	Not Employe			Not Employed	,		
	Date 11/01/2024	Schuster, Phyllis Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Ruidoso, NM 88345 pation / Job title (See Instructions)		Employer (See Instructions			
	Not Employe			Not Employed	,		
	Date 11/27/2024	Full name of contributor Scudder, Kendall Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75214					
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Self)		
	Date 07/26/2024	Full name of contributor Segal, Irwin Contributor address; City; State; Dallas, TX 75240	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 07/26/2024	Full name of contributor Segal, Irwin Contributor address; City; State; Dallas, TX 75240	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			I				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 48/63 Rpt: 51/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 08/20/2024	 Full name of contributor out-of-state F Segal MD, Irwin Contributor address; City; State; Zip Code 	,		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 07/30/2024	Full name of contributor out-of-state F Self, Daphne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
	D: : 1	Richardson, TX 75081			<u> </u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 08/30/2024	Full name of contributor out-of-state F Self, Daphne Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Richardson, TX 75081					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 09/18/2024	Full name of contributor out-of-state F Self, Daphne Contributor address; City; State; Zip Code Richardson, TX 75081	-)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 09/26/2024	Full name of contributor out-of-state F Self, Daphne Contributor address; City; State; Zip Code Richardson, TX 75081)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 49/63 Rpt: 52/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	r Filers)
4	Date 10/26/2024	 5 Full name of contributor out-of-state PAC (ID#:_Self, Daphne 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	Deignaignal annu	Richardson, TX 75081	S. Frankriger (Co.) Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Self, Daphne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Not Employe		Not Employed	,,		
	Date 07/08/2024	Full name of contributor out-of-state PAC (ID#:_ Shipp, Bill Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Tucson, AZ 95739				
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	5)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_Shipp, Bill Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu	Tucson, AZ 95739 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Not employe	,	Not employed	,,		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_Shipp, Bill Contributor address; City; State; Zip Code Marana, AZ 85658			Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 50/63 Rpt: 53/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 11/17/2024	Shipp, Bill	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Tucson, AZ 95739	lo.	Employer (Con Instructions	<u>, </u>		
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not employed	5)		
	Date 11/28/2024	Full name of contributor out-of Siddiqui, Aftab Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$25.00
		Arlington, TX 76002		- 100	<u> </u>		
	Principal occu Planner	pation / Job title (See Instructions)		Employer (See Instructions American Airlines	5)		
	Date 08/01/2024	Full name of contributor out-of Slatter, Anne Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Dallas, TX 75248					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 08/14/2024	Slice, Frederick	f-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 07/01/2024	Smith, Libby	f-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			· · ·				

	MONET	ARY POLITICAL CONTR		SCHEDUL	DULE A1		
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 51/63 Rpt: 54/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 08/01/2024	Smith, Libby	ate PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Dringing agg	Ponca City, OK 74601	lo.	Employer (See Instructions			
0	Not Employe	pation / Job title (See Instructions) ed	J	Not Employed	')		
	Date 09/01/2024	Smith, Libby)		Amount of Contribution (\$)	\$5.00
	Principal occu	Ponca City, OK 74601 pation / Job title (See Instructions)	1	Employer (See Instructions			
	Not Employe			Not Employed	')		
	Date 10/01/2024	Full name of contributor out-of-sta Smith, Libby Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Ponca City, OK 74601					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 11/01/2024	Smith, Libby				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/11/2024	Sohne, Tina)		Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
			•				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 52/63 Rpt: 55/113	
2	FILER NAME Ramos, Ana	Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 07/06/2024	 5 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$50.00
_	Deinainal assu	Richardson, TX 75081	lo-	Frankston (Cookstantin to			
8	not employed	pation / Job title (See Instructions)	9	Employer (See Instructions none	5)		
	Date 09/12/2024	Swift, Linda Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$102.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	not employed			none			
	Date 10/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$50.00
		Richardson, TX 75081					
	Principal occu not employed	oation / Job title (See Instructions)		Employer (See Instructions none	i)		
	Date 10/21/2024	Syed, Hisham)		Amount of Contribution (\$)	\$35.00
	Principal occu not employed	oation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 11/22/2024	Syed, Hisham	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu not employed	oation / Job title (See Instructions)		Employer (See Instructions self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/63 Rpt: 56/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 12/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ TALA PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78759 upation / Job title (See Instructions)	9 Employer (See Instructions			
_	r incipal occu	pation / 300 title (See instructions)	2 Employer (See Instructions	,		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Tansill, Roy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.06
	Principal occu	Corpus Christi, TX 78418 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Tansill, Roy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78418				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Tansill, Roy Contributor address; City; State; Zip Code Corpus Christi, TX 78418)		Amount of Contribution (\$)	\$1.06
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Taylor, Tom Contributor address; City; State; Zip Code Dal, TX 75243			Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 54/63 Rpt: 57/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 08/02/2024	5 Full name of contributor [Taylor, Tom6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$35.00
8	Principal occur	Dal, TX 75243 pation / Job title (See Instructions)	la la	Employer (See Instructions	:) 		
Ü	Not Employe			Not Employed	')		
	Date 10/26/2024	Full name of contributor Taylor, Tom Contributor address; City; Sta)		Amount of Contribution (\$)	\$35.00
	Principal occur	Dal, TX 75243 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Not Employe			Not Employed	·)		
	Date 11/15/2024	Full name of contributor [Taylor, Tom Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$35.00
		Dal, TX 75243					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 11/22/2024	Full name of contributor Taylor, Tom Contributor address; City; Sta Dal, TX 75243)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 12/07/2024	Full name of contributor Taylor, Tom Contributor address; City; Sta Dal, TX 75243	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	F76			1 -7			

