# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00054808		2 Total pages filed: 80
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Rafael M.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025
		Anchia			
4 CANDIDATE /	ADDRESS / PO BOX; A	 \PT / SUITE #;	Y:	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 4468		• ,		Receipt # Amount
Change of Address	Dallac TV 75208				
Change of Address	Dallas, TX 75208				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	.1
TREASURER NAME	Mr.	Rick			
	NICKNAME	LAST		SUFFIX	
		Garza			
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1314 Kings Hwy.				
(Residence or Business)	Dallas, TX 75208				
7 CAMPAIGN	AREA CODE PH	HONE NUMBER E	EXTENSION		
TREASURER PHONE	(817) 793-1026				
8 REPORT TYPE	January 15	Oth day before	a alastian 🗖	Dunoff	7 15th day ofter compaign tracquirer
'''-	X January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year
COVERED	07/01/2024	TH	HROUGH	12/31/202	4
10 ELECTION	ELECTION DATE	l <u>—</u>		ELECTION TYPE	_
	Month Day Ye	ar   LIP	Primary	Runoff	Other
	11/05/2024	XG	General	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Representative D	District 103 Dallas		State Representa	
		GO 1	TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 80

13 C / OH NAME	<b>14</b> Filer ID (00054808	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I 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 ADDRE	SS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 689.60
	S)	\$ 165,914.60		
EXPENDITURE TOTALS		<b>\$</b> 3,211.81		
	4. TOTAL POLITIC		<b>\$</b> 71,293.81	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 237,804.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Rafael M. Anch	ia
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

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

## FORM C/OH COVER SHEET PG 3

3 of 80

\$\$\$	
\$	165,914.60
\$	•
	0.00
\$	0.00
\$	0.00
\$	41,416.00
\$	0.00
\$	0.00
\$	29,877.81
\$	0.00
H \$	<b>.</b>
\$	<b>.</b>
NED \$	<b>5</b>
	/OH S

