CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Commis 00067768		2 Total pages fil 5	ed: 2
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	The Honorable	Emilio F.				
NAME		-			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Mano	DeAyala				
4 CANDIDATE /	ADDRESS / PO BOX; A		τγ·	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	12335 Kingsride Lane		,			
MAILING		7410			Receipt #	Amount
ADDRESS						
Change of Address	Houston, TX 77024				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER		Mike				
NAME						
	NICKNAME	LAST		SUFFIX		
	NICKNAWE	Moody		JUFFIX		
		Woody				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO		APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	23033 Grand Circle Blv	d Suite 200				
(Residence or Business)						
(,	Katy, TX 77449					
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
PHONE	(713) 346-0182					
8 REPORT TYPE		—			1	
	X January 15	30th day befor	re election	Runoff	15th day after car appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	
				reporting limit]	,
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	07/01/2024		HROUGH	12/31/2024		
					-	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea		Primary	Runoff	Other	
	11/05/2024		-			
		X	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative D	istrict 133		State Representa	ative District 133	
	1			1		
		~~~	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	5	Versi	on V4.1.0.5dd2ace2

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 52

13 C / OH NAME	DeAyala, Emilio F. (T	he Honorable)	14 Filer ID 00067768	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. <i>consent.</i> Candidates and	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive Suite 380		
		TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		SHAW, JOHN		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 Corazon Cv		
		ROUND ROCK, TX 78681		
16 CONTRIBUTION TOTALS	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	<b>\$</b> 105,595.97
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 72,972.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	<b>\$</b> 142,665.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 40,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Honor	able Emilio F. DeAy	ala
		Signature of	Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

### **CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS**

#### FORM C/OH ADDENDUM

				Page 3 of 52
C / OH NAME	DeAyala, Emilio F. (1	he Honorable)	Filer ID 00067768	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive notic	s knowledge or c	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas REALTORS Political Action Committee	ee	
		COMMITTEE ADDRESS		
	SPECIFIC	1115 SAN JACINTO BLVD STE 200		
		AUSTIN, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		CANTU, LESLIE		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		PO BOX 2246		
		AUSTIN, TX 78768		

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 52 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00067768 DeAyala, Emilio F. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 105,595.97 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 70,472.23 \$ X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 2,550.00 \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 949.36 TO FILER

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The Instruc	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 1/20 Rpt: 5/52	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
DeAyala, Err	nilio F. (The Honorable)		00067768	
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)	
07/23/2024	Anderson, Terri Lynn			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Coppell, TX 75019	1		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Date	Full name of contributor out-of-state PAC (II	) )	Amount of Contribution (\$)	
07/22/2024	Full name of contributor out-of-state PAC (IE Arechiga, Jason	J#:J		\$250.00
UTTLELUL-				Ψ200.00
	Continuator address, City, State, Zip Code			
	San Antonio, TX 78259			
Principal occu	L pation / Job title (See Instructions)	Employer (See Instructions	s)	
Developer		Nrp Group		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
10/17/2024	BNSF Railway Company RAILPAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76161			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
			1	
Date	Full name of contributor X out-of-state PAC (IE	D#: <u>C00060103</u> )	Amount of Contribution (\$)	<b>*</b> 500.00
10/16/2024	BP North America Employee PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77079			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
-				
Date	Full name of contributor Out-of-state PAC (II	)	Amount of Contribution (\$)	
11/20/2024	Beardsley, Brett			\$1,041.02
	Contributor address; City; State; Zip Code			
	Houston, TX 77024			
	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Real Estate I	Developer	Self Employed		

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The Instru	iction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 2/20 Rpt: 6/52
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
DeAyala, Er	milio F. (The Honorable)		00067768
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of Contribution (\$)
09/23/2024	Beef PAC		\$1,000.00
	6 Contributor address; City; State; Zip Code		
C. Driveland	Amarillo, TX 79106		\
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
11/21/2024	Booth, Gregg		\$100.00
	Contributor address; City; State; Zip Code		
D i singlass	Houston, TX 77024		
Principal occi Banker	upation / Job title (See Instructions)	Employer (See Instructions	s)
		Texas Regional Bank	1
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
11/18/2024	Bowlin, John		\$2,500.00
	Contributor address; City; State; Zip Code		
	Pacific Palisades, CA 90272		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Entrepreneu	ır	RAW	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
07/17/2024	Bronfman, Jeremy		\$520.51
	Contributor address; City; State; Zip Code		
	Santa Monica, CA 90402	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	
CEO	·	Lincoln Avenue Commu	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
07/24/2024			\$104.10
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78257		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
CEO		CHR Partners	5)
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/20 Rpt: 7/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, En	nilio F. (The Honorable)			00067768	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	11/07/2024	Canterbury, Patrick				\$5,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Houston, TX 77056				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	上 3)		
	Energy		Self			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/06/2024	Casselberry, Donald				\$250.00
	I	Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78732				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Government	al affairs consultant	Self			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	10/07/2024	Chevron Employees PAC (CEPAC)				\$1,000.00
	I	Contributor address; City; State; Zip Code		ł		
		1				
		1				
		San Ramon, CA 94583				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	10/08/2024	Comcast Corporation Political Action Committee	e - Texas			\$1,000.00
	I	Contributor address; City; State; Zip Code				
		1				
⊢		Philadelphia, PA 19103		ŕ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘				<del>,</del>		
	Date	Full name of contributor out-of-state PAC (ID#	at)		Amount of Contribution (\$)	÷=00.00
	12/13/2024	Cross Oak Group				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
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SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete t	this fo	orm.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 8/52	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, Err	nilio F. (The Honorable)				00067768	
4	Date	5 Full name of contributor out-of-state PAC	.C (ID#:	)	7	Amount of Contribution (\$)	
	11/21/2024	Dean G. Pappas Law Firm PLLC					\$500.00
	ł	6 Contributor address; City; State; Zip Code					
	ļ						
Ļ	<u> </u>	Houston, TX 77024			Ĺ		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	08/08/2024	Donohoe, David					\$250.00
	ļ	Contributor address; City; State; Zip Code					
	Drizainal agou	Gaithersburg, MD 20878	<u> </u>	Employer (Cap Instructions			
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		
╞				Jeir-employed	1		
	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	ቀ1 000 00
	10/08/2024	Elder, John					\$1,000.00
	ļ	Contributor address; City; State; Zip Code					
		Houston, TX 77057					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Ceo			Acclaim Energy			
	Date	Full name of contributor 🔲 out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	12/06/2024	Erben & Yarbrough					\$500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
<u> </u>	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