	MONET	ARY POLITICAL (CONTRIBUTIO	NS	5		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm	ı.	1	Total pages Schedule A1: Sch: 55/63 Rpt: 58/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 07/15/2024	5 Full name of contributor Taylor, Tom D6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$35.00
8	Dringing aggr	DALLAS, TX 75243	.,	0 5	Employer (See Instructions	·/		
0	Not Employe	pation / Job title (See Instructions ed	,,		Not Employed)		
	Date 11/20/2024	Full name of contributor Taylor, Tom D Contributor address; City; Si)		Amount of Contribution (\$)	\$24.00
	Principal occur	DALLAS, TX 75243 pation / Job title (See Instructions	., I		Employer (See Instructions	·/-		
	Not Employe)		Not Employed)		
	Date 12/14/2024	Full name of contributor Taylor, Tom D Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$35.00
		DALLAS, TX 75243						
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		
	Date 11/26/2024	Full name of contributor Texas AFL-CIO Contributor address; City; Si Austin, TX 78711	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	(3)	E	Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor Texas Democratic Wome Contributor address; City; Si Austin, TX 78703					Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	E	Employer (See Instructions	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: 56/63 Rpt: 59/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 11/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/04/2024	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/63 Rpt: 60/113			
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)		
4	Date 11/19/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00		
_	Deignaignal annu	Austin, TX 78701	O Frankright (Cook hostworthorn					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ The Real Estate Council PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ Toperzer, Charles Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00		
	Principal occu	Garland, TX 75042 pation / Job title (See Instructions)	Employer (See Instructions)				
	Not Employe		Not Employed					
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Toperzer, Charles Contributor address; City; State; Zip Code Garland, TX 75042)		Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)				
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Toperzer, Charles Contributor address; City; State; Zip Code Garland, TX 75042			Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruc	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 58/63 Rpt: 61/113	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 09/27/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$50.00	
8	Principal occur	Garland, TX 75042 pation / Job title (See Instructions	.)	Employer (See Instructions	<u>-,</u>		
0	Not Employe		9	Not Employed	>)		
	Date 10/22/2024	Full name of contributor Toperzer, Charles Contributor address; City; St				Amount of Contribution (\$)	\$50.00
		Garland, TX 75042			Ĺ		
	Not Employe	pation / Job title (See Instructions ed	(5)	Employer (See Instructions Not Employed	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/26/2024 Toperzer, Charles Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00		
		Garland, TX 75042					
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed			Employer (See Instructions Not Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/22/2024 Toperzer, Charles Contributor address; City; State; Zip Code Garland, TX 75042			Amount of Contribution (\$)	\$35.00		
		Employer (See Instructions Not Employed	5)				
_	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Toperzer, Charles Contributor address; City; State; Zip Code Garland, TX 75042			Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	s)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	SCHEDULE A1	
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 59/63 Rpt: 62/113		
2	FILER NAME Ramos, Ana	FILER NAME Ramos, Ana-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	ı Filers)		
4	Date 12/13/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$50.00		
8	Principal occur	Garland, TX 75042 pation / Job title (See Instructions)) [9	Employer (See Instructions	<u>:)</u>			
Ŭ	Not Employe		,	Not Employed	٠,			
	Date 09/29/2024	Full name of contributor Tran, Edward Contributor address; City; Sta				Amount of Contribution (\$)	\$50.00	
		Richardson, TX 75080						
	Principal occupation / Job title (See Instructions) Programmer			Employer (See Instructions ZeniMax Media Inc	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/15/2024 Valenzuela, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00			
		AUSTIN, TX 78704						
			Employer (See Instructions University of Texas	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 08/19/2024 Vosseller, Jeanne Contributor address; City; State; Zip Code Vienna, VA 22182		•	Amount of Contribution (\$)	\$50.00			
	Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructions St. John's College High		hool		
	Date Full name of contributor out-of-state PAC (ID#:) 11/22/2024 Walman, Helen Contributor address; City; State; Zip Code Dallas, TX 75248			Amount of Contribution (\$)	\$15.00			
	Principal occu Psychothera	pation / Job title (See Instructions))	Employer (See Instructions Helen Waks LCSW	5)			
	,: ::::::	•						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI		
	The Instruc	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 60/63 Rpt: 63/113		
2	FILER NAME Ramos, Ana	FILER NAME Ramos, Ana-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)	
4	Date 09/17/2024	ate 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$20.00		
_	Deireitad	Dallas, TX 75243	- la	Foundation (October the Atlantic				
8	ALJ	pation / Job title (See Instructions)	9	Employer (See Instructions TWC	5)			
	Date 07/26/2024	Full name of contributor out-of-state PAC Weiner, Hallie Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$35.00	
	Delicalization	Richardson, TX 75080		Faralas a (Caralas trasticas				
	•	pation / Job title (See Instructions) n Coordinator		Employer (See Instructions Temple Emanu-El	5)			
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/24/2024 Wrinkle, William Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$50.00			
	Principal occupation / Job title (See Instructions) Software Developer Employer (See Instructions) Spacee			Employer (See Instructions Spacee	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Wrinkle, William Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$50.00			
	Principal occu Software De	pation / Job title (See Instructions)		Employer (See Instructions Spacee	5)			
				- F 2000				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 61/63 Rpt: 64/113	
2	FILER NAME Ramos, Ana	FILER NAME Ramos, Ana-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 07/31/2024			7	Amount of Contribution (\$)	\$35.00	
_		Richardson, TX 75081					
8	Volunteer Co	pation / Job title (See Instructions) pordinator	9	Employer (See Instructions Heart to Heart Hospice	i)		
	Date 12/13/2024	Full name of contributor out-of- Wyatt, Debra Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	<u>) </u>		
	Volunteer Co			Heart to Heart Hospice	,		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75208					
Principal occupation / Job title (See Instructions) Employer (See attorney Self			Employer (See Instructions self	()			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00	
	Dallas, TX 75230 Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	<u> </u>		
	Date 09/16/2024 Full name of contributor			Amount of Contribution (\$)	\$35.00		
	Principal occu Financial Ma	pation / Job title (See Instructions)		Employer (See Instructions Modern Family Vision	;)		
				222 3, 1.0.011			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	SCHEDULE A1	
	The Instruc	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 62/63 Rpt: 65/113		
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commissio 00081730	n Filers)	
4	Date 09/26/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$35.00		
8	Principal occu	Garland, TX 75042 pation / Job title (See Instructions)	9	Employer (See Instructions	:) [
	Financial Ma			Modern Family Vision	,			
	Date 08/31/2024	obinwa, emenjo Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Not Employe			Not Employed	,			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75231						
			Employer (See Instructions Not Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00		
	Principal occupation / Job title (See Instructions) Not employed			Employer (See Instructions Not employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) Sheaks, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Principal occu Lab tech	pation / Job title (See Instructions)		Employer (See Instructions Electro Plate Circuitry	5)			
	LAD (CCII		L_	Lieuro Piate Circuity				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 63/63 Rpt: 66/113
2	FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4	Date 09/16/2024 5 Full name of contributor out-of-state PAC (ID#: sheaks, Robert 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$10
	Irving, TX 75060	
8	Principal occupation / Job title (See Instructions) Begin b	
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.
	Contributor address; City; State; Zip Code	
	Weston, FL 33326 Principal occupation / Job title (See Instructions) Not employed Employer (See Instructions) Not employed	ructions)