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 4/80	
2	FILER NAME Anchia, Rafa	el M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/03/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# AT&amp;T Texas PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1,000.00
_	5	Austin, TX 78701	12 - 1 (2 1 1 1	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor  out-of-state PAC (ID# Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
		,	, ,,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	Date 10/15/2024	Full name of contributor	: <u>C00089136</u>		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 5/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Atmos Energy Corporation PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
_		Dallas, TX 75240				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Austin Firefighters Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78752  Ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor X out-of-state PAC (ID#: Call Bank of America State and Federal PAC  Contributor address; City; State; Zip Code	C00043489 )		Amount of Contribution (\$)	\$1,000.00
	Dringing occu	Wilmington, DE 19808	Employer (See Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Beef-PAC Contributor address; City; State; Zip Code Amarillo, TX 79106	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	)N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	to complete this f	orn	1.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 6/80	
2	FILER NAME Anchia, Rafa	uel M. (The Honorable)				3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024	<ul><li>5 Full name of contributor Bing, Eric G.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$500.00
_	Deireciant	Houston, TX 77056		10	Faralana (Garalantan)	Ĺ		
8		pation / Job title (See Instructions CEO Board Member	5)		Employer (See Instructions College of Health Care I		fessionals	
	Date 10/09/2024	Full name of contributor Boeing Company PAC Contributor address; City; S	x out-of-state PAC (ID#: <u>C</u>	C001	142711 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Arlington, VA 22202 pation / Job title (See Instructions	3)		Employer (See Instructions	:)		
			,					
	Date 12/14/2024	Full name of contributor Butler, Carley Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$250.00
	Dringing aggr	Austin, TX 78746 pation / Job title (See Instructions	s)		Employer (See Instructions	_		
	•	rnment Relations Advisor	5)		Butler Snow	')		
	Date 07/30/2024	Full name of contributor Cabrera, Cynthia Contributor address; City; S Buda, TX 78610	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$600.00
	Principal occu CSO	pation / Job title (See Instructions	5)		Employer (See Instructions Home Town Hero	5)		
	Date 10/15/2024	Full name of contributor Cain, Sally H Contributor address; City; S Dallas, TX 75214	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$200.00
	Principal occu owner	pation / Job title (See Instructions	5)		Employer (See Instructions DC Strategic Consulting			
				1				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 7/80	
2	FILER NAME Anchia, Rafa	uel M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/14/2024	<ul> <li>Full name of contributor  out-of-state</li> <li>Campos, Lorena</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$480.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_	public affairs			Campos Consulting Gro			
	Date 10/15/2024	Full name of contributor out-of-state Capitol Partners Consulting Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703	-				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/14/2024	Full name of contributor out-of-state  Capitol Voice Consulting  Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Irving, TX 75061					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/25/2024	Carter, Travis		)		Amount of Contribution (\$)	\$240.00
	Principal occu director	pation / Job title (See Instructions)		Employer (See Instructions Brewer	()		
	Date 12/03/2024	Full name of contributor out-of-state Charter Communications Inc. Texas P Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/27 Rpt: 8/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/13/2024	<ul><li>5 Full name of contributor</li><li>Charter Schools Now PAC</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Date 10/15/2024	Chevron Employees PAC  Contributor address; City; Sta	x out-of-state PAC (ID#: C	00035006		Amount of Contribution (\$)	\$1,000.00
	Principal occu	San Ramon, CA 94583 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 10/25/2024	Full name of contributor Choctaw Nation of Oklaho Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,500.00
