#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 30 00085720 CANDIDATE / MS / MRS / MR FIRST MI **OFFICE USE ONLY OFFICEHOLDER** Lj The Honorable NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Francis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4833 Saratoga Blvd. #114 MAILING Receipt # Amount **ADDRESS** Corpus Christi, TX 78413-2213 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Bergsma **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 615 Leopard Street **ADDRESS** Suite 430 (Residence or Business) Corpus Christi, TX 78401 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION**

**TREASURER** 

**PHONE** 

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

(361) 537-6964

January 15

Day

Day

OFFICE HELD (if any)

**ELECTION DATE** 

State Board Of Education District 2

07/01/2024

Year

Year

July 15

Month

Month

30th day before election

8th day before election

**THROUGH** 

Primary

General

Runoff

Exceeded modified reporting limit

Month

**ELECTION TYPE** 

Runoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

Year

Other

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Francis, Lj (The Hone	orable)	<b>14</b> Filer ID (I 00085720	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00					
		2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
		4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 41,813.94					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ETING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		The U	anavahla Li Evancia						
			onorable Lj Francis Candidate or Officeholo	der					
		Signature of							
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath					

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

				3 of 30						
	18 FILER NAME Francis, Lj (The Honorable)  20 SCHEDULE SUBTOTALS  19 Filer ID 00085720									
20 SCHEDULE NAME OF S			SUBTOTAL	_ AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,350.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	\$									
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	17,278.31						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$								
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/30	
2	FILER NAME Francis, Lj (1	The Honorable)			3	Filer ID (Ethics Commission 00085720	on Filers)
4	Date 09/06/2024	D9/06/2024 Bennett, Montgomery  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Dallas, TX 75254  pal occupation / Job title (See Instructions)  9 Employer (See Instruction					
	NA			')			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$4,000.00	
	Galveston, TX 77550						
	Principal occu Oil and gas	Employer (See Instructions Middleton oil co	5)				
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78413	-				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions NA	5)		
	Date  O9/05/2024  Full name of contributor  Out-of-state PAC (III  Weekley, Richard Weekley  Contributor address; City; State; Zip Code  Houston, TX 77027			)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Real Estate	pation / Job title (See Instructions) Developer		Employer (See Instructions Self	)		
	Date O9/23/2024 Full name of contributor O9/23/2024 elswick, roger Contributor address; City; State; Zip Code houston, TX 77068					Amount of Contribution (\$)	\$1,000.00
	Principal occu dealer	pation / Job title (See Instructions)		Employer (See Instructions community auto	i)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/30			
2	FILER NAME Francis, Lj (	The Honorable)		3	Filer ID (Ethics Commiss 00085720	ion Filers)	
4	Date 08/29/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_kohlmann, Jamie</li> <li>Contributor address; City; State; Zip Code</li> </ul>	7	Amount of Contribution (\$)	\$250.00		
	Deine in all a second	dallas, TX 75209	D. Faralana (On tantantian				
8	self	upation / Job title (See Instructions)	9 Employer (See Instructions self	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/24/2024 lubbock area republic womens  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00	
	Principal occu	lubbock, TX upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)			
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ thomas, john  Contributor address; City; State; Zip Code  lubbock, TX			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions south plains surgical	<u>l</u> S)			