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 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: 1/44 Rpt: 67/113	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	07/07/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.71	369 Summer St
		Somerville, MA 02144
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 Credit card processing fee
		Creativate processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/14/2024	ActBlue Technical Services
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.24	369 Summer St
		Somerville, MA 02144
	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 Credit card processing fee
		Creativate processing fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/21/2024	ActBlue Technical Services
L	Amount (\$)	Payee address; City; State; Zip Code
	\$3.17	369 Summer St
	ФЗ.17	509 Sulfiller St
		0 " 11 11 001 11
		Somerville, MA 02144
	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
		Credit card processing fee
		Stock said processing lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
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: 2/44 Rpt: 68/113	Ramos, Ana-Maria (The Honorable) 00081730					
4	Date	5 Payee name	_				
	07/28/2024	ActBlue Technical Services					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$9.71	369 Summer St					
		Somerville, MA 02144					
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.					
	EXI ENDITORE	Credit card processing fee					
		Credit card processing ree					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/OI						
	Date	Payee name	_				
	08/04/2024	ActBlue Technical Services					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.16	369 Summer St					
	402.10	oos danimer ot					
		Somerville, MA 02144					
_	PURPOSE	1					
	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					
		Credit card processing fee					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
			_				
	Date	Payee name					
	08/11/2024	ActBlue Technical Services					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$5.35	369 Summer St					
		Somerville, MA 02144					
	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					
		Credit card processing fee					
	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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_	Tatal as a second of Education Education				
1	Total pages Schedule F1: Sch: 3/44 Rpt: 69/113	2 FILER NAME Ramos, Ana-Maria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081730			
4	Date	5 Payee name			
	08/18/2024	ActBlue Technical Services			
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144			
8	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 Credit card processing fee			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/25/2024	ActBlue Technical Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$11.26	369 Summer St			
		Somerville, MA 02144			
	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			
		Credit card processing fee			
		a community of the comm			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/01/2024	ActBlue Technical Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$44.62	369 Summer St			
		Somerville, MA 02144			
	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 Credit card processing fee			
		Credit early processing rec			
\vdash	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
-	Total pages Cabadula F1:				
1	Total pages Schedule F1: Sch: 4/44 Rpt: 70/113	2 FILER NAME Ramos, Ana-Maria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081730			
4	Date	5 Payee name			
	09/08/2024	ActBlue Technical Services			
6	Amount (\$) \$2.10	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144			
8	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 Credit card processing fee			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/15/2024	ActBlue Technical Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$26.83	369 Summer St			
		Somerville, MA 02144			
	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			
		Credit card processing fee			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/22/2024	ActBlue Technical Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.30	369 Summer St			
		Somerville, MA 02144			
	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			
		Credit card processing fee			
		Great data processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking 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:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 5/44 Rpt: 71/113	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	09/29/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.51	369 Summer St
	Φ31.31	309 Suffiller St
		Somerville, MA 02144
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
		Credit card processing fee
		Great data processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	·	
	Date	Payee name
	09/30/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.80	369 Summer St
		Somerville, MA 02144
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit eyes	
	Date	Payee name
	10/06/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.14	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wa The Instruction Guide explains how to com	ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/44 Rpt: 72/113	Ramos, Ana-Maria (The Honorable)	00081730
4 Date	5 Payee name	
10/13/2024	ActBlue Technical Services	
6 Amount (\$) \$13.87	7 Payee address; City; State; Zip Cod 369 Summer St Somerville, MA 02144	e
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
10/20/2024	ActBlue Technical Services	
Amount (\$) \$2.58	Payee address; City; State; Zip Cod 369 Summer St	е
	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	nt Office held
Date 10/27/2024	Payee name ActBlue Technical Services	
Amount (\$) \$58.67	Payee address; City; State; Zip Cod 369 Summer St	е
	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	nt Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir al Committee Legal Services Sal	ice Overhead/ lling Expense nting Expense laries/Wages/0	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
Ļ	= : : 0 ! - : !	The Instruction Guide explains how	to complet	-	_	16	(=0.1 Constitution Filess)
1	Total pages Schedule F1: Sch: 7/44 Rpt: 73/113	Ramos, Ana-Maria (The Honorable)			3	Filer ID 00081730	(Ethics Commission Filers)
4	Date	5 Payee name					
	11/03/2024	ActBlue Technical Services					
6	Amount (\$) \$3.20	7 Payee address; City; State; Zi 369 Summer St Somerville, MA 02144	p Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees			TX,	de of Texas. Comp officeholder living essing fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		e sought			Office he	bld
	Date	Payee name					
	11/10/2024	ActBlue Technical Services					
	Amount (\$) \$0.99	Payee address; City; State; Zi 369 Summer St	p Code				
		Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees			TX,	de of Texas. Com , officeholder living essing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought			Office he	pld
	Date 11/17/2024	Payee name ActBlue Technical Services					
	Amount (\$) \$19.04	Payee address; City; State; Zi 369 Summer St Somerville, MA 02144	p Code				
-	PURPOSE	(-) 0	(b)	 Description			
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees		Check if travel o	TX,	de of Texas. Com , officeholder living essing fee	•
	Complete ONLY if direct expenditure to benefit C/OF		e sought			Office he	ald

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 8/44 Rpt: 74/113	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	11/24/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.59	369 Summer St
		Somerville, MA 02144
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
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/01/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.55	369 Summer St
		Somerville, MA 02144
	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
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/08/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.36	369 Summer St
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the poly outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	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 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 (onter a contrary not listed above)

	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: 9/44 Rpt: 75/113	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	12/15/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$141.74	369 Summer St
		Somerville, MA 02144
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
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/02/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
	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 Software license
		Software neerise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
	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 Software license
		Software license
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 10/44 Rpt:		3 Filer ID (Ethics Commission Filers) 00081730
4	Date	Ramos, Ana-Maria (The Honorable) 5 Payee name	00061730
	09/03/2024	Adobe	
6	Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Ave	
		San Jose, CA 95110	
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software license
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/01/2024	Adobe	
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave	
		San Jose, CA 95110	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software license
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/04/2024	Payee name Adobe	
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave	
		San Jose, CA 95110	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software license
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

	Credit Cara r ayment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/44 Rpt:	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	
	12/02/2024	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.64	345 Park Ave	
		San Jose, CA 95110	
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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Software license
_	Complete ONLY if direct	Condidate/Officeholder name Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	11/22/2024	Atlantic Travel Agency	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1446 Dorchester Ave	
		Boston, MA 02122	
	PURPOSE OF		Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/30/2024	Berkner High School Mighty Ram Band	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.20	1600 E Spring Valley Rd	
		, ,	
		Richardson, TX 75081	
	PURPOSE		Description
	OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		[Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft 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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 12/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	10/02/2024	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.13	12305 US-290
		Manor, TX 78653
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Guodinio Guodinio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/29/2024	Costco Gas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$41.64	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gasonine
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/07/2024	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.14	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gusoniic
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Н		

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: 13/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	09/11/2024	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.72	8055 Churchill Way
		Dallas, TX 75251
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/16/2024	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.57	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/17/2024	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.96	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
	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)
ising 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
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: 14/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4 Date	5 Payee name
09/20/2024	Costco Gas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.02	2201A N IH 35
	Georgetown, TX 78628
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expense Check if Austin, TX, officeholder living expense Gasoline
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payee name
09/25/2024	Costco Gas
Amount (\$)	Payee address; City; State; Zip Code
\$23.83	2201A N IH 35
	Georgetown, TX 78628
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITORE	Expense Check if Austin, TX, officeholder living expense
	Gasoline
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Davies warms
09/30/2024	Payee name Costco Gas
Amount (\$) \$23.68	Payee address; City; State; Zip Code 8055 Churchill Way
Ψ23.00	0000 Charchill Way
	Dallas, TX 75251
DUDDOCE	Tu.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Gasoline
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