					<i>.</i> ,		
	Date	Full name of contributor 🔲 out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	07/29/2024	Fanning, Eleanor					\$260.25
		Contributor address; City; State; Zip Code					
	ļ						
	<u> </u>	Dallas, TX 75229			Ĺ		
		pation / Job title (See Instructions) ousing Development		Employer (See Instructions Brompton CHDC	5)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/20 Rpt: 9/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, En	nilio F. (The Honorable)			00067768	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/05/2024	Fred Shannon LLC				\$1,500.00
		6 Contributor address; City; State; Zip Code		]		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/03/2024	Friends of The University of Texas at Austin	/			\$2,000.00
	12,00,202	Contributor address; City; State; Zip Code		ł		<i><b>42</b>,000101</i>
		Contributor address, City, State, Zip Code				
		Austin, TX 78763				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<b></b> 3)		
		,				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/20/2024	Garver, C M				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77055		Ĺ		
	Principal occu president	pation / Job title (See Instructions)	Employer (See Instructions) Garver Real Estate	5)		
	•			<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	*500.00
	12/06/2024	Gill, Brijesh				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77024				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<b>L</b> 3)		
	Researcher		UTHealth			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/22/2024	Gray Reed PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77056				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		

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	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 10/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, Err	nilio F. (The Honorable)			00067768	
4	Date	5 Full name of contributor out-of-state PAC (ID	)	7	Amount of Contribution (\$)	
	11/26/2024	Greenberg Traurig P.A. PAC				\$500.00
		6 Contributor address; City; State; Zip Code		1		
_		Albany, NY 12207		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	09/04/2024	Guerrero, Debra				\$104.10
		Contributor address; City; State; Zip Code		1		
		Ora Antonia TV 70010				
	Dringinal agou	San Antonio, TX 78210	Employer (See Instruction)			
	Real Estate	pation / Job title (See Instructions) Developer	Employer (See Instructions The NRP Group	S)		
				Т		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID HMWK	)#:)		Amount of Contribution (\$)	\$250.00
	12/05/2024			-		Φ <u>2</u> 30.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	12/06/2024	HOMEPAC of the Texas Assn. of Builders				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	=)		
	r moipui ooca			5)		
	Date	Full name of contributor out-of-state PAC (ID	)		Amount of Contribution (\$)	
	10/30/2024	Hamilton, David A.				\$250.00
		Contributor address; City; State; Zip Code		1		
		·····				
	Driv sized oppu	Houston, TX 77024	Employer (Cap Instruction)	<u> </u>		
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions Self	S)		
<u> </u>	Engineer					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 11/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, En	nilio F. (The Honorable)			00067768	ļ
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	11/21/2024	Hargrove, Thomas				\$500.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77002				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Investment E	Janker	Gulf star Group			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Hassenflu, Karl Alan				\$5,000.00
		Contributor address; City; State; Zip Code				ļ
						ļ
						ļ
		Houston, TX 77019				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Developer		Self			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	07/25/2024	Heller, Jay				\$1,000.00
		Contributor address; City; State; Zip Code				
		Boca Raton, FL 33432				
		ipation / Job title (See Instructions)	Employer (See Instructions	;)		
L	President C	E0	The NRP Group			
Γ	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Hotel PAC of THLA				\$1,000.00
		Contributor address; City; State; Zip Code	Ţ			
L		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
L				—		
	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	
	10/23/2024	Houston Associated General Contractors PAC	;			\$1,000.00
		Contributor address; City; State; Zip Code				
		Heinten TV 77002				
	Drive in all a ser	Houston, TX 77092		ŕ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
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	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/20 Rpt: 12/52	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, En	ilio F. (The Honorable)				00067768	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/29/2024	Houston Pilots PAC					\$500.00
		6 Contributor address; City; State;	Zip Code				
		Deer Park, TX 77536					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/19/2024	Husch Blackwell LLP					\$500.00
		Contributor address; City; State;	Zip Code				
		St. Louis, MO 63105					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Husch Blackwell Strategies					\$500.00
		Contributor address; City; State;	Zip Code				
		Jefferson City, MO 65101					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	i incipai occu				)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#: <u>C</u>	.00332841)		Amount of Contribution (\$)	
	11/14/2024	Independent Bankers Associa	ation of Texas Fede	eral PAC			\$1,000.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/20/2024	Kelley, Nathan					\$500.00
		Contributor address; City; State;	Zip Code				
		Houston, TX 77079					
⊢	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Cfo			Blazer Building	,		
⊢							

The Instru	iction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 9/20 Rpt: 13/52	
2 FILER NAME DeAyala, En	i milio F. (The Honorable)		3	Filer ID (Ethics Commissic 00067768	on Filers)
4 Date 07/24/2024	5 Full name of contributor out-of-state PAC (ID#: Kilday, Les		7	Amount of Contribution (\$)	\$260.25
	6 Contributor address; City; State; Zip Code				
	Sugar Land, TX 77479				
8 Principal occu Real Estate		9 Employer (See Instructions Kilday Operating LLC	s)		
Date 07/22/2024	Latsha, Jean Marie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
Principal occu	Austin, TX 78731 upation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
12/11/2024	Linebarger Goggan Blair & Sampson LLP				\$500.00
Principal occu	Contributor address; City; State; Zip Code Austin, TX 78760 upation / Job title (See Instructions)	Employer (See Instructions			
			3)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Ţ	Amount of Contribution (\$)	
12/11/2024	Loewy, Adam Contributor address; City; State; Zip Code				\$2,500.00
	Austin, TX 78731				
Principal occu Law	upation / Job title (See Instructions)	Employer (See Instructions Loewy Law Firm	s)		
Date	Full name of contributor         X out-of-state PAC (ID#:C		T	Amount of Contribution (\$)	
09/23/2024	Marathon Petroleum Corporation Employees PA Contributor address; City; State; Zip Code	،C			\$1,000.00
	Texas City, TX 77590				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/20 Rpt: 14/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[		nilio F. (The Honorable)		ľ	00067768	11 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/24/2024	Martin, Audrey				\$520.51
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78748				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Affordable H	ousing Consultatn	Purple Martin Real Esta	te		
F	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/27/2024	McRae, Cody A.				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77042				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Self		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/06/2024	Meyers, Lucas				\$250.00
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	al affairs consultant	Governmental Affairs llc	;		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/02/2024	Moak Casey PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/20/2024	Mouton Odum, Suzanne				\$260.25
	Contributor address; City; State; Zip Code					
		Houston, TX 77024				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
L	Clinical Payo	chologist	Psychology Houston			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/20 Rpt: 15/52		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[		nilio F. (The Honorable)		ľ	00067768	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/13/2024	Murayama, Jared				\$2,602.54
		6 Contributor address; City; State; Zip Code				
		San Jose, CA 95138				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Managemen	t	Ohanahou			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/26/2024	Nall, Michael				\$250.00
		Contributor address; City; State; Zip Code				
		Kingwod, TX 77345				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Self		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/20/2024	Odegard, Michael				\$520.51