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 1/25 Rpt: 6/30	FILER NAME     Francis, Lj (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085720
4	<u> </u>	5 Payee name 1 Stop Mail Service	I
6	Amount (\$) \$156.00	7 Payee address; City; State; Zip Code 4833 Saratoga Blvd	
		Corpus Christi, TX 78413	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  HQ mail service - 1 year
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 10/07/2024	Payee name 1 Stop Mail Service	
	Amount (\$) \$19.00	Payee address; City; State; Zip Code 4833 Saratoga Blvd	
		Corpus Christi, TX 78413	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office supplies, stamps
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/06/2024	Payee name BUC-EE'S #22	
	Amount (\$) \$46.99	Payee address; City; State; Zip Code 2760 ih 35 n	
		new braunfels, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gasoline
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/25 Rpt: 7/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	11/20/2024	BUC-EE'S #22
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.62	2760 ih 35 n
		new braunfels, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas + travel refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/09/2024	BUC-EE'S #22
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.25	2760 ih 35 n
		new braunfels, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/07/2024	Circle K 1499
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.10	1802 W. Market St.
		Rockport, TX 78382
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·							
	Sch: 3/25 Rpt: 8/30	Francis, Lj (The Honorable) 00085720							
4	Date	Payee name							
	09/14/2024	Circle K 1544							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$49.42	1085 hwy 72							
		three rivers , TX 78071							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		gasoline							
_									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/23/2024	Circle K 1544							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$25.55	1085 hwy 72							
		three rivers , TX 78071							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  gasoline							
		gasonne							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Data	David and the second se							
	Date 09/11/2024	Payee name  Do Loop, Maricola							
		De Leon, Maricela							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,000.00								
		Edinburg, TX							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Services - Chief Strategy Off.							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·							
	Sch: 4/25 Rpt: 9/30	Francis, Lj (The Honorable) 00085720							
4	Date	Payee name							
	11/20/2024	De Leon, Maricela							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$4,000.00								
		edinburg, TX							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		services; chief strat off.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experialitate to belieff crof	<u> </u>							
	Date	Payee name							
	07/29/2024	Elect Albert Carrillo Campaign							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00								
		TX							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	LAFENDITORE	Candidate/Officeholder/Political Committee							
		Campaign contributions							
	Occupation ONLY if allocat	Open Highest Office health and a second to the second to t							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	· 								
	Date	Payee name							
	07/01/2024	Exxon							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$13.74								
		TX							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  gasoline							
		gusomic							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 5/25 Rpt: 10/30	2 FILER NAME Francis, Lj (The Honorable)  3 Filer ID (Ethics Commission Filers) 00085720
4	Date 08/30/2024	5 Payee name Exxon checkout 55
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 3957 saratoga blvd  corpus christi, TX 78415
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gasoline
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	HEB Gas #702
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.26	200 w expressway 83
		mcAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Snacks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	III FORKS 350
	Amount (\$) \$110.26	Payee address; City; State; Zip Code 111 lavca st
		austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/25 Rpt: 11/30	Francis, Lj (The Honorable)	00085720
4	Date	5 Payee name	L
	11/04/2024	LOVE'S #0885	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	\$19.99		
		harlingen, TX	
8	PURPOSE	1	Description
o	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	Check if Austin, TX, officeholder living expense
			gas
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to benefit or or	'	
	Date	Payee name	
	07/02/2024	Marks Cleaners	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.52	5702 Everhart RD	
		Corpus Christi, TX 78413	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	cleaners	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense cleaners
			olouilo.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	08/05/2024	Marks Cleaners	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.89	5702 Everhart RD	
		Corpus Christi, TX 78413	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule)  cleaners	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	oleanere .	Check if Austin, TX, officeholder living expense
			cleaners
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to belieff C/Of	•	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/25 Rpt: 12/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	09/05/2024	Marks Cleaners
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.26	5702 Everhart RD
		Corpus Christi, TX 78413
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	cleaners Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Cleaners
		Cleaners
_	Operation ONLY if all parts	On did to 10 ff as hald a grant Off as a south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Marks Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.16	5702 Everhart RD
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cleaners Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cleaners
		dealiers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/12/2024	Marks Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.17	5702 Everhart RD
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cleaners Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		cleaners
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Comr	mittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 8/25 Rpt: 13/30	L_F	Francis, Lj (	The Honorable)						00085720		
4	Date	5 F	Payee name									
	11/25/2024	1	Marks Clear	ners								
6	Amount (\$)	<b>7</b> F	Payee addres	ss; City;	State;	Zip Co	de					
	\$89.03	5	702 Everh	art RD								
		(	Corpus Chri	sti, TX 78413								
8	PURPOSE	(a) (	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		leaners	Ü	•	,		=			plete Schedule T.	
	EXI ENDITORE							<u> </u>	, TX,	officeholder living	g expense	
								cleaners				
9	Complete ONLY if direct		andidata/Offic	coholdor nama		office con	abt			Office he	old.	
9	Complete ONLY if direct expenditure to benefit C/OI		anuluale/Offic	ceholder name		office sou	igrit			Office no	eiu	
	Date	F	Payee name									
	09/10/2024	1	Michael hun	ter for mayor								
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00											
		0	corpus chris	ti, TX								
	PURPOSE	(a) (	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Mad	le By						plete Schedule T.	
	EM EMBITORE	(	Candidate/C	Officeholder/Politi	cal Commi	ittee				officeholder living	g expense	
								campaign cor	ונווו	JuliOH		
	Complete ONLY if direct		andidata/Offi	ceholder name		office com	ah+			Office he	old.	
	Complete ONLY if direct expenditure to benefit C/OH		anuluale/Offic	zenoluei name	O	office sou	ynı			Office no	eiu	
	Data	Ī										_
	Date	ı	Payee name	roce 9702								
	07/29/2024		Murphy Exp									
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$30.00	6	6625 Sarato	ga Boulevard								
		,	Ornus Chri	sti, TX 78414								
	DUDDOCE					1	/b\	December?				
	PURPOSE OF		Category <sub>(Se</sub> Fravel In Dis	e Categories listed at the	top of this sche	edule)	(a)	Description  Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	'	navenin Dis	su ICl				ш		officeholder living	•	
								gasoline				
	Complete ONLY if direct		andidate/Offic	ceholder name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										

#### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense I		pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers	)
L	Sch: 9/25 Rpt: 14/30	Francis, I	_j (The Honorable)						00085720		
4	Date	5 Payee nar	ne								
	08/06/2024	Murphy E	express 8793								
6	Amount (\$)	7 Payee add	lress; City;	State;	Zip Coo	de					
	\$25.00	6625 Sar	atoga Boulevard								
		Corpus C	hristi, TX 78414								
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	ule)	(b)	Description				
	OF EXPENDITURE	Travel In			,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
							<b>—</b>	, TX,	officeholder living	expense	
							gasoline				
_	Complete ONI V if direct	Candidata	Officabalder name	<u> </u>	ico cour	nh+			Office he	ald	
9	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		ice soug	JIIL			Office ne	au .	
	Date	Payee nar	ne								
	09/25/2024	Murphy E	express 8793								
	Amount (\$)	Payee add	lress; City;	State;	Zip Cod	de					
	\$21.20	6625 Sar	atoga Boulevard								
		Corpus C	hristi, TX 78414								
	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	ule)	(b)	Description				
	OF EXPENDITURE	Travel In					<b>=</b>		de of Texas. Com		
	EXI ENDITORE						ш	, TX,	officeholder living	expense	
							gasoline				
_	Complete ONLY if direct	Candidate	Officeholder name	O#	ice soug	nht			Office he	ald.	
	expenditure to benefit C/O		omcenoider ridffle	Oli	เคย 20นป์	JIIL			Onice ne	สน	
_	Data										
	Date	Payee nar									
	10/08/2024		express 8793								
	Amount (\$)	Payee add		State;	Zip Coo	de					
	\$16.59	6625 Sar	atoga Boulevard								
		Corpus C	hristi, TX 78414								
	PURPOSE OF		(See Categories listed at the	top of this sched	ule)	(b)	Description			olate Oakadi ( 7	
	EXPENDITURE	Travel In	District				ш		de of Texas. Com officeholder living		
							gasoline	, .,,,		It	
							=				
	Complete ONLY if direct	Candidate/0	Officeholder name	Off	ice soug	ght			Office he	eld	
	expenditure to benefit C/O	4									

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 15/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	09/24/2024	Palenque grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.97	615 trenton rd
		edinburg, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	09/11/2024	RGV Lead
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	322 S Missouri Ave
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	10/15/2024	Shell bay city
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.26	8001 e expressway 83
		bay city, TX
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	<u> </u>

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 16/30	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		<u> </u>
	09/16/2024	Shell		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$31.05	5740 north i 35		
		austin, TX 78751		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense gasoline
				gasoniie
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/O		9	C.II.SC II.SC
⊨	Date	Payee name		
	08/02/2024	Stripes 2101		
⊢	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$18.54	5701 Everhart RD	·uc	
	720.0	0.02 2.0		
		Corpus Christi, TX 78413		
┝	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				gasoline
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt	Office held
⊨				
	Date	Payee name		
L	08/23/2024	Stripes 2101	_	
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$31.52	5701 Everhart RD		
		Corpus Christi, TV 70412		
L		Corpus Christi, TX 78413		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
l				gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1		