SCHEDULE F1

Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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: 15/44 Rpt:	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	
	10/07/2024	Costco Gas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.66	8055 Churchill Way	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Dallas, TX 75251	
Ļ	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Faulinment And Related Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment / the related	tin, TX, officeholder living expense
		Gasoline	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	10/30/2024	Costco Gas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.80	8055 Churchill Way	
	*		
		Dallas, TX 75251	
_	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Faulinment And Related Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related	tin, TX, officeholder living expense
		Gasoline	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/19/2024	Costco Gas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.77	8055 Churchill Way	
		,	
		Dallas, TX 75251	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE		tin, TX, officeholder living expense
		Gasoline	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	H	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		rs)
Sch: 16/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730	ŕ
4 Date	5 Payee name	
12/02/2024	Costco Gas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$30.73		
	Dallas, TX 75251	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Expense Check if Austin, TX, officeholder living expense	
	Gasoline	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/23/2024	DLGA PAC	
Amount (\$)	Payee address; City; State; Zip Code	
\$117.00	1620 I St NW	
	Suite 900	
	Washington, DC 20005	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/08/2024	Dropbox	
Amount (\$)	Payee address; City; State; Zip Code	
\$170.42	185 Berry St	
	4th Floor	
	San Francisco, TX 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	File storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experience to benefit 6/0	~··	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/44 Rpt:	Ramos, Ana-Maria (The Honorable)
4	Date	5 Payee name
	07/08/2024	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.00	2809 Belt Line Rd
		Garland, TX 75044
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
H	Date	Davida nama
	08/06/2024	Payee name Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
		Garland, TX 75044
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage rental
		Storago roma.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies warms
	09/06/2024	Payee name Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
		Garland, TX 75044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage rental
		Storage Tental
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	10/07/2024	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
		Garland, TX 75044
8	PURPOSE	
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/06/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
		Garland, TX 75044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	12/06/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
		Garland, TX 75044
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	sponditare to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense		/ages	/Contract Labor		Travel Out OTHER (er		trict category not listed above)
Ļ	T.1 6111=	-	EU EB:		. Juiue expiairis	HOW IO CO	iiipie	ac una ioiiii.	<u>۔</u>	-1		(Filips Occupied 1971)
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
_	Sch: 19/44 Rpt:	_		a-Maria (The	Honorable)					000817	30	
4	Date	5	Payee name									
L	07/22/2024	L	Goodman C	Campaigns								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$1,081.25		211 E 7th S	t								
			Suite 20									
			Austin, TX 7	78701								
8	PURPOSE	(a)			at the top of this scl	hoduls)	(b)	Description				
ľ	OF	(~)	Consulting I		at the top of this sci	neaule)	(5)	_ `	outsi	ide of Texas.	Comp	plete Schedule T.
	EXPENDITURE		Jon Suiting I	_лропас				Check if Austin				
								Consulting				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	<u>, </u>	Office sou	ght			Offic	e he	eld
	expenditure to benefit C/OI	H										
	Date		Payee name									
	07/24/2024		Goodman C	Campaigns								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$888.88		211 E 7th S	t								
			Suite 20									
			Austin, TX 7	78701								
_	PURPOSE	(2)				1	(h)	Description				
	OF	ر ^{م)}			at the top of this scl	nedule)	(1)	_	outsi	ide of Texas.	Comr	plete Schedule T.
	EXPENDITURE		Consulting I	∟xheii26				Check if Austin				
								Consulting				
	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	Office sou	ght			Offic	e he	eld
	expenditure to benefit C/O	H 										
	Date		Payee name									
	07/24/2024		Goodman C	Campaigns								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$854.75		211 E 7th S	t								
			Suite 20									
			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Consulting I			,	-		outsi	ide of Texas.	Comp	plete Schedule T.
	EXPENDITURE		3	•				Check if Austin	, TX	, officeholder	living	expense
								Consulting				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	;	Office sou	ght			Offic	e he	eld
	experiorare to benefit C/Of	-1										
_												

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide explains ho	ow to coi	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	iers)
	Sch: 20/44 Rpt:		Ramos, Ana	a-Maria (The Ho	onorable)					00081730		
4	Date	5	Payee name									
	09/11/2024		Goodman C	ampaigns								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$829.40		211 E 7th S	-	,							
	4020.10		Suite 20	•								
				20704								
		L	Austin, TX 7	8701								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense				브			plete Schedule T.	
								Consulting	, IX,	officeholder living	g expense	
								Consulting				
_	0 1: 01:11/1/1/1	L_								0,11		
9	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	Off	fice sou	gnt			Office h	ela	
	Date		Payee name									
	09/18/2024		Goodman C	ampaigns								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$815.00		211 E 7th S	t								
			Suite 20									
			Austin, TX 7	8701								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)	Consulting E	e Categories listed at t	he top of this sched	dule)	(5)	_ `	outsi	de of Texas. Com	iplete Schedule T.	
	EXPENDITURE		Consuling E	Expense				-		officeholder living		
								Consulting				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	09/18/2024		Goodman C	ampaigns								
	Amount (\$)	H	Payee addres		State:	Zip Co	de					
	\$74.75		211 E 7th Si	-	Otato,	p	uo					
	Ψ14.13		Suite 20	•								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Consulting E	Expense				브			plete Schedule T.	
									, IX,	officeholder living	g expense	
								Consulting				
_	Complete ONLY if direct	Ļ	Condidate /Cff	noboldor :	0.5	fine and	ab+			Office	ald	
	Complete ONLY if direct expenditure to benefit C/O		Januluale/UIII	ceholder name	Off	fice sou	ynı			Office h	c iu	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	1
Sch: 21/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4 Date	5 Payee name
07/01/2024	Google
6 Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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 Gmail accounts
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/01/2024	Google
Amount (\$) \$35.31	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Google
Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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 (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 T	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4 D	ate	5 Payee name
0	8/02/2024	Google
6 A	mount (\$) \$34.63	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
	complete <u>ONLY</u> if direct xpenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
D	ate	Payee name
0	9/03/2024	Google
A	mount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Maurtain View, CA 04043
		Mountain View, CA 94043
I	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
	complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
D	ate	Payee name
0	9/03/2024	Google
A	mount (\$) \$60.40	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
ı	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
	complete <u>ONLY</u> if direct xpenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 23/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	10/02/2024	Google
6	Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/02/2024	Google
	Amount (\$) \$58.84	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mauntain View, CA 94043
	DUDDOGE	Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2024	Google
	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail accounts
	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 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: 24/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	11/04/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.05	1600 Amphitheatre Parkway
		Mountain View, CA 94043
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 Gmail accounts
		Ginal accounts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/Ol	
_	Date	Davies same
	12/02/2024	Payee name Google
		3
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.05	1600 Amphitheatre Parkway
		M
		Mountain View, CA 94043
	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
		Gmail accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/02/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gmail accounts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Ondital of Donone O/OI	

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cabadula F1:	1
1	Total pages Schedule F1: Sch: 25/44 Rpt:	2 FILER NAME Ramos, Ana-Maria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081730
4	Data	
4	Date	5 Payee name
	09/24/2024	J-Mart Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.21	1921 N Plano Rd
		Carland TV 75042
		Garland, TX 75042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
\vdash	Data	
	Date	Payee name
	12/11/2024	J-Mart Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.43	1921 N Plano Rd
		Contained TV 75040
		Garland, TX 75042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
H	Date	Daysa nama
		Payee name
	12/20/2024	J-Mart Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.48	1921 N Plano Rd
		Garland, TX 75042
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Gasoline
	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 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 o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/44 Rpt:	Ramos, Ana-Maria (The Honorable)	00081730
4 Date	5 Payee name	-
10/03/2024	JW Marriott San Antonio Hill Country Resort &	& Spa
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$464.43	23808 Resort Pkwy	
	San Antonio, TX 78261	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Hotel stay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experiantire to benefit 6/6	·	
Date	Payee name	
09/23/2024	Jack Boles Parking	
Amount (\$)	Payee address; City; State; Zip C	Code
\$9.00	8150 Brookriver Drive	
	Suite 140	
	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Expense	Check if Austin, TX, officeholder living expense
		Parking
Opening the ONE Wife discret	Outside to 10 ff and hald a record	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
·		
Date	Payee name	
11/25/2024	Jessica Gonzalez for Texas	
Amount (\$)	Payee address; City; State; Zip C	Code
\$1,481.28	400 S Zang Blvd	
	Suite 102	
	Dallas, TX 75208	
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.
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Contribution
0	Operation to 100 fine the latter of	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held