_	Principal occu	Durant, OK 74702 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/15/2024	Full name of contributor Comcast Corp & NBC Uni Contributor address; City; Sta		000248716)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 11/12/2024	Full name of contributor  Comerica Incorporate PAC  Contributor address; City; Sta  Dallas, TX 75201		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 9/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/14/2024	<ul><li>5 Full name of contributor</li><li>Commit to Students PAC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75247					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 12/14/2024	Full name of contributor  Communications Workers  Contributor address; City; S			•	Amount of Contribution (\$)	\$500.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 12/13/2024	Full name of contributor Congress Avenue Partne Contributor address; City; S				Amount of Contribution (\$)	\$500.00
_	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 10/15/2024	Full name of contributor Constellation Energy Cor Contributor address; City; S Washington, DC 20001	·	000793711 )		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor  Cross Oak Group  Contributor address; City; S  Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>(</u> S)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 10/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,000.00
_		Dallas, TX 75215				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Diamondback Energy Inc TX PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Midland, TX 79701 spation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Donovan, Carol Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,441.00
	Principal occu	Dallas, TX 75214  pation / Job title (See Instructions)	Employer (See Instructions	)		
	not employe	d	not employed			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ EDF Action Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/03/2024	Full name of contributor x out-of-state PAC (ID#: Contributor address; City; State; Zip Code  Indianapolis, IN 46285	C00082792 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 11/80	
2	FILER NAME Anchia, Rafa	nel M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/09/2024	<ul><li>5 Full name of contributor</li><li>Employees of RTX Corpo</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$750.00
		Arlington, VA 22209					
8	Principal occu	pation / Job title (See Instructions	(3)	9 Employer (See Instructions	5)		
	Date 10/09/2024	Full name of contributor Enbridge (U.S.) Inc. PAC Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions		Employer (See Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions		Employer (See instructions	>)		
	Date 10/15/2024	Full name of contributor Entre Strategic Partners L Contributor address; City; St		)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor Focus Advocacy Political Contributor address; City; St Austin, TX 78746				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Foley & Lardner LLP Contributor address; City; St Dallas, TX 75201	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 12/80	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		lel M. (The Honorable)				00054808	
4	Date 10/25/2024	<ul><li>5 Full name of contributor Forsythe Lill, Valetta</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$240.00
		Dallas, TX 75223					
8	Principal occu not employed	pation / Job title (See Instructions)	9	Employer (See Instructions not employed	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/14/2024	Friends of UNT PAC					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75380					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2024	Friends of UT-Dallas PAC					\$250.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	x out-of-state PAC (ID#: C00	0076810)		Amount of Contribution (\$)	
	12/13/2024	General Motors Company Contributor address; City; Sta					\$750.00
		Washington, DC 20001					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2024	Gerber, Pam					\$480.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	not employed	d		not employed			
			·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 13/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor  x out-of-state PAC (ID#:_ Greenberg Traurig PA PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	<u>C00266585</u>	7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Albany, NY 12207	1 =			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77077  upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_HCA Texas Good Government Fund  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Dallas, TX 75240 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_HILLCO PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_HMWK LLC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
			<u>I</u>			