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77024	·			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	oil and gas		Odegard Energy Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/27/2024	Oncor Texas State PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
	Deine in all a serie	Dallas, TX 75202	England (On a landaustic se			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Pardue, Leslie				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78737				
⊢	Drinoinal ass		Employer (See Instructions			
	Principal occupation / Job title (See Instructions)Employer (See InstructionConsultantSelf					
	Consultant					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/20 Rpt: 16/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		ilio F. (The Honorable)		ľ	00067768	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/20/2024	Paton, Leonard				\$520.51
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77024				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	08/13/2024	Phillips 66 PAC	,			\$2,500.66
				•		
		Contributor address, City, State, Zip Code				
		Baton Rouge, LA 70879				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Philipal Occu			5)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/22/2024	Political Action Committee Of The Independent I				\$500.00
		Contributor address; City; State; Zip Code		]		
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/18/2024	Political Action Committee for Engineers				\$350.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	07/19/2024	Rackleff, Christa	)			\$500.00
	0111312024					Ψ300.00
		Contributor address; City; State; Zip Code				
		Houston TX 77002				
⊢	<u> </u>	Houston, TX 77003		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to co	1	Total pages Schedule A1: Sch: 13/20 Rpt: 17/52			
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
[		nilio F. (The Honorable)			Ū	00067768	
4	Date	5 Full name of contributor 🗌 out	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/19/2024	Reyes, Gregg					\$2,000.00
		6 Contributor address; City; State; Zip					
		Houston, TX 77024					
8		pation / Job title (See Instructions)	9 Employer (See Instructions				
	PRESIDENT REYTEC CONSTRUC					N	
	Date   Full name of contributor   out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	08/22/2024	Rivero, Hector					\$500.00
	Contributor address; City; State; Zip Code						
⊢	Austin, TX 78731						
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Texas Chemistry Counc			
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	
	08/20/2024 Rosenzweig, Robin Lynn						\$2,500.00
		Contributor address; City; State; Zip	Code				
		Boca Raton, FL 33434					
⊢	Princinal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	<u> </u>		
	Self			Self	)		
╞		Full name of contributor				Amount of Contribution (f)	
	Date 09/27/2024	Rydman, John	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	09/21/2024	-					\$1,000.00
		Contributor address; City; State; Zip	Code				
		Houston, TX 77007					
⊢	Principal occu	I pation / Job title (See Instructions)	ĺ	Employer (See Instructions	)		
	Mitchell GF			Self			
⊨	Date	Full name of contributor	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/13/2024	Sameh, Mohamed		······································			\$1,000.00
		Contributor address: City: State: Zip	Code				
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Mangaing D	irector		SESCO Cement			
$\vdash$							

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/20 Rpt: 18/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, En	nilio F. (The Honorable)			00067768	
	Date 12/01/2024	5 Full name of contributor out-of-state PAC (ID#: Sicola, Wendy	)	7	Amount of Contribution (\$)	\$520.51
	12,02.2	6 Contributor address; City; State; Zip Code		l		+
		CUITIBUTION AUGRESS, City, State, Lip Coas				
		Houston, TX 77024				
	Principal occu Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions) Self	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/13/2024	Stiles, Suzanne		l		\$5,000.00
		Contributor address; City; State; Zip Code		l		
				l		ļ
			l			
		Houston, TX 77024		l		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	President	,	Recana Staffing			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/27/2024	Sween, Paul		l		\$1,000.00
		Contributor address; City; State; Zip Code		l		• •
		Paradise Valley, AZ 85253				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Self	,	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/12/2024	Targa Resources Corp. Texas PAC		l		\$500.00
		Contributor address; City; State; Zip Code		l		
		1		l		
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
			İ	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/08/2024	Texas Aggregates & Concrete Association PAC		l		\$1,000.00
		Contributor address; City; State; Zip Code		l		
		Round Rock, TX 78681		_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

SCHEDULE	A1
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			<b>1</b> Total pages Schedule A1:	
The Instru	iction Guide explains how to complete this fo	orm.	Sch: 15/20 Rpt: 19/52	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
DeAyala, Er	nilio F. (The Honorable)		00067768	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/06/2024	Texas Association for Home Care and Hospice I	Inc Texas Home Care		\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78759			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.) (i	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/14/2024	Texas Beverage Alliance of the Texas Package			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
1 1110100.0022			<b>'</b>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/08/2024	Texas Dairymen PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78711			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	i)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
12/05/2024	Full name of contributor out-of-state PAC (ID#: Texas Lobby Strategies	)		\$1,000.00
	Contributor address; City; State; Zip Code			Ψ1,000.00
	Continuutor audress, City, State, Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\$)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2024	Texas Manufactured Housing Assn. Committee	For Responsible		\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ٤)	
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-	The Instru	ction Guide explains how to complete this fo	ırm.	1 Total pages Schedule A1: Sch: 16/20 Rpt: 20/52		
2	FILER NAME DeAyala, Em	nilio F. (The Honorable)		3	Filer ID (Ethics Commission 00067768	on Filers)
4	Date 09/02/2024	5 Full name of contributor out-of-state PAC (ID#: Texas Optometric PAC		7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78705				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2024	Texas Pharmacy Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78757				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/11/2024	Texas Physical Therapy Assn. PAC				\$500.00
		Contributor address; City; State; Zip Code				
<u> </u>	Drive sized oppy	Austin, TX 78737	Englisher (Cas Instructions	Ļ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Texas Regional Bank Federal PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78552				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/01/2024	Texas Society of Anesthesiologists PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/20 Rpt: 21/52 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DeAyala, Emilio F. (The Honorable) 00067768 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/19/2024 **Texas Trial Lawyers Association PAC** 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 Texas and Southwestern Cattle Raiser's Association State PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/06/2024 The Beer Alliance of Texas Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/25/2024 Tracy, Charles G. Contributor address; City; State; Zip Code Houston, TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self Date Full name of contributor X out-of-state PAC (ID#: C00064766 Amount of Contribution (\$) 09/27/2024 UPSPAC Contributor address; City; State; Zip Code Washington, DC 20003 Principal occupation / Job title (See Instructions) Employer (See Instructions)

\$2,500.00

\$2,000.00

\$1,500.00

\$250.00

\$1,500.00

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/20 Rpt: 22/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	DeAyala, En	nilio F. (The Honorable)			00067768	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	08/06/2024	Union Pacific Corporation Fund for Effective Gov				\$2,000.00
		6 Contributor address; City; State; Zip Code				
Ļ		Washington, DC 20004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
				-		
	Date	Full name of contributor x out-of-state PAC (ID#: C	)		Amount of Contribution (\$)	
	12/10/2024	United Airlines Inc. PAC				\$750.00
		Contributor address; City; State; Zip Code				