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

rsement Solicitation/Fundraising Expense

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

Labor OTHER (enter a category not listed above)

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
	·				uide explains h	low to col	mple	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)	
	Sch: 27/44 Rpt:		Ramos, Ana	ı-Maria (The H	onorable)					00081730			
4	Date	5	Payee name										
	11/19/2024		Jose										
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$1,471.83		4931 W Lov	ers Ln									
			Dallac TV 7	E200									
Ļ		⊢	Dallas, TX 7			-							
8	PURPOSE OF			e Categories listed at		dule)	(b)	Description					
	EXPENDITURE		Solicitation/F	Fundraising Ex	pense			_		officeholder living	plete Schedule T.		
								Fundraiser ve			у схренас		
								. anaraiooi ve	J. 1 G	0 a 100a			
_	Commission ONLLY if disposit	<u>_</u>	Canalidate /Offic			#: · · ·	a. la t			Office b	_ d		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	O	ffice sou	gnt			Office h	ela		
	<u> </u>												
	Date		Payee name										
	12/12/2024		Jose										
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$990.33		4931 W Lov	ers Ln									
			Dallas, TX 7	5200									
_	DUDDOOF	┝				Т	<i>(</i> 1-)						
	PURPOSE OF			e Categories listed at		dule)	(a)	Description	outoi	do of Toyon Com	unloto Cohodulo T		
	EXPENDITURE		Solicitation/I	-undraising Ex	pense			=		officeholder living	plete Schedule T. expense		
								Fundraiser ve			, , , , , , ,		
_	Complete ONLY if direct		Candidate/Offic	reholder name	0	ffice sou	aht			Office h	eld		
	expenditure to benefit C/OI						9						
_	D :	_											
	Date	1	Payee name										
	08/01/2024		Lyft										
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$19.88		185 Berry S	t									
			Suite 5000										
			San Francis	co, CA 94107									
	PURPOSE	(a)	Category (co	e Categories listed at	the ten of this cohe	dula)	(b)	Description					
	OF			on Equipment			(~)		outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITURE		Expense	on Equipment	, ina ricialea			Check if Austin,	, TX,	officeholder living	g expense		
			·					Taxi fare					
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (setter a extension pat listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		_
1	Total pages Schedule F1: Sch: 28/44 Rpt:	2 FILER NAME Ramos, Ana-Maria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081730	
4	Data	l l	_
4	Date	5 Payee name	
	08/09/2024	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.21	185 Berry St	
		Suite 5000	
		San Francisco, CA 94107	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Taxi fare	
		Taxitate	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit 6/61		
	Date	Payee name	
	08/12/2024	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$21.85	185 Berry St	
	,	Suite 5000	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense	
		Taxi fare	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onponditare to benefit eye.	· 	
	Date	Payee name	
	08/19/2024	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.49	185 Berry St	
		Suite 5000	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Taxi fare	
		Taxitate	
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold	
	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

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 E Gift/Awards/Mem Legal Services The Instructio			ense ges/Contract Labor	Trav	vel in District vel Out of Dis HER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILE	R NAME				3 File	r ID	(Ethics Commission File	ers)
	Sch: 29/44 Rpt:	Ram	os, Ana-Maria (The	e Honorable)			000	081730		
4	Date	5 Paye	e name				1			
	08/23/2024	Lyft								
6	Amount (\$)	7 Paye	e address; City;	State;	; Zip Cod	e				
	\$31.43	185	Berry St							
		Suite	5000							
		San	Francisco, CA 941	07						
8	PURPOSE	(a) Cate	Ory (See Categories liste	ed at the top of this sch	ledule) (I	b) Description				
	OF EXPENDITURE		el Out of District	od at allo top of allo ool.	loudio,	X Check if travel	outside of	Texas. Comp	blete Schedule T.	
	LAFLINDITORE					Check if Austin	n, TX, office	eholder living	expense	
						Taxi fare				
_	Complete ONLY if direct	Condi	lata/Officabaldar sam		Office cover			Office he	Id	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late/Officeholder nam	<u> </u>	Office sougl	IL		Office he	iu	
	Date	l ´	e name							
	08/26/2024	Lyft								
	Amount (\$)	l í	e address; City;	State:	; Zip Cod	e				
	\$41.88	185	Berry St							
		Suite	5000							
		San	Francisco, CA 941	07						
	PURPOSE	(a) Cate	gory (See Categories liste	ed at the top of this sch	nedule) (I	b) Description				
	OF EXPENDITURE	Trav	el Out of District			X Check if travel Check if Austin			olete Schedule T.	
						Taxi fare	i, 17, UlliCt	Shower living	слренос	
	Complete ONLY if direct expenditure to benefit C/O		late/Officeholder nam	ie C	Office sougl	nt		Office he	ld	
_	Dete									
	Date	l ´	e name							
	10/18/2024	Lyft	dd 2"		. 7:- 0 1	_				
	Amount (\$)	l '	e address; City;	State;	; Zip Cod	е				
	\$21.82	l	Berry St							
		1	5000 	07						
			Francisco, CA 941							
	PURPOSE OF		Ory (See Categories liste		,	b) Description Check if travel	nuteido of	Teyas Com	olete Schedule T.	
	EXPENDITURE	Tran Expe	sportation Equipme ense	ent And Related	¹	Check if Austin				
			-			Taxi fare				
	Complete ONLY if direct		late/Officeholder nam	ne C	Office sough	nt		Office he	ld	
	expenditure to benefit C/O									
_										