	MONEI	ARY POLITICAL C	ONTRIBUTION	iS	SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1 Total pages Schedule A1: Sch: 11/27 Rpt: 14/80	
2	FILER NAME Anchia, Rafa	nel M. (The Honorable)			3 Filer ID (Ethics Commissio 00054808	n Filers)
4	Date 10/25/2024	<ul><li>5 Full name of contributor Hagan, Anne</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$240.00
		Dallas, TX 75208	į			
8	Principal occu vice presider		9	Employer (See Instructions Southern Gateway Publ	lic Green Foundation	
	Date 10/25/2024	Full name of contributor Hamilton, Jane Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$480.00
	Deinsinal assu	DeSoto, TX 75115		Franks var (Caa Instructions		
	real estate d	pation / Job title (See Instructions) ev		Employer (See Instructions Matthews SW	5)	
	Date 10/25/2024	Full name of contributor Haverlah, Sandra Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$240.00
		Austin, TX 78759				
	Principal occu policy consu	pation / Job title (See Instructions) Iting		Employer (See Instructions self employed	s)	
	Date 10/15/2024	Full name of contributor Home Depot PAC Contributor address; City; Sta Washington, DC 20004	x out-of-state PAC (ID#: <u>C00</u>	)	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	1.	Employer (See Instructions	;;)	
	Date 12/14/2024	Full name of contributor Hood, Arthur Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions HV Family Holdings	S)	
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 15/80		
2	FILER NAME Anchia, Rafa	uel M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)	
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00	
	Dringing Loggy	Austin, TX 78701	• Employer (Coo Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Bankers Association of TX PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor	000437244		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/09/2024	Full name of contributor	00128512		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas  Contributor address; City; State; Zip Code  Eagle Pass, TX 78852			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL COI	S	SCHEDULE A1			
	The Instru	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 13/27 Rpt: 16/80	
2	FILER NAME Anchia, Rafa	el M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/13/2024	Legacy 44	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78756					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 10/15/2024	Linebarger Goggan Blair & Sa Contributor address; City; State; 2				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,921.00
	Principal occu developer	pation / Job title (See Instructions)		Employer (See Instructions Matthew SW / Matthew I		dings	
			•				

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 17/80			
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)		
	Anchia, Rafa	tel M. (The Honorable)			L	00054808			
4	Date 12/03/2024	<ul><li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$150.00		
		Austin, TX 78763							
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)				
	Date 10/15/2024	Full name of contributor  McGuire Woods Federal PA  Contributor address; City; State  Richmond, VA 23219		000225342		Amount of Contribution (\$)	\$500.00		
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> ;)				
	Date 10/15/2024	Full name of contributor  McGuire, Michael T.  Contributor address; City; State	out-of-state PAC (ID#:_ ; Zip Code	)		Amount of Contribution (\$)	\$2,000.00		
		Dallas, TX 75205							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Co-Managin	g Partner & CEO		Andrews Distributing Co	mp	any			
	Date Full name of contributor X out-of-state PAC (ID#: C00108035  12/03/2024 McKesson Corporation Employees Political Fund  Contributor address; City; State; Zip Code  Washington, DC 20004				Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 10/09/2024	Full name of contributor  Newman, Clarke  Contributor address; City; State  Dallas, TX 75219	out-of-state PAC (ID#:_ ; Zip Code			Amount of Contribution (\$)	\$480.00		
	Principal occu doctor of opt	pation / Job title (See Instructions) ometry		Employer (See Instructions Self	5)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 18/80			
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00054808			
4	Date 12/13/2024	5 Full name of contributor	C00064774 )	7	Amount of Contribution (\$) \$1,500.00			
_		Juno Beach, FL 33408						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ North Texas Automobile Dealers PAC Contributor address; City; State; Zip Code Irving, TX 75062			Amount of Contribution (\$) \$2,500.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Nye, Erle A. Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00			
	Deireire I e e e	Dallas, TX 75225	Frankrian (Coo Instructions					
	CEO	pation / Job title (See Instructions)	Employer (See Instructions) Oncor					
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Olson, Lyndon  Contributor address; City; State; Zip Code  Waco, TX 76710	)		Amount of Contribution (\$) \$961.00			
	Principal occu not employe	pation / Job title (See Instructions) d	Employer (See Instructions not employed	)				
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State PAC Contributor address; City; State; Zip Code Dallas, TX 75202			Amount of Contribution (\$) \$2,500.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL	NS	SCHEDULE A1			
	The Instru	ction Guide explains hov	w to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 19/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024	Full name of contributor     PAC of the Independent     Contributor address; City; S	-		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78768 pation / Job title (See Instruction	s)	9 Employer (See Instructions	 ;)		
	Date 12/14/2024	Full name of contributor Pascal, Matthew Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Deinsinal	Hudson, CO 80642	-> 1	Frankrije (O. a. krativati an	$\overline{\Gamma}$		
	CEO	pation / Job title (See Instruction	S)	Employer (See Instructions Republic Amusements	5)		
	Date 12/14/2024	Full name of contributor PepsiCo Inc Concerned Contributor address; City; S		00039321 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instruction	c)	Employer (See Instructions	·/		
	i illicipal occu	pation 7 oob title (oce motraction	5)	Employer (See instructions	''		
	Date 12/13/2024	Full name of contributor Pfizer PAC Contributor address; City; S New York, NY 10001	x out-of-state PAC (ID#: C	(200016683)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> 5)		
	Date 12/14/2024	Full name of contributor PharmPAC Contributor address; City; S Austin, TX 78757	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<b>s</b> )		
			-				