		Chicago, IL 60606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 :)		
	i incipal occu			<i>''</i>		
╞	Date	Full name of contributor out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	12/11/2024	Full name of contributor out-of-state PAC (ID#: University of Houston PAC	)			\$1,000.00
		Contributor address; City; State; Zip Code				Ψ1,000.00
		Continuator address, City, State, Zip Code				
		Houston, TX 77046				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/21/2024	Valero Energy Corporation PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
	Dringinglaggy	San Antonio, TX 78269	Freelower (Coolingtructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	)		Amount of Contribution (\$)	ቀንደብ በበ
	11/20/2024	Valicek, Ed				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77024				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Sales		,			
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	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 19/20 Rpt: 23/52	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nilio F. (The Honorable)				00067768	,
4	Date	5 Full name of contributor out-of-	-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/10/2024	Vistra Employee PAC					\$1,000.00
		6 Contributor address; City; State; Zip C	ode				
		Irving, TX 75039					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date	Full name of contributor out-of-	-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/20/2024	Warner Jr, Frederic C.					\$250.00
		Contributor address; City; State; Zip C					
		Houston, TX 77019					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Healthcare Memorial Hermann He					System	
	Date	)		Amount of Contribution (\$)			
	11/08/2024	Weekley, Richard					\$5,000.00
		Contributor address; City; State; Zip C					
$\vdash$	Drive treat every	Houston, TX 77027	r				
	Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Self	9		
╞				Sei	-		
	Date		-state PAC (ID#:	)		Amount of Contribution (\$)	ቀ1 ድብ በበ
	07/22/2024						\$150.00
		Contributor address; City; State; Zip C	ode				
		Houston, TX 77007					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) :)		
	Real Estate	,		The NRP Group	,		
╞	Date		-state PAC (ID#:			Amount of Contribution (\$)	
	11/20/2024	Whitmire, Whitney				Allount of Contribution (4)	\$500.00
	Contributor address; City; State; Zip Code						<b>4000.0</b>
		Houston, TX 77018					
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Consultant			Whitmire Munoz			
$\vdash$			I				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 20/20 Rpt: 24/52 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DeAyala, Emilio F. (The Honorable) 00067768 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 12/06/2024 Wholesale Beer Distributors Of Texas PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/18/2024 \$260.25 Windham, Jim Contributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/06/2024 Wine and Spirits Wholesalers of Texas PAC \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Be Gift/Awa mittee Legal Se	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2					1012	3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 1/25 Rpt: 25/52		DeAyala, Emilio F	⁻ . (The Honorab	le)				00067768		
4	Date	5 I	Payee name					<u> </u>			
	07/31/2024	,	Acme								
6	Amount (\$) \$135.00		Payee address; 7941 Katy Freewa Houston, TX 7702	ay #108	State; Zi	ip Code	1				
_	DUDDOCE						· · · · ·				
8	PURPOSE OF EXPENDITURE		Category _{(See Categ} Office Overhead/I		this schedule	a) (e		n, TX,	de of Texas. Comp officeholder living neral Office S	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offic	e sough	t		Office he	ld	
	Date		Payee name								
	07/03/2024		Amazon								
	Amount (\$)	+	Payee address;	City;	State; Zi	ip Code	,				
	\$81.07		410 Terry Avenue Seattle, WA 9810	e North	-						
_	DUDDOSE	-				11	. Description				
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Event Expense	pries listed at the top of	this schedule	e) (n		n, TX,	de of Texas. Comp officeholder living Materials		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offic	e sough	t		Office he	eld	
F	Date		Payee name								
	08/26/2024		Another Broken E	igg							
	Amount (\$) \$65.99		Payee address; 10001 Westheime		State; Zi	ip Code					
			Unit 2520 Houston, TX 7704	42							
	PURPOSE	<u>.</u>	Category (See Categ		this sehoduly	-> (k	) Description				
	OF		Food/Beverage E		this scneaue	9) (~	Check if travel	n, TX,	de of Texas. Comp officeholder living al		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offic	e sough	t		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	heac ense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)
1	Sch: 2/25 Rpt: 26/52		DeAyala, Emilio F. (The Honorab	le)				3	00067768
4	Date	5	Payee name						
	07/05/2024		Avalon Diner						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$55.78		8823 Katy Freeway						
			Houston, TX 77024						
8	PURPOSE	<u> </u>				(h)	Description		
°	OF		Category (See Categories listed at the top of	this sch	edule)	(D)	Description	outei	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense						officeholder living expense
							Officeholder		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ght			Office held
	Date		Payee name						
	07/17/2024		Avalon Diner						
		<u> </u>		Ctoto		10			
	Amount (\$)			State;	; Zip Coo	le			
	\$65.59		8823 Katy Freeway						
			Houston, TX 77024						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Complete Schedule T.
							<u> </u>		officeholder living expense
							Officeholder	Mea	al
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held
	Date		Payee name						
	10/01/2024		Avalon Diner						
				Ctoto		10			
	Amount (\$)			State,	; Zip Coo	je			
	\$45.74		8823 Katy Freeway						
			Houston, TX 77024						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description		
	OF		Food/Beverage Expense		,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						X Check if Austin	, TX,	officeholder living expense
							Officeholder	Mea	al
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ght			Office held
	expenditure to benefit C/OF								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpense Nages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			•		3	Filer ID (Ethics Commission Filers)				
1	Sch: 3/25 Rpt: 27/52		DeAyala, Emilio F. (The Honorable)				3	00067768				
4	Date	5	Payee name									
	10/24/2024		Avalon Diner									
6	Amount (\$) \$39.66	I	7 Payee address;       City;       State; Zip Code         8823 Katy Freeway									
			Houston, TX 77024									
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense al				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	l .ght			Office held				
	Date		Payee name									
	09/26/2024		Avenida North									
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode							
	\$30.00		701 Avenida de las Americas	-, _,								
			Houston, TX 77010		-							
	PURPOSE OF EXPENDITURE	·	Category (See Categories listed at the top of this s Fransportation Equipment And Relate Expense				, TX,	de of Texas. Complete Schedule T. officeholder living expense ent Parking				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held				
	Date		Payee name									
	10/16/2024		Blackwater Coffee									
	Amount (\$) \$38.65		Payee address; City; Stat 2229 San Felipe St	e; Zip Cc	ode							
			Houston, TX 77024									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)			, тх,	de of Texas. Complete Schedule T. officeholder living expense al				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	Ight			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 4/25 Rpt: 28/52		DeAyala, Emilio F. (The Honorable)				00067768		
4	Date	5	Payee name						
	09/23/2024		Boot Co. Bar and Grill						
6	Amount (\$)	7	Payee address; City; State; 2	Zip Cod	e				
	\$76.74		205 E Hidalgo Ave #205						
			Raymondville, TX 78580						
8	PURPOSE	(a)	-		b) Description				
ľ	OF	("	Category (See Categories listed at the top of this schedu Travel Out of District	ule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				X Check if Austin	, тх	officeholder living expense		
					Officeholder	Tra	vel Meal		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offi	ice soug	ht		Office held		
	Date		Payee name						
	10/16/2024		Brown, Amy						
_	Amount (\$)		Payee address; City; State; Z	Zip Cod	e				
	\$10,800.00		438 Brady Lane		-				
	\$10,000.00		Hoo Brady Lanc						
			Westlake Hills, TX 78746						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description				
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T. , officeholder living expense		
							lging/Living Expense		
					0		-99,9booo		
_	Complete ONLY if direct		Candidate/Officeholder name Offi	ice soug	ht		Office held		
	expenditure to benefit C/OI								
_	Date		Payee name						
	11/20/2024		Carrabbas Voss						
				Zin Cod	-				
	Amount (\$)		Payee address; City; State; 2	ZIP COO	e				
	\$1,955.36		1399 S Voss Rd.						