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/25 Rpt: 17/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	11/12/2024	Stripes 2201
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.79	6240 south hwy 77
		Riviera, TX 78379
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	09/30/2024	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.42	
		pharr, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	10/21/2024	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.37	
		pharr, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt: 18/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	09/18/2024	Sunoco Corpus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.52	6814 WEBER RD
		Corpus Christi, TX 78415
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/04/2024	Sunoco Corpus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.89	6814 WEBER RD
		Corpus Christi, TX 78415
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/12/2024	Take 5 #652
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.92	
		corpus christi, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		on change service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Printing Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTLER (effect a category not listed above)
1	Total pages Schedule F1: Sch: 14/25 Rpt: 19/30	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers) 00085720
4	Date 11/26/2024	5 Payee name X	
6	Amount (\$) \$149.37	7 Payee address; City; State; Zip Code  TX	
8	PURPOSE OF EXPENDITURE	onice overnead/Nental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense CC - 1 year
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

expenditure to benefit C/O	<del>-</del> 1
Date 09/30/2024	Payee name amazing stop
Amount (\$) \$59.80	Payee address; City; State; Zip Code san antonio, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gasoline
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/29/2024	arp gril
Amount (\$) \$12.94	Payee address; City; State; Zip Code

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

TX

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

Food/Beverage Expense

Candidate/Officeholder name

Office sought

(b) Description

food

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/25 Rpt: 20/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	07/30/2024	arp gril
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.23	
L		TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	08/08/2024	arp gril
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.26	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food
		1000
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/09/2024	arp gril
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$17.26	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense food
		1000
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

#### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
;	Sch: 16/25 Rpt: 21/30	Francis, Lj (The Honorable) 00085720
4 [	Date	5 Payee name
-	11/18/2024	arp gril
6 /	Amount (\$) \$22.70	7 Payee address; City; State; Zip Code  TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Ī	Date	Payee name
-	11/22/2024	arp gril
	Amount (\$) \$34.59	Payee address; City; State; Zip Code  TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
[	Date	Payee name
-	12/11/2024	arp gril
,	Amount (\$) \$10.81	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Printing Ex Salaries/M		Travel Out of District  COTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains he	ow to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 17/25 Rpt: 22/30		Francis, Lj (The Honorable)			00085720
4	Date	5	Payee name			
	11/25/2024		bobs city garage			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$536.04					
			corpus Christi, TX	_		
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description
	OF EXPENDITURE		Transportation Equipment And Related			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Expense			officeholder transportation equipment expense;
						mechanic
9	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ght	Office held
	expenditure to benefit C/OI	H				
	Date		Payee name			
	11/15/2024		brown garage			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$30.00					
			austin, TX			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description
	EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						parking fee - 1hour
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ght	Office held
	expenditure to benefit C/OI	Н				
	Date		Payee name			
	09/16/2024		cava			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$16.40		2426 guadalupe street			
			austin, TX 78705	_		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						food
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ght	Office held
	expenditure to benefit C/OI	Η				

#### SCHEDULE F1

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

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

Event Expense Loan K Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Legal Services Salaries

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/25 Rpt: 23/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	08/01/2024	chevron 0107157
6	Amount (\$) \$45.73	7 Payee address; City; State; Zip Code
		austin, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gasoline
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/23/2024	chevron 0107157
	Amount (\$) \$51.75	Payee address; City; State; Zip Code
		austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gasoline
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2024	corner bakery
	Amount (\$) \$2.69	Payee address; City; State; Zip Code
		corpus christi, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  drink
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Total manage Calcadula F1.					
1	Total pages Schedule F1: Sch: 19/25 Rpt: 24/30	Francis, Lj (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085720			
4	Date	5 Davida nama				
*		5 Payee name				
	12/12/2024	CVS				
6	Amount (\$) \$17.30	7 Payee address; City; State; Zip Code				
		corpus, TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	nn			
	OF		f travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Onice overneda/Nerital Expense	f Austin, TX, officeholder living expense			
		thank yo	ou cards			
		""","				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/16/2024	dillards				
_						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,838.09					
		TX				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on			
	OF EXPENDITURE		f travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check i	f Austin, TX, officeholder living expense			
		officeho	lder suits for events			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/09/2024	·				
	00/09/2024	eatery				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$52.00					
		austin, TX				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on			
	OF		f travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		f Austin, TX, officeholder living expense			
		food				
_	Complete ONLY if alian -t	Candidata/Officahaldar nama	Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	experience to perion experience					