	MONET	ARY POLITICAL (	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024	Full name of contributor     Poinsett PLLC     Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	(5)	Employer (See Instructions	s)		
	Date 10/25/2024	Full name of contributor Powers, Tim Contributor address; City; St			•	Amount of Contribution (\$)	\$961.00
		Dallas, TX 75201					
	Principal occu attorney	pation / Job title (See Instructions	(3)	Employer (See Instructions Haynes and Boone LLP			
	Date 12/03/2024	Full name of contributor Real Estate Council PAC Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 12/14/2024	Full name of contributor Red Rock Texas PAC Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#: ate; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>I</u> S)		
	Date 12/13/2024	Full name of contributor Ryan Texas PAC Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
			L				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/27 Rpt: 21/80	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Anchia, Rafa	ael M. (The Honorable)				00054808	
4	Date 12/13/2024	<ul><li>5 Full name of contributor Rydman, John</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77007 pation / Job title (See Instructions	, T	Employer (See Instructions	;)   		
Ü	Vision Keepe			SPEC'S	')		
	Date 12/14/2024	Full name of contributor  Sampson Public Affairs LL  Contributor address; City; Sta  Austin, TX 78701				Amount of Contribution (\$)	\$500.00
_	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u> </u>		
	·	,		, , ,			
	Date 10/25/2024	Full name of contributor Sampson, DeMetris Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$240.00
		Dallas, TX 75374					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u> </u>		
	not employed	d		not employed			
	Date 12/03/2024	Full name of contributor Sazerac Company Inc PA Contributor address; City; Sta Washington, DC 20002		00639138		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 07/30/2024	Full name of contributor Scoggin Jr., James Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Methodist Health Syster			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 22/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/25/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$480.00
8	Dringinal occu	Dallas, TX 75230	9 Employer (See Instructions			
<u> </u>	president & (	pation / Job title (See Instructions) CEO	Accident & Injury Chirop		etic	
	Date 12/13/2024	Full name of contributor X out-of-state PAC (ID#: CT-Mobile PAC COntributor address; City; State; Zip Code	C00361758 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	3)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC-Texas Realtor PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor X out-of-state PAC (ID#: C Tenaska Employees Texas PAC Contributor address; City; State; Zip Code Omaha, NE 68154	C00479998 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC Contributor address; City; State; Zip Code  Austin, TX 78741			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 23/80		
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)	
4	Date 12/03/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
_		Austin, TX 78711					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Family Physicians PAC Contributor address; City; State; Zip Code  Austin, TX 78727			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Aviation Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00	
	Deignaignal annu	Austin, TX 78701	Fareleyer (Coo leastwetions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code  Austin, TX 78716	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Pawn Brokers PAC Contributor address; City; State; Zip Code Crawford, TX 76638	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/27 Rpt: 24/80		
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)	
4	Date 10/15/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Bankers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC Acct Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions				
	i illicipai occa	pation 7 oob title (oce monuculons)	Employer (See Matractions	,			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC  Contributor address; City; State; Zip Code  Austin, TX 78711	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 25/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/14/2024			7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Texas Independent Auto Dealers Asso PAC  Contributor address; City; State; Zip Code  Austin, TX 78750				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Texas Leads PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions			
	T inicipal occu	pation 7 sob title (see instructions)	Employer (See Instructions	,		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas McDonald's Operators Association PAC Contributor address; City; State; Zip Code  Athens, TX 78751	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	TARY POLITICAL CONTRIBUTION	)NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/27 Rpt: 26/80		
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)	
4	Date 10/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Texas Mortgage Bankers PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00	
_	Driveries	Austin, TX 78701	10. 5	Ĺ			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78705  upation / Job title (See Instructions)	Employer (See Instructions	<u></u>			
	, p			_			
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Texas Sands PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$4,500.00	
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)			
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Anesthesiologists PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee  Contributor address; City; State; Zip Code  Austin, TX 78702			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u> .)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/27 Rpt: 27/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024  5 Full name of contributor  out-of-state PAC (ID#:) Texas State Association of Fire Fighters PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$750.00	
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Texas State Teachers Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78759			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
	Dringing occu	Austin, TX 78701	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/03/2024 Full name of contributor out-of-state PAC (ID#:) Texas and Southwestern Cattle Raisers Association Contributor address; City; State; Zip Code  Fort Worth, TX 76185				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	SCHEDULE A1				
	The Instruc	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/27 Rpt: 28/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 10/15/2024	5 Full name of contributor		)	7	Amount of Contribution (\$)	\$500.00
_	Deignaignal	Houston, TX 77027	A)	O Familia van (Cara Instrucția maticului	<u></u>		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
	Date Full name of contributor					Amount of Contribution (\$)	\$1,000.00
	Washington, DC 20044  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Turner, Chris  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$480.00	
	•	Grand Prairie, TX 75054 pation / Job title (See Instructions ne House of Representatives	5)	Employer (See Instructions State of Texas	<u> </u> 5)		
	Date Full name of contributor Out-of-state PAC (ID#: C00010470 Out		vernment		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Valdez, Jerry  Contributor address; City; State; Zip Code  Austin, TX 78711					Amount of Contribution (\$)	\$720.00
	Principal occu consultant	pation / Job title (See Instructions	5)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/27 Rpt: 29/80	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/13/2024				7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78269					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Van Den Bent, Jerre  Contributor address; City; State; Zip Code				•	Amount of Contribution (\$)	\$1,441.00
	Dringing age	Dallas, TX 75208	a)	Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)  physical therapist Therapy 2000						
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Verizon Communications Inc. Good Government Club - Texas  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Veterinarian PAC Contributor address; City; S Austin, TX 78754		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/15/2024					Amount of Contribution (\$)	\$3,500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 27/27 Rpt: 30/80
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054808
4	Date 12/13/2024	Full name of contributor	nment Fund	7 Amount of Contribution (\$) \$2,000.
		Washington, DC 20004		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction:	ns)
	Date 11/02/2024	Full name of contributor out-of-state PAC (ID: Zachry Corporation PAC  Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$)
	Principal occu	San Antonio, TX 78265 spation / Job title (See Instructions)	Employer (See Instruction	ns)