			Houston, TX 77057						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (	b) Description				
	OF EXPENDITURE		Solicitation/Fundraising Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					F&B for Cam	pal	yn ⊑vent		
	0								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	nt		Office held		
		·							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	ains l	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2		Filer ID (Ethics Commission Filers)						
-	Sch: 5/25 Rpt: 29/52		DeAyala, Emilio F. (The Honorable	e)				00067768		
4	Date	5	Payee name							
	12/06/2024		Colon & Company							
6	Amount (\$)	7	Payee address; City; S	State;	Zip Co	de				
	\$2,500.00		7941 Katy Freeway #108							
			Houston, TX 77024							
8	PURPOSE	( ₂ )				(b) Description				
°	OF	(a)	Category (See Categories listed at the top of the Consulting Expense	nis sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Consulting Expense					, officeholder living expense		
						Campaign Co	ons	sulting		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	12/15/2024		Fowler, Alex							
	Amount (\$)			State.	Zip Co	le				
	\$250.00		700 E. 11th Street #1505	naic,	Zip 00					
	φ230.00		700 E. 110 Sueet #1505							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Salaries/Wages/Contract Labor	nis sche	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense ract Labor		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name		Office held					
_	Date		Payee name							
	10/28/2024		Fowler, Alex							
_					7:0 00					
	Amount (\$)			state;	Zip Co	be				
	\$500.00		700 E. 11th Street #1505							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				, тх	ide of Texas. Complete Schedule T. , officeholder living expense ract Labor		
-	Complete ONLY if direct	L(	Candidate/Officeholder name	C	Office sou	aht		Office held		
	expenditure to benefit C/OF					<b>,</b>				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir	Overhe g Exper g Expe es/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 6/25 Rpt: 30/52		DeAyala, Emilio F. (The Honorable)				00067768			
4	Date 09/19/2024		Payee name Georges pasteria							
6	Amount (\$) \$68.53		Payee address; City; State; Zip 1722 S Dairy Ashford Rd Houston, TX 77077	Code						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense al			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sough	t		Office held			
	Date		Payee name							
	07/23/2024		Greater Houston Pachyderms							
	Amount (\$) \$30.00		Payee address; City; State; Zip P O Box 22531	Code	2					
		<u> </u>	Houston, TX 77227							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b	Check if Austin	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense t Food and Beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sough	t		Office held			
	Date		Payee name							
	08/27/2024		Greater Houston Pachyderms							
	Amount (\$) \$30.00		Payee address; City; State; Zip P O Box 22531	Code	•					
			Houston, TX 77227	ī						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b	Check if Austin	I, TX,	de of Texas. Complete Schedule T. officeholder living expense t Food and Beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sough	t		Office held			

			EXPENDITURE CAT	EGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Cabadula E1.						1	Filer ID (Ethios Commission Filers)			
1	Total pages Schedule F1: Sch: 7/25 Rpt: 31/52		DeAyala, Emilio F. (The Honorabl	e)			3	Filer ID     (Ethics Commission Filers)       00067768			
4	Date	5	Payee name								
	10/07/2024		HYATT REGENCY LOST PIN LO	ST PI	INES						
6	Amount (\$) \$42.00		Payee address; City; 575 Hyatt Lost Pines Road Cedar Creek, TX 78612	State;	Zip Cod	e					
	DUDDOCE	<u> </u>									
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Travel Out of District	this sche	edule) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense .vel Meal			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held			
	Date		Payee name								
	10/28/2024		Harrington, Deanna								
	Amount (\$)		Payee address; City;	State;	Zip Cod	e					
	\$500.00		6130 CHEVY CHASE DR Houston, TX 77057								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Salaries/Wages/Contract Labor	this sche	edule) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ract Labor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held			
	Date		Payee name								
	12/15/2024		Harrington, Deanna								
	Amount (\$) \$250.00		Payee address; City; 6130 CHEVY CHASE DR	State;	Zip Cod	e					
			Houston, TX 77057								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Salaries/Wages/Contract Labor	this sche	edule) (		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ract Labor			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office O           Food/Beverage Expense         Polling E           Gift/Awards/Memorials Expense         Printing	verhea Expense Expense /Wages	se s/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				3	Filer ID (Ethics Commission Filers)			
	Sch: 8/25 Rpt: 32/52	2	DeAyala, Emilio F. (The Honorable)			5	00067768			
4	Date	5	Payee name							
	09/19/2024		Harris County Republican Party							
6	Amount (\$)	7	Payee address; City; State; Zip C	ode						
	\$5,000.00		8588 Katy Fwy #445							
			Houston, TX 77024							
8	PURPOSE	(2)		(h)	Description					
°	OF	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(0)	Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Committee				officeholder living expense			
					Contribution					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ught			Office held			
	Date		Payee name							
	08/26/2024		Houston Area Pastor's Council							
-	Amount (\$)		Payee address; City; State; Zip C	ode						
	\$35.00		P.O. Box 692207	040						
	400.00		1.0. Dox 002201							
			Houston, TX 77269							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	EXPENDITURE		Event Expense				de of Texas. Complete Schedule T. officeholder living expense			
					Campaign Ev					
					Cumpaign Ev	CI				
⊢	Complete ONLY if direct		Candidate/Officeholder name Office so	uaht			Office held			
	expenditure to benefit C/O			ugin						
	Date		Payee name							
	08/21/2024		Houston Print Works LLC							
	Amount (\$)		Payee address; City; State; Zip C	ode						
	\$82.27		11218 Pecan Creek							
			Houston, TX 77043	_						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	EXPENDITURE		Printing Expense				de of Texas. Complete Schedule T.			
					Officeholder I		officeholder living expense			
						111	lang			
	Complete ONLV if direct	Ļ	Candidate/Officeholder name Office so				Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Canadate/Onicentitider frame Office So	uyill						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 9/25 Rpt: 33/52		DeAyala, Emilio F. (The Honorable)				00067768				
4	Date	5	Payee name								
10/24/2024 Houston West Chamber of Commerce											
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$45.00		10370 Richmond Avenue								
			Suite 125								
			Houston, TX 77042								
8	PURPOSE	(a)			(b) Description						
ľ	OF	(4)	Category (See Categories listed at the top of this sche Event Expense	edule)	·	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Event Expense				, officeholder living expense				
					Officeholder	Eve	ent Expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	10/24/2024		Icon Storage								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$756.04		3910 S Industrial Dr								
			Austin, TX 78744								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Office Overhead/Rental Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
					Officeholder						
						010	age i coo				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held				
	expenditure to benefit C/Oł				<u>j</u>						
_	Date	<u> </u>	Payee name								
	07/24/2024		JW Marriott								
				Zin Co	do						
	Amount (\$)		Payee address; City; State; 110 E 2nd St.	Zip Co	ue						
	\$20.00		110 E 2110 St.								