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 30/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	10/03/2024	Michelle Beckley Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,800.00	PO Box 117873
		Carrollton, TX 75011
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 contribution
		Campaign contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Data	
	Date	Payee name
	12/23/2024	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.24	One Microsoft Way
		Redmond, WA 98052
	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
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies wares
	10/31/2024	Payee name Mihaela Plesa Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	P.O. Box 796311
		Dallas, TX 75248
	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 contribution
		Campaign contribution
	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 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		ete this form.	,					
_	T		on Cuide explains now to et	, iiipi	te this form.	_	E". 15	/Ellete O	. =1
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 31/44 Rpt:	Ramos, Ana-Maria (Th	e Honorable)				00081730		
4	Date	5 Payee name							
	08/23/2024	Mr. Everything							
-	Amount (\$)	7 Payee address; City;	State; Zip Co	odo					
٥	` '	•	State, Zip Ct	oue					
	\$40.00	211 E Elm St							
		Alton, IL 62002							
8	PURPOSE	(a) Category (See Categories lis	ted at the ton of this schedule)	(b)	Description				
	OF	Travel Out of District	ted at the top of this schedule)	`´	X Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	TX,	, officeholder living	expense	
					Food				
9	Complete ONLY if direct	Candidate/Officeholder nar	ne Office sou	uaht			Office he	eld	
	expenditure to benefit C/OI			3					
	D-t-								
	Date	Payee name							
	07/02/2024	NGP VAN							
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$341.12	1445 New York Ave N	W						
		Suite 200							
		Washington, DC 2000!	5						
	DUDDOCE			(h)	- · · ·				
	PURPOSE OF	(a) Category (See Categories lis		(D)	Description	outoi	ide of Toyon Com	alota Cabadula T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedul							
					Database ser				
	Complete ONLY if direct	Candidate/Officeholder na	ne Office sou	ıabt			Office he	ald.	
	expenditure to benefit C/OI		ile Office Soc	agni			Office fie	ilu	
	·								
	Date	Payee name							
	08/07/2024	NGP VAN							
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$341.12	1445 New York Ave N	W						
		Suite 200							
			_						
		Washington, DC 2000	D						
	PURPOSE OF	(a) Category (See Categories lis		(b)	Description				
	EXPENDITURE	Office Overhead/Renta	al Expense				ide of Texas. Com		
					ш.		, officeholder living	expense	
					Database ser	VIC	es		
	Complete ONLY if direct	Candidate/Officeholder nar	me Office sou	ught			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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services						category not listed above)	
		_			ide explains now to d	ompi	iete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Fi	ilers)
	Sch: 32/44 Rpt:		Ramos, Ana	a-Maria (The Ho	norable)				00081730		
4	Date	5	Payee name								
	09/03/2024		NGP VAN								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	Code					
	\$341.12		•	ork Ave NW	, ,						
			Suite 200								
			Washington	DC 2000E							
		L									
8	PURPOSE OF	(a)		e Categories listed at th		(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Exp	ense					plete Schedule T.	
						X, officeholder living expense					
							Database se.		,00		
9	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name	Office so	ught.			Office h	ald	
9	expenditure to benefit C/O		Januluale/Oni	centituer name	Office Sc	Jugrit			Office II	eiu	
_		_									
	Date		Payee name								
	10/11/2024		NGP VAN								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	Code					
	\$341.12		1445 New Y	ork Ave NW							
			Suite 200								
			Washington	, DC 20005							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp						plete Schedule T.	
	LXI LINDITORL						ш.		, officeholder living	g expense	
							Database sei	rvic	es		
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Office	ceholder name	Office so	ought			Office h	eld	
	experience to benefit Gree										
	Date		Payee name								
	11/04/2024		NGP VAN								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	Code					
	\$341.12		1445 New Y	ork Ave NW							
			Suite 200								
			Washington	. DC 20005							
	PURPOSE	(a)				(h)	Description				
	OF	(۳)		e Categories listed at th		(2)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overi	icaa/rentai Exp	701130		Check if Austin	, TX	, officeholder living	g expense	
							Database sei	rvic	es		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/O	Н									
l											

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 33/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
	12/02/2024	NGP VAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$341.12	1445 New York Ave NW	
		Suite 200	
		Washington, DC 20005	
_	DUDDOCE		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Database services	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	11/14/2024	National Hispanic Caucus of State Legislators	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$350.00	1444 St NW	
	φ330.00	Suite 900	
		Washington, DC 20005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Onicerioider/Political Committee Conference attendance	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	11/21/2024	Progress Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$517.75	PO Box 132162	
		Dallas, TX 75313	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

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 The Instruction Guide	Salaries/V	Wages	s/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	\neg	
	Sch: 34/44 Rpt:		na-Maria (The Hono	rable)				00081730			
4	Date	5 Payee name	е								
	10/11/2024	Rosewood	Court Parking								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode						
	\$5.00	2101 Ceda	ar Springs Rd								
		Suite 1900									
		Dallas, TX	75201								
8	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE		ition Equipment And	l Related		=		de of Texas. Comp			
		Expense				Parking	, IX,	officeholder living	expense		
						i diking					
9	Complete ONLY if direct		ficeholder name	Office sou	<u>I</u> ıght			Office he	eld	_	
	expenditure to benefit C/O										
	Date	Payee name									
	07/08/2024	Shell									
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode						
	\$15.07	1331 S Pla	no Rd								
		Richardso	n, TX 75081								
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE		ition Equipment And	l Related				de of Texas. Comp			
		Expense				Check if Austin, TX, officeholder living expense Gasoline					
						Casoniic					
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	_	
	expenditure to benefit C/O										
	Date	Payee name	9								
	08/26/2024	Shell									
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode						
	\$27.65	1331 S Pla	ano Rd								
		Richardso	n, TX 75081								
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE		ition Equipment And	l Related				de of Texas. Comp			
		Expense				Gasoline	, IX,	officeholder living	expense		
						Jacomic					
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	_	
	expenditure to benefit C/O	4			-						
										_	

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

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 35/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4 Date	5 Payee name
09/16/2024	Sonesta Select
6 Amount (\$) \$181.40	7 Payee address; City; State; Zip Code 7522 N Interstate Hwy 35 Austin, TX 78752
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 Hotel stay
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/10/2024	Switchboard
Amount (\$)	Payee address; City; State; Zip Code
\$461.45	P.O. Box 33485
BURDOCE	Washington, DC 20043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting service
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/08/2024	Switchboard
Amount (\$)	Payee address; City; State; Zip Code
\$328.04	P.O. Box 33485
	Washington, DC 20043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Texting service
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 36/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	09/09/2024	Switchboard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$253.04	P.O. Box 33485
		Washington, DC 20043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Texting service
		Texting Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/09/2024	Switchboard
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$349.16	P.O. Box 33485
	Φ349.10	F.O. BOX 33463
		Washington, DC 20043
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texting service
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	11/07/2024	Switchboard
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$239.04	P.O. Box 33485
		Washington, DC 20043
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Texting service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		