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
L	Sch: 20/25 Rpt: 25/30	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		
	08/26/2024	eatery		
6	Amount (\$)	7 Payee address; City; State; Zip C	Code	
l	\$44.74			
L		austin, TX		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				food
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	10/11/2024	eatery		
Г	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$40.00			
		austin, TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense food
┝	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	10/31/2024	eatery		
Н	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$34.44			
		austin, TX		
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				food
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office so	nuaht	Office held
	expenditure to benefit C/OI		Jugrit	Office field
$\vdash$				

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 21/25 Rpt: 26/30	Francis, Lj	(The Honorable)					00085720		
4	Date	5 Payee name	е							
	11/15/2024	eatery								
6	Amount (\$) \$69.99	7 Payee addr	ess; City;	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	I	See Categories listed at the to crage Expense	op of this schedule)	(b)	<b>=</b>		ide of Texas. Com , officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name	e							
	09/26/2024	hidalgo co	unty gop							
	Amount (\$) \$300.00	Payee addr	ess; City;	State; Zip Co	ode					
┢	PURPOSE	(a) Category 7	See Categories listed at the to	on of this cahadula)	(b)	Description				
	OF EXPENDITURE	Contributio	ons/Donations Made /Officeholder/Politica	Ву		Check if travel of	, TX	ide of Texas. Com , officeholder living ounty gop		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name	 e			-				
	10/17/2024	hidalgo co	unty gop							
	Amount (\$) \$200.00	Payee addr	ess; City;	State; Zip Co	ode					
		TX								
	PURPOSE OF EXPENDITURE	(a) Category ( Event Exp	See Categories listed at the to	op of this schedule)	(b)		, TX	ide of Texas. Com , officeholder living for campaign	j expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 22/25 Rpt: 27/30	Francis, Lj (The Honorable)  00085720
4	Date	5 Payee name
	09/25/2024	mister fancy pants
6	Amount (\$) \$5.25	7 Payee address; City; State; Zip Code  corpus christi, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense car wash
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	nyx glitz air
	Amount (\$) \$5.00	Payee address; City; State; Zip Code
		rosenberg, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense  Check if Austin, TX, officeholder living expense air
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	11/21/2024	perrys steak house
	Amount (\$) \$93.35	Payee address; City; State; Zip Code
		austin, TX
_	DUDDOS-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/25 Rpt: 28/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	09/10/2024	pluckers wing
6	Amount (\$) \$23.39	7 Payee address; City; State; Zip Code  austin, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	quiktrip #04033
	Amount (\$) \$63.42	Payee address; City; State; Zip Code  18279 i 35n schertz, TX
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gas + traveling refreshment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	rodeo travel center
	Amount (\$) \$31.97	Payee address; City; State; Zip Code
		pleasanton, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gas
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/25 Rpt: 29/30	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		·
l	07/01/2024	shell oil		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$17.89			
l				
l		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [	Description
l	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
l			ĺ	gasoline
9	Complete ONLY if direct	Condidate/Officeholder page	la 4	Office heald
ľ٩	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
⊨	· 			
l	Date	Payee name		
ᆫ	11/13/2024	stingers coffee		
l	Amount (\$)	Payee address; City; State; Zip Code	е	
l	\$20.00			
l				
L		corpus christi, TX		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	b) [	Description
l	EXPENDITURE	Event Expense	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			L	meeting room for event - 1hr
l				J
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	10/31/2024	stripes 2167		
┝	Amount (\$)	Payee address; City; State; Zip Code	e	
l	\$45.85	4754 spid		
l				
l		corpus christi, TX 78411		
⊢	PURPOSE	•	b) [	Description
l	OF	Travel In District	-, . [	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			Ć	gas
L	0 1. 2			200
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/25 Rpt: 30/30	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	11/18/2024	stripes 9145
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.57	2626 s sugar rd
		endinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas
		9.0
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/09/2024	tysons taco
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	
		austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/10/2024	vespaio
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.00	
		austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		team meeting dinner
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	