			Austin, TX 78701								
PURPOSE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description											
	OF EXPENDITURE		Travel Out of District								
	EXPENDITORE						, officeholder living expense				
					Officeholder	Pai	rking				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held				
	expenditure to benefit C/OI	1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	verhea xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 10/25 Rpt: 34/52		DeAyala, Emilio F. (The Honorable)				00067768			
4	Date 11/12/2024	5	Payee name King Ranch Texas Kitchen							
6	Amount (\$) \$30.00		Payee address; City; State; Zip Co 1605 Post Oak Blvd. Houston, TX 77056	ode						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense : Food and Beverage			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ught			Office held			
	Date		Payee name							
	11/19/2024		King Ranch Texas Kitchen							
	Amount (\$) \$30.00		Payee address; City; State; Zip Co 1605 Post Oak Blvd.	ode						
	DUDDOSE		Houston, TX 77056	(h)	<u> </u>					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense : Food and Beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ught			Office held			
	Date		Payee name							
	12/10/2024		Lakeside Country Club							
	Amount (\$) \$35.00		Payee address; City; State; Zip Co 100 Wilcrest	ode						
			Houston, TX 77042	-						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense : <b>Parking</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ught			Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A Imittee Lega	Expense Beverage Expense wards/Memorials Exp Services Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contra	l Expense ct Labor		Solicitation/Fund Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment &	& Related Expense
1	Total pages Schedule F1:	2			-		·		3	Filer ID	(Ethics	Commission Filers)
-	Sch: 11/25 Rpt: 35/52		DeAyala, Emilic	F. (The Hono	rable)					00067768	(	
4	Date 09/09/2024	I	Payee name Los Tios									
6	Amount (\$) \$20.00		Payee address; 14006 Memoria Houston, TX 77		State;	Zip Coo	le					
8	PURPOSE OF EXPENDITURE		Category _{(See Ca} Food/Beverage		op of this sche	edule)	Cr	neck if travel o neck if Austin,	TX, d	le of Texas. Comp officeholder living Food/Beve	expense	dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	lder name	C	Office soug	ht			Office he	eld	
	Date		Payee name									
	10/07/2024		Los Tios									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le					
	\$20.00		14006 Memoria Houston, TX 77	-								
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Food/Beverage		op of this sche	edule)	Cr	neck if travel c neck if Austin,	TX, d	le of Texas. Comp officeholder living Food and E	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	lder name	C	Office soug	ht			Office he	eld	
	Date		Payee name									
	09/23/2024		Maggiano's Littl	e Italy								
	Amount (\$) \$30.00	I	Payee address; 2019 Post Oak	City; Blvd.	State;	Zip Coo	le					
			Houston, TX 77	056								
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Food/Beverage		op of this sche	edule)	Cr	neck if travel o neck if Austin,	TX, d	le of Texas. Comp officeholder living Food and E	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	lder name	C	Office soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								uipment & Related Expense		
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 12/25 Rpt: 36/52		DeAyala, Emilio F. (The Honorable)					00067768	· · · · ·		
4	Date 10/21/2024		ayee name /laggiano's Little Italy								
6	Amount (\$) \$30.00	2	ayee address; City; Si 019 Post Oak Blvd. łouston, TX 77056	ate; Zip	Code						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Cood/Beverage Expense	s schedule)	(b)		ı, TX,	de of Texas. Compl officeholder living e t Food and B	expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	sought			Office hel	d		
	Date	F	ayee name								
	11/18/2024	Ν	Maggiano's Little Italy								
	Amount (\$) \$30.00		ayee address; City; Si 019 Post Oak Blvd.	ate; Zip	Code						
		ŀ	louston, TX 77056								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Cood/Beverage Expense	s schedule)	(b)		ı, TX,	de of Texas. Compl officeholder living e t Food and B	expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	sought			Office hel	d		
	Date	F	ayee name								
	09/03/2024	N	Aammoth Marketing Group								
	Amount (\$) \$108.25		ayee address; City; Si 500 Bissonnet St	ate; Zip	Code						
			Bellaire, TX 77401								
OF Advertising Expense							I, TX,	de of Texas. Compl officeholder living e rtising			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	sought			Office hel	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimt Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 13/25 Rpt: 37/52	DeAyala, Emilio F. (The Honorable)	00067768							
4	Date 09/03/2024	Payee name Mammoth Marketing Group								
6	Amount (\$) \$108.25	Payee address; City; State; Zip Code 4500 Bissonnet St Bellaire, TX 77401								
8	PURPOSE OF EXPENDITURE		ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense paign Advertising							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/21/2024	Mammoth Marketing Group								
	Amount (\$) \$35.16	Payee address;City;State;Zip Code4500 Bissonnet St								
		Bellaire, TX 77401								
	PURPOSE OF EXPENDITURE		ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense paiign Advertising							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/21/2024	Mammoth Marketing Group								
	Amount (\$) \$2,650.50	Payee address;City;State;Zip Code4500 Bissonnet St								
		Bellaire, TX 77401								
	PURPOSE OF EXPENDITURE		ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense palign Advertising							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/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:				<b>3</b> Filer ID (Ethics Commission Filers)					
_	Sch: 14/25 Rpt: 38/52	eAyala, Emilio F. (The Honorable	2)		00067768					
4	Date 12/30/2024	ayee name Iammoth Marketing Group								
6	Amount (\$) \$54.13	ayee address; City; S 500 Bissonnet St ellaire, TX 77401	state; Zip Code							
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of the dvertising Expense	is schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense Ivertising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held					
	Date	ayee name								
	12/30/2024	lammoth Marketing Group								
	Amount (\$) \$746.93	ayee address; City; S 500 Bissonnet St	state; Zip Code							
		ellaire, TX 77401								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th dvertising Expense	is schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense Ivertising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held					
	Date	ayee name								
	12/30/2024	lammoth Marketing Group								
	Amount (\$) \$589.96	ayee address; City; S 500 Bissonnet St	State; Zip Code							
		ellaire, TX 77401								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th dvertising Expense	is schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense Ivertising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	nead/Rei ense ense iges/Con			Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
-	Sch: 15/25 Rpt: 39/52	-	DeAyala, Emilio F. (The Honorab	le)					00067768	(,
4	Date	5	Payee name							
	12/30/2024		Mammoth Marketing Group							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coc	е				
	\$1,022.96		4500 Bissonnet St							
			Bellaire, TX 77401							
_	DUDDOOF	(-)				<u> </u>				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	iedule)	De (0	scription		de of Toylog, Comp	lata Cabadula T
	EXPENDITURE		Advertising Expense			H			de of Texas. Comp officeholder living	
						Ц Са	mpaiign Ac		-	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office soug	ht			Office he	ld
_	Date		Payee name							
	12/30/2024		Mammoth Marketing Group							
				04-4	7	-				
	Amount (\$)			State;	; Zip Coc	е				
	\$1,033.79		4500 Bissonnet St							
			Bellaire, TX 77401							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense	this sch	edule)		Check if Austin,	ΤX,	de of Texas. Comp officeholder living ce Supplies	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht			Office he	ld
	Date		Payee name							
	08/05/2024		Mammoth Marketing Group							
	Amount (\$)	-		State [.]	; Zip Coc	P				
	\$527.72		4500 Bissonnet St	olulo,	, 20 000	C				
	ΨΟΖΤ.ΤΖ									
			Bellaire, TX 77401							
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	iedule)	<b>b)</b> De	scription			
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Comp	
	LAFENDITORE								officeholder living	expense
						Ca	mpaign Re	esea	arch	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office he	ld