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 Credit Card Payment

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

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

1 Total pages Schedule F1: 2 FILER NAME Ramos, Ana-Maria (The Honorable) 4 Date 12/09/2024 5 Payee name Switchboard 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043 8 PURPOSE OF EXPENDITURE (a) Category (Sea Categories letted at the top of this schedule) Advertising Expense (b) Description Check if funds for trace. Complete Schedule T. Texting service (c) Complete ONLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE (a) Category (Sea Categories letted at the top of this schedule) Advertising Expense (b) Description Check if funds for trace. Complete Schedule T. Texting service (c) Complete ONLY if direct expenditure to benefit C/OH Payee name Taylor's Grift Amount (\$) Payee address; City; State; Zip Code S37 Houston St Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder/Political Committee Date O9/18/2024 Payee name Taylor's Grift Categories letted at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Payee name O9/18/2024 Payee address; City; State; Zip Code S150.00 S150.00 Payee address; City; State; Zip Code S150.00 S150.00 Payee address; City; State; Zip Code S150.00 Candidate/Officeholder name Office sought Office held Payee name Texas Ethics Commission Payee address; City; State; Zip Code S150.00 Austin, TX 78701 PURPOSE OA Categories letted at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Officeholder letter schedule T. Check if travel causaide of Texas. Complete Schedule T. Check if Justin, TX, officeholder letter schedule T. Checked Justin, TX, officeholder letter schedule T. Checked Justi		Credit Card Payment	The Instruction Guide explains how to complete this form.	
Date 12/09/2024 5 Payee name Switchboard 5 Payee address; City; State; Zip Code P.O. Box 33485 P.O. Box 334	1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
12/09/2024 Switchboard 7 Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043 (a) Category (See Categories tisted at the top of this schedule) Check if travel outside of Texas. Complete Schedule 1. Check if travel outside of Texas. Complete Schedule 2. Check if travel outside of Texas. Complete Schedule 3. Check if travel outside of Texas. Complete Schedule 3. Check if travel outside of Texas. Complete Schedule 4. Check if Austin, TX, officerholder inling expense Texting service Text		Sch: 37/44 Rpt:	Ramos, Ana-Maria (The Honorable)	00081730
12/09/2024 Switchboard 7 Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043 (a) Category (See Categories tisted at the top of this schedule) Check if travel outside of Texas. Complete Schedule 1. Check if travel outside of Texas. Complete Schedule 2. Check if travel outside of Texas. Complete Schedule 3. Check if travel outside of Texas. Complete Schedule 3. Check if travel outside of Texas. Complete Schedule 4. Check if Austin, TX, officerholder inling expense Texting service Text	4	Date	5 Payee name	-
\$321.85 P.O. Box 33485 Washington, DC 20043 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Laustin, TX. officeholder is in gespense Texting service 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/26/2024 Taylor's Gift Amount (s) Payee address; City; State; Zip Code S300.00 \$300.00 S300.00 Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Complete ONLY if direct expenditure to benefit C/OH Date ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Date ONLY if Date Payee address; City; State; Zip Code OF EXPENDITURE Payee address; City; State; Zip Code QOF EXPENDITURE Officeholder is schedule T. Candidate/Officeholder name Office sought Office held Payee address; City; State; Zip Code QOF EXPENDITURE Officeholder is schedule T. Candidate/Officeholder is schedule T. Candidate		12/09/2024		
Washington, DC 20043	6	Amount (\$)	7 Payee address; City; State; Zip Code	
Section Complete ONLY if direct expenditure to benefit C/OH		\$321.85	P.O. Box 33485	
Section Complete ONLY if direct expenditure to benefit C/OH				
Advertising Expense			Washington, DC 20043	
Advertising Expense	8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held		OF		el outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH Date 11/26/2024		EXPENDITURE	Check if Austi	
Date 11/26/2024			Texting serv	ice
Date 11/26/2024	_			
Date 11/26/2024 Amount (\$) Payee address; City; State; Zip Code \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date O9/18/2024 Amount (\$) Payee name O9/18/2024 Amount (\$) Payee address; City; State; Zip Code \$150.00 \$150.00 \$150.00 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Check if Itava outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9			Office held
Taylor's Gift Amount (\$)				
Amount (\$)				
\$300.00 537 Houston St Coppell, TX 75019 PURPOSE OF CONTributions/Donations Made By Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name		11/26/2024	Taylor's Gift	
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date O9/18/2024 Amount (\$) Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense Donation (b) Description Check if Austin, TX, officeholder living expense Donation (b) Description (b) Description Check if Austin, TX, officeholder living expense Late penalty (c) Description Check if Austin, TX, officeholder living expense Late penalty (c) Description Check if Austin, TX, officeholder living expense Late penalty		` '	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date O9/18/2024 Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if Austin, TX, officeholder Iving expense Donation (b) Description Check if Austin, TX, officeholder Iving expense Check if Austin, TX, officeholder Iving expense Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$300.00	537 Houston St	
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date O9/18/2024 Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if Austin, TX, officeholder Iving expense Donation (b) Description Check if Austin, TX, officeholder Iving expense Check if Austin, TX, officeholder Iving expense Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date O9/18/2024 Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code \$150.00 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held			Coppell, TX 75019	
Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date O9/18/2024 Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code \$150.00 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Contributions/Donations Made By Check if Austin, TX, officeholder living expense Office sought Office held Office held Office held (b) Description Check if Austin, TX, officeholder living expense Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description	
Complete ONLY if direct expenditure to benefit C/OH Date			Contributions/Donations Water By	
Complete ONLY if direct expenditure to benefit C/OH Date			Carialaato/Cinconciden/i Cintical Committee	in, 1X, onicenoider living expense
Date 09/18/2024 Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held			25.1.4.15.1	
Date 09/18/2024 Payee name Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code \$150.00 201 E 14th St #10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Texas Ethics Commission Amount (\$) Payee address; City; State; Zip Code \$150.00 201 E 14th St #10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Pavee name	
Amount (\$) \$150.00 \$150.00 Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
\$150.00 201 E 14th St #10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)		
#10 Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Austin, TX 78701 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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held			#10	
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 Late penalty Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Late penalty		DUDDOSE		
Complete ONLY if direct Candidate/Officeholder name Check if Austin, TX, officeholder living expense Late penalty Office sought Office held		OF		el outside of Texas. Complete Schedule T.
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	l <u>=</u>	in, TX, officeholder living expense
			Late penalty	1
ехрениние ю венен слоп				Office held
		expenditure to benefit C/O	1	

SCHEDULE F1

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

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

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 (pertors and one not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	11/26/2024	Texas House Democratic Caucus
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 12453 Austin, TX 78711
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/12/2024	Texas Retired Teachers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	313 E 12th St
		Suite 200
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/09/2024	The Allegro Royal Sonesta Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,498.04	171 W Randolph St
		Chicago, IL 60601
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel
	Complete ONLY if direct expenditure to benefit C/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

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)
_	Sch: 39/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	08/26/2024	The Allegro Royal Sonesta Hotel
6	Amount (\$) \$374.51	7 Payee address; City; State; Zip Code 171 W Randolph St Chicago, IL 60601
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Towne Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.39	23808 Resort Pkwy
		San Antonio, TX 78261
	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
		Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/26/2024	Travis Heights Estate LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,920.00	
		Austin, TX 78701
	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.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		/ woull apartment fort
	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 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		mittee Legal Services Salaries/W	e /Contract Labor	OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 40/44 Rpt:		Ramos, Ana-Maria (The Honorable)				00081730		
4	Date	5	Payee name		-				
	09/18/2024	'	Whitepages Inc						
6	Amount (\$)	7	Payee address; City; State; Zip Co	de					
	\$6.37		1301 5th Ave						
		;	Suite 1600						
		;	Seattle, WA 98101						
8	PURPOSE	⊢	Category (See Categories listed at the top of this schedule)	(b)	Description				
•	OF		Office Overhead/Rental Expense	(~)		utsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				—		officeholder living	expense	
					Whitepages U	Jnli	mited		
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office sou	ght			Office he	eld	
	experioliture to beriefit C/O								
	Date		Payee name						
	10/18/2024	'	Whitepages Inc						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$6.37	;	1301 5th Ave						
		;	Suite 1600						
		;	Seattle, WA 98101						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			utsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·		officeholder living	expense			
					Whitepages U	ınıı	mited		
	Operation ONLY if the est	$\overline{\Gamma}$	Office de alle de la company	1-4			O#: I	La	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Office sou	gnt			Office he	eia	
		1							
	Date	ı	Payee name						
	11/18/2024	'	Whitepages Inc						
	Amount (\$)	ı	Payee address; City; State; Zip Co	de					
	\$6.37	1	1301 5th Ave						
		:	Suite 1600						
		:	Seattle, WA 98101						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	'	Office Overhead/Rental Expense		므		de of Texas. Com		
					Whitepages U		officeholder living	expense	
					······opages o				
	Complete ONLY if direct		andidate/Officeholder name Office sou	aht			Office he	eld	
	expenditure to benefit C/O			ar			Ooo 110	·· ··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
		_			ide explains now to d	ompi	iete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 41/44 Rpt:		Ramos, Ana	a-Maria (The Ho	norable)				00081730			
4	Date	5	Payee name									
	12/18/2024		Whitepages	Inc								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode.						
ľ	` '	 ′	•		State, Zip C	oue						
	\$6.37		1301 5th Av	е								
			Suite 1600									
			Seattle, WA	98101								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)	Description					
	OF			nead/Rental Exp				outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE						Check if Austin	, TX,	officeholder living	g expense		
				Whitepages Unlin								
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld		
	expenditure to benefit C/OI	H										
	Date		Payee name									
	07/10/2024		Wix									
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode						
	\$376.71		2601 Missio		, ,,							
	φ010.11		2001 11113310									
			San Francis	co, CA 94110								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)	Description					
	OF EXPENDITURE		Office Overh	nead/Rental Exp	oense		=			plete Schedule T.		
	,,,,,,,		🗀					, TX,	officeholder living	g expense		
							Website					
	Complete ONLY if direct		Candidate/Office	ceholder name	Office so	ught			Office he	eld		
	expenditure to benefit C/OI	П										
	Date		Payee name									
	07/22/2024		Wix									
				City:	State: 7in C	,odo						
	Amount (\$)		Payee addres	-	State; Zip C	oue						
	\$29.49		2601 Missio	n St								
			San Francis	co, CA 94110								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)	Description					
	OF EXPENDITURE			nead/Rental Exp			Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE						Check if Austin	, TX,	officeholder living	g expense		
							Website					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld		
	expenditure to benefit C/OI	Н										
1												

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 Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
					uide expiains now	to com	ipie	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)	
	Sch: 42/44 Rpt:		Ramos, Ana	a-Maria (The Ho	onorable)					00081730			
4	Date	5	Payee name										
	07/22/2024		Wix										
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	ip Cod	le						
	\$220.83		2601 Missio	n St									
			San Francis	co, CA 94110									
_	PURPOSE	(0)				1,	'b\	5					
8	OF	(a)			the top of this schedule	e) (D)	Description Check if travel	outci	do of Toyas Com	plete Schedule T.		
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			므		officeholder living			
								Website		·			
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld		
	expenditure to benefit C/OI					9							
_	Data	_											
	Date		Payee name										
	08/07/2024		Wix										
	Amount (\$)		Payee addres		State; Zi	ip Cod	le						
	\$220.83		2601 Missio	n St									
			San Francis	co, CA 94110									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedule	e) ((b)	Description					
	OF EXPENDITURE			nead/Rental Ex				Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITORE							ш	, TX,	officeholder living	g expense		
								Website					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offic	e soug	ht			Office h	eld		
	experientare to benefit 6/01	''											
	Date		Payee name										
	09/16/2024		Wix										
	Amount (\$)		Payee addres	ss; City;	State; Zi	ip Cod	le						
	\$184.60		2601 Missio	n St									
			San Francis	co, CA 94110									
	PURPOSE	(a)				. /	h)	Description					
	OF	(۳)		e Categories listed at nead/Rental Ex	the top of this schedule		,		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Office Over	icaa/rentai Lx	perise			Check if Austin,	, TX,	officeholder living	g expense		
								Website					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld		
	expenditure to benefit C/OI	Н											
l													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
L	Sch: 43/44 Rpt:	Ramos, Ana-Maria (The Honorable) 00081730						
4	Date	5 Payee name						
	09/16/2024	Wix						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$39.13	3 2601 Mission St						
		San Francisco, CA 94110						
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 Website						
		Website						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
\vdash	Data							
	Date	Payee name						
	09/16/2024	Wix						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$77.94	2601 Mission St						
		San Francisco, CA 94110						
	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 Website						
		Website						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
┝	Date	Power name						
	Date 09/20/2024	Payee name Wix						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.81	2601 Mission St						
		San Francisco, CA 94110						
	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 Website						

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 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.	OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 44/44 Rpt:	Ramos, Ana-Maria (The Honorable)	00081730					
4	Date	5 Payee name						
	09/20/2024	Wix						
6	Amount (\$) \$38.97	7 Payee address; City; State; Zip Code 2601 Mission St						
Ļ		San Francisco, CA 94110						
8	PURPOSE OF EXPENDITURE	omec overneda/Nerital Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held					
	Date	Payee name						
	10/04/2024	Wix						
	Amount (\$) \$220.83	Payee address; City; State; Zip Code 2601 Mission St						
		San Francisco, CA 94110						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

0011551115	
SCHEDULE	

The Insti	ruction (Guide explain	Total pages Schedule T: Sch: 1/3 Rpt: 111/113								
2 FILER NAME			3 Filer ID (Ethics Cor	nmission Filers)							
Ramos, Ana-Ma	ria (The F	lonorable)	00081730								
	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
Atlantic Travel A											
5 Contribution / Expe	5 Contribution / Expenditure reported on:										
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel 7 Name of person(s) traveling											
	Ramos, Ana-Maria										
	· ·		f departure location								
11/22/2024	Dallas	Dallas, TX									
		•	of destination location								
11/23/2024		er, CO									
10 Means of transport		1	avel (including name of c		*						
Commercial Airp	nane ———	National His	panic Caucus of State	e Legisiators confere	ence 						
	or / Corpor	ation or Labor Org	anization / Pledgor /Pay	ee							
Lyft											
Contribution / Expe											
Schedule A2	브	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Dates of Travel Name of person(s) traveling										
	Ramos, Ana-Maria										
			f departure location								
08/18/2024	Dallas	•									
00/00/0004			of destination location								
08/23/2024	Chica										
Means of transport		1	avel (including name of c National Convention	conference, seminar, or	other event)						
Commercial Airp											
	or / Corpor	ation or Labor Org	anization / Pledgor /Pay	ee							
Lyft											
Contribution / Expe			Cohodulo P(1)	Cohodulo C3	Cohodulo D	Cabadula F1					
Schedule A2 Schedule F2	느	Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule COLLIC	X Schedule F1					
			Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Dates of Travel Name of person(s) traveling										
	Ramos, Ana-Maria										
00/10/2024	Departure city or name of departure location										
08/18/2024 Dallas, TX											
Destination city or name of destination location 08/23/2024 Chicago. IL											
Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Democratic National Convention											
Someorate Hatteria Contention											

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Ramos, Ana-Maria Departure city or name of departure location 08/18/2024 Dallas, TX Destination city or name of destination location 08/23/2024 Chicago, IL 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Commercial Airplane **Democratic National Convention** Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Mr. Everything Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Ramos, Ana-Maria Departure city or name of departure location 08/18/2024 Dallas, TX Destination city or name of destination location 08/23/2024 Chicago, IL Means of transportation Purpose of travel (including name of conference, seminar, or other event) **Democratic National Convention** Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee The Allegro Royal Sonesta Hotel Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H Dates of Travel Name of person(s) traveling Ramos, Ana-Maria Departure city or name of departure location 08/18/2024 Dallas, TX Destination city or name of destination location 08/23/2024 Chicago, IL

Means of transportation Commercial Airplane Purpose of travel (including name of conference, seminar, or other event)

Democratic National Convention

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee The Allegro Royal Sonesta Hotel 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule COH-UC Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Ramos, Ana-Maria 8 Departure city or name of departure location 08/18/2024 Dallas, TX Destination city or name of destination location 08/23/2024 Chicago, IL 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation **Democratic National Convention** Commercial Airplane