			EXPENDITURE CATEGORIES FOR	BO	X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Office Overh Food/Beverage Expense Poliing Expe Gift/Awards/Memorials Expense Printing Exp	nead ense ense ges/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3	3	Filer ID (Ethics Commission Filers)
	Sch: 16/25 Rpt: 40/52		DeAyala, Emilio F. (The Honorable)				00067768
4	Date 08/05/2024		Payee name Mammoth Marketing Group				
6	Amount (\$) \$527.72		Payee address; City; State; Zip Cod 4500 Bissonnet St Bellaire, TX 77401	e			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (I Office Overhead/Rental Expense			TX, d	e of Texas. Complete Schedule T. officeholder living expense arch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office soug	ht			Office held
	Date		Payee name				
	09/03/2024		Mammoth Marketing Group				
	Amount (\$)		Payee address; City; State; Zip Cod	е			
	\$527.72		4500 Bissonnet St Bellaire, TX 77401				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (I Office Overhead/Rental Expense			TX, d	e of Texas. Complete Schedule T. officeholder living expense arch
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sough	ht			Office held
	Date		Payee name				
	10/21/2024		Mammoth Marketing Group				
	Amount (\$) \$527.72		Payee address; City; State; Zip Cod 4500 Bissonnet St	e			
			Bellaire, TX 77401				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (I Office Overhead/Rental Expense			TX, d	e of Texas. Complete Schedule T. officeholder living expense arch
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sough	ht			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	head ense pense ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 17/25 Rpt: 41/52		DeAyala, Emilio F. (The Honorable)				00067768			
4	Date 12/30/2024		Payee name Mammoth Marketing Group							
6	Amount (\$)	7	Payee address; City; State; Zip Coo	1e						
Ū	\$1,055.44		4500 Bissonnet St							
			Bellaire, TX 77401							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			TX,	le of Texas. Complete Schedule T. officeholder living expense Arch			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office souc	ght			Office held			
	Date		Payee name							
	12/30/2024		Mammoth Marketing Group							
	Amount (\$)		Payee address; City; State; Zip Coo	de						
	\$527.72		4500 Bissonnet St Bellaire, TX 77401							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			TX,	de of Texas. Complete Schedule T. officeholder living expense <b>arch</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sour	ght			Office held			
	Date		Payee name							
	12/03/2024		Memorial West Republican Women PAC							
	Amount (\$)		Payee address; City; State; Zip Coo	de						
	\$180.00		815 Elk Run Circle							
			Houston, TX 77079							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense			TX,	de of Texas. Complete Schedule T. officeholder living expense : <b>Expense</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ght			Office held			

				EXPENDITU	RE CATEGO	RIES FOR	BOX 8	8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C nittee L	vent Expense ees ood/Beverage Expe Sift/Awards/Memoria egal Services <b>The Instruction (</b>	als Expense	Office Over Polling Exp Printing Ex Salaries/W	head/Rer ense pense ages/Con			Travel in District Travel Out of Dis	quipment	xpense t & Related Expense not listed above)	
1	Total pages Schedule F1:	2 F	II FR NAME				-		3	Filer ID	(Ethics	s Commission Filers)	—
-	Sch: 18/25 Rpt: 42/52			iilio F. (The H	lonorable)					00067768	(		
4	Date 10/18/2024		ayee name Ioonshine F	Patio									
6					Ctoto	· Zin Cor	10						_
0	Amount (\$) \$143.54	3	ayee addres 03 Red Riv	er ST.	State	; Zip Coo	Je						
8	PURPOSE						(h) Do	oprintion					_
0	OF		ravel Out o	e Categories listed a F District	t the top of this sch	nedule)			, TX,	de of Texas. Com officeholder living vel Meal			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Offic	eholder name	C	Office sou	Jht			Office he	eld		
	Date	P	ayee name										
	09/17/2024	N N	ly Worksho	p #16									
	Amount (\$)	P	ayee addres	s; City;	State	; Zip Coo	le						-
	\$203.51		033 Founta	-		·							
	PURPOSE OF EXPENDITURE			e Categories listed a ead/Rental E		nedule)		Check if Austin,	, TX,	de of Texas. Com officeholder living neral Office	, expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder name	(	Office soug	Iht			Office he	eld		
-	Date		ayee name										-
	12/12/2024	1	lyers, Libby										
-	Amount (\$)		ayee addres		State	; Zip Coo	le						_
	\$500.00	1	321 De Lar		etato,	, בוף ספנ							
		F	louston, TX	77092									
	PURPOSE OF EXPENDITURE			e Categories listed a ges/Contract		nedule)			, TX,	de of Texas. Com officeholder living act Labor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Offic	eholder name	C	Office soug	Jht			Office he	eld		

			EXPENDITU	RE CATEGOR	RIES FOR	8 BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
1	Sch: 19/25 Rpt: 43/52		DeAyala, Emilio F. (The H	onorable)				00067768
4	Date	5	Payee name					
	09/09/2024		PGA Omni					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de		
	\$16.71		4341 PGA Pkwy					
			Frisco, TX 75033					
8	PURPOSE OF	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description		
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
								officeholder living expense
						Officeholder	IIa	iver mear
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	10/17/2024		Parking 823 Congress					
	Amount (\$)		Payee address; City;	State;	Zip Co	de		
	\$25.98		109 E 9th St		•			
	+_0.00							
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Travel Out of District	the top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense NG
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	07/31/2024		Patriot Productions					
	Amount (\$)		Payee address; City;	State:	Zip Co	de		
	\$54.13		PO Box 286	etato,	, <u> </u>			
	\$04.10		1 O D0X 200					
			Stephenville, TX 76401					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.						
								, officeholder living expense ecialty Office Supplies
					Dff: -			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held

				EXPE	DITURE C	ATEGOF	RIES FOF	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/ Legal Servic	ge Expense Memorials Expe		Office Ove Polling Ex Printing Ex Salaries/W	rhead bense pens ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	
1	Total pages Schedule F1:	12		ine instru	Culon Guide	explains		iipic	te this form.	12	Filer ID	(Ethios Com	mission Filors)
L.	Sch: 20/25 Rpt: 44/52		DeAyala, Er	nilio F. (	The Honora	able)				3	00067768	(Ethics Com	nission Filers)
4	Date	5	Payee name							•			
	09/06/2024		Raconteur										
6	Amount (\$) \$500.00		Payee addres PO Box 265 Austin, TX 7	11	y;	State;	; Zip Co	de					
8	PURPOSE	(a)	Category (Se	e Categories	listed at the top	o of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising							ı, TX,	de of Texas. Com officeholder living rtising		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder r	name	C	Office sou	ght			Office he	eld	
	Date		Payee name										
	12/30/2024		Raconteur										
	Amount (\$)		Payee addres	is; Ci	y;	State;	Zip Co	de					
	\$24,240.67		PO Box 265 Austin, TX 7										
_	PURPOSE					<i>.</i>		(b)	Description				
	OF	(4)	Category _{(Se} Advertising			o of this sch	edule)	()	Check if travel	ı, TX,	de of Texas. Com officeholder living rtising		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder r	name	C	Office sou	ght			Office he	eld	
	Date		Payee name										
	11/26/2024		RightSide C	ompliand	e								
	Amount (\$)		Payee addres	is; Ci	y;	State;	Zip Co	de					
	\$181.00		PO Box 341	027									
			Austin, TX 7	8734									
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Consulting E		listed at the top	o of this sch	edule)	(b)		I, TX,	de of Texas. Com officeholder living ement and (	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder r	name	C	Office sou	ght			Office he	eld	

			EXPENDITURE CATEGORIES FO	DR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Loan Re Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing Legal Services Salaries The Instruction Guide explains how to c	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 21/25 Rpt: 45/52		DeAyala, Emilio F. (The Honorable)				00067768
4	Date 08/20/2024	5	Payee name Spring Branch ISD				
6	Amount (\$) \$1,040.00	7	Payee address; City; State; Zip C 955 Campbell Road Houston, TX 77024	Code			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense r <b>tising</b>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office so	ought			Office held
	Date		Payee name				
	10/03/2024		Spring Branch ISD				
	Amount (\$) \$350.00		Payee address; City; State; Zip C 955 Campbell Road	Code			
	PURPOSE	(2)	Houston, TX 77024	(b)	Description		
	OF EXPENDITURE	(d)	Category (See Categories listed at the top of this schedule) Fees			TX,	de of Texas. Complete Schedule T. officeholder living expense nual Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sc	bught			Office held
	Date		Payee name				
	09/27/2024		Story Teller Promotions/AIA Corp				
	Amount (\$) \$1,366.73		Payee address; City; State; Zip C 1336 Brittmoore Rd	Code			
			Houston, TX 77043				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense neral Office Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office so	bught			Office held

			EXPENDITURE CATEGORIES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expen	se s/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	· · ·		2	Filer ID (Ethics Commission Filers)
1	Sch: 22/25 Rpt: 46/52		DeAyala, Emilio F. (The Honorable)			00067768
4	Date	5	Payee name	•		
	12/05/2024		Sushi Junai			
6	Amount (\$) \$13.85		Payee address; City; State; Zip Code 1612 Lavaca St Austin, TX 78701			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE		Travel Out of District	Check if travel of	, TX,	le of Texas. Complete Schedule T. officeholder living expense /el Meal
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought			Office held
	Date		Payee name			
	07/29/2024		Taquerias Arandas			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$53.00		1630 Gessner Road Houston, TX 77080			
	DUDDOSE	<u> </u>		Description		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense		, TX,	le of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought			Office held
	Date		Payee name			
	08/08/2024		Texans for Medical Freedom			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$260.73		1321 W Randol Mill Rd. Suite 2006			
			Arlington, TX 76012			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (b) Event Expense		, тх,	le of Texas. Complete Schedule T. officeholder living expense Expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 23/25 Rpt: 47/52		DeAyala, Emilio F. (The Honorable)				00067768			
4	Date 11/18/2024		Payee name Texas Chili Parlor							
6	Amount (\$)			Zip Co	10					
Ŭ	\$99.19	ľ	1409 Lavaca St.	210 00						
			Austin, TX 78701							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
					Officeholder		, officeholder living expense			
					Onicentituer	110	liver mean			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name O	ffice sou	Jht		Office held			
	Date		Payee name							
	08/07/2024		Texas Young Republican Federation							
	Amount (\$)			Zip Co	1e					
	\$517.50		1305 Pine Street	2.6 00						
	φ <b>31</b> 7.30									
			Bastrop, TX 78602							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Contributions/Donations Made By	#***			ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Commi	llee	Contribution	Check if Austin, TX, officeholder living expense				
					Contribution					
	Complete ONLY if direct		Candidate/Officeholder name O	ffice soug	Iht		Office held			
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	09/03/2024		The Downright Renaissance Hotel							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$52.00		701 E 11th St.							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
	-						, officeholder living expense			
					Officeholder	i al	Ning			
	Complete ONUM Station	Ļ	and data (Office helder a second	<i>tting</i>	- la 4					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Int		Office held			
-										

			EXPENDITU	RE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Git/Awards/Memorial mittee Legal Services The Instruction C	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expe	
1	Total pages Schedule F1:	2	-II FR NAME				3	Filer ID	(Ethics Commission	Filers)
-	Sch: 24/25 Rpt: 48/52		DeAyala, Emilio F. (The H	onorable)				00067768	(	
4	Date	5	Payee name							
	08/30/2024	-	The Downright Renaissan	ce Hotel						
6	Amount (\$) \$162.63		Payee address; City; 701 E 11th St. Austin, TX 78701	State;	; Zip Coc	e				
8	PURPOSE	(a) (	Category (See Categories listed at	the top of this sche	edule)	b) Description				
	OF EXPENDITURE		Fravel Out of District				n, TX,			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date		Payee name							
	09/05/2024	.	The Gober Group							
	Amount (\$)		Payee address; City;	State;	Zip Coc	е				
	\$2,041.67		14425 Falcon Head Blvd E Austin, TX 78738	suilding E Su	uite 100					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Legal Services	the top of this sche	edule)		n, TX,	de of Texas. Comp officeholder living I Services		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date		Payee name							
	10/28/2024	.	The Gober Group							
	Amount (\$)		Payee address; City;	State;	; Zip Coc	е				
	\$2,100.00	:	14425 Falcon Head Blvd E	uilding E Su	ite 100					
			Austin, TX 78738							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Legal Services	the top of this sche	edule)		n, TX,	de of Texas. Comp officeholder living I Services		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	С	Office soug	ht		Office he	ld	

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Glft/Awards/Memorials Expense         Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 25/25 Rpt: 49/52	DeAyala, Emilio F.	(The Honorable)			00067768	
4	Date 12/12/2024	Payee name The Laura Hotel					
6	Amount (\$) \$12.00	Payee address; 1070 Dallas St. Houston, TX 7700	<i>.</i>	Zip Code			
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Officeholder Parking</li> </ul>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sought		Office he	eld
	Date	Payee name					
	10/14/2024	The Whats Up Pro	gram				
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$2,500.00	10924 Grant Road Houston, TX 7707	0				
PURPOSE OF EXPENDITURE		Category _{(See Catego} Advertising Expen:	<ul> <li>(See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Advertising</li> </ul> </li> </ul>				
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held					eld		
	Date	Payee name					
	12/02/2024	Village Republican	Women PAC				
	Amount (\$) \$90.00	Payee address; P.O. Box 79924	City; State;	Zip Code			
		Houston, TX 7727	9				
PURPOSE ( OF EXPENDITURE		Category _{(See Catego} Fees	ries listed at the top of this sche	edule) (b)		outside of Texas. Com , TX, officeholder living Annual Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sought		Office he	ld

	UNPAID INCU	RRED OBLIGATIONS		SCHEDULE F2		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor explains how to complete this form.			
1	Total pages Schedule F2: Sch: 1/2 Rpt: 50/52	2 FILER NAME DeAyala, Emilio F. (The Honora	able)	3         Filer ID         (Ethics Commission Filers)           00067768		
4	TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLI	\$			
5	Date 12/03/2024	6 Payee name Houston West Chamber of Commerce				
7	Amount (\$) \$50.00	8 Payee address; City; 10370 Richmond Avenue Suite 125 Houston, TX 77042	State; Zip Code			
9	TYPE OF EXPENDITURE	Political	X Non-Political			
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	Check if tra	ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense er Event Expense		
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held		
	Date 12/04/2024	Payee name La Griglia				
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$50.00     2817 W Dallas					
L		Houston, TX 77019				
	TYPE OF EXPENDITURE	X Political	Non-Political			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if tra	avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Event Food and Beverage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held		

	RRED OBLIGATIONS	SCHEDULE F2				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Fees Office Overhee Food/Beverage Expense Polling Expens y - Gift/Awards/Memorials Expense Printing Expen	ent/Reimbursement ad/Rental Expense Se Transportation Equipment & Related Expense Travel in District Scontract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F2: Sch: 2/2 Rpt: 51/52	2 FILER NAME DeAyala, Emilio F. (The Honorable)	3       Filer ID       (Ethics Commission Filers)         00067768				
	ZED UNPAID INCURRED OBLIGATIONS	\$				
5 Date 12/31/2024	6 Payee name The Gober Group					
7 Amount (\$) \$2,450.00						
9 TYPE OF EXPENDITURE	Austin, TX 78734	U				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Legal Services	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Legal Services				
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				

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

SCHEDULE K

	The Instruction Guide explains how to complete this form					ages Schedule K: /1 Rpt: 52/52
2				Filer ID	(Ethics Commission Filers)	
	DeAyala, En	nilic	9 F. (The Honorable)		00067	768
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	11/14/2024		Bullhorn			\$949.36
		6	Address of person from whom amount is received; City; State; Zip Code			
		• Address of person from whom amount is received, City, State, Zip Code				
			Omaha, NE 68135			
		7	Purpose for which amount is received Check i	f politic	cal conti	ibution returned to filer
			Refund of Unused Budget			
⊢						