PLE	OGED CONTRIBUTIONS		SCHEDULE B
T	he Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 31/80
2 FILER NA	AME Rafael M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054808
4	OF UNITEMIZED PLEDGES		\$ 0.
<b>5</b> Date	6 Full name of pledgorout-of-state PAC (ID:		8 Amount of pledge (\$)
10 Dringing	councition / Joh title (Coo Instructions)	144 - 1 (2 )	Check if travel outside of Texas. Complete Schedu
10 Principai	occupation / Job title (See Instructions)	11 Employer (See Ins	tructions)

	LOANS					SCHEDU	LE <b>E</b>
	The Instruction	on Guide explains how	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 32/80	
2	FILER NAME Anchia, Rafael N	Л. (The Honorable)			3 Filer ID 00054	(Ethics Commission 808	Filers)
4 TOTAL OF UNITEMIZED LOANS					•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; Ci	ty; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)		
14	Description of Coll  None	ateral		15 Check if personal funds v	ere deposite	ed into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	eed (\$)
	not applicable	<b>18</b> Guarantor address; Ci	ty; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ıs)		

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			∍iπ/Awards/Memoria _egal Services	is expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	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	on Filers)
	Sch: 1/11 Rpt: 33/80		Anchia, Rafa	ael M. (The Ho	onorable)					00054808		
4	Date	5	Payee name						_			
	09/20/2024			llo Foundatior	1							
6	Amount (\$)	7	Payee address	s; City;	State	; Zip Co	de					
	\$1,250.00		P.O. Box 183	1384								
			Dallas, TX 7	5218								
8	PURPOSE	(a)	Category (See		t the ten of this eal	andula)	(b)	Description				
ľ	OF	(",		s/Donations N		nedule)	(~)	_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			fficeholder/Po		nittee		Check if Austin	, TX,	officeholder livin	g expense	
								Donation				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	experiorare to benefit C/O											
	Date		Payee name									
	12/27/2024		Campos, Mo	nica								
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de					
	\$1,000.00		3107 Commi	unity Dr								
			Dallas, TX 7	5220								
	PURPOSE	(a)	Category (See	e Categories listed a	t the top of this scl	nedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract I				<b>=</b>			nplete Schedule T.	
	-							Bonus	, TX,	officeholder livin	g expense	
								Donus				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Jan 14144107 J 1110			<b>-</b>	9			000	0.0	
-	Date	Π	Dayoo nama									
	12/27/2024		Payee name Flliott Munoz	z Photography	,							
	Amount (\$)		Payee address			; Zip Co	ndo.					
	\$1,350.00		1132 Cedar	-	Siale	:, Zip Cc	ue					
	Ψ1,030.00		1102 Ocual	1 1111 7 (VC								
			Dallas, TX 7	E200								
	BUBBOOF	(-)					<i>(</i> 1)					
	PURPOSE OF	(a)	Category (See		t the top of this scl	nedule)	(a)	Description  Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Advertising E	Expense						officeholder livin		
								Family photos	S			
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H					_					

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

sement Solicitation/Fundraising Expense
rransportation Equipment & Related Expense
rravel in District
rravel Out of District
abor OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 34/80		Anchia, Rafael M. (The Honorable)		00054808
4	Date	5	Payee name		
	12/27/2024		Farley, Susan		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$1,000.00		2204 Browning Dr		
			Mesquite, TX 75181		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Bonus
9	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	Н			
	Date	Π	Payee name		
	07/28/2024		JPMorgan Chase Bank		
	Amount (\$)	T	Payee address; City; State; Zip Coo	de	
	\$3,633.00		P.O. Box 94014		
			Palatine, IL 60094		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Monthly payment of credit card for campaign-related
					expenditures
	Complete ONLY if direct	(	L Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	Н			
	Date	Π	Payee name		
	08/28/2024		JPMorgan Chase Bank		
	Amount (\$)	T	Payee address; City; State; Zip Coo	de	
	\$3,857.00		P.O. Box 94014		
			Palatine, IL 60094		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Monthly payment of credit card for campaign-related
					expenditures
	Complete ONLY if direct	Ц		aht	Office held
	expenditure to benefit C/OI			9	
l					

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 3/11 Rpt: 35/80	Anchia, Rafael M. (The Honorable)  O0054808
4	Date	5 Payee name
	09/28/2024	JPMorgan Chase Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,932.00	P.O. Box 94014
		Palatine, IL 60094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly payment of credit card for campaign-related
		expenditures
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/28/2024	JPMorgan Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,082.00	P.O. Box 94014
		Palatine, IL 60094
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly payment of credit card for campaign-related
		expenditures
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	11/28/2024	JPMorgan Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 94014
	\$3,903.00	P.O. 60x 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Monthly payment of credit card for campaign-related expenditures
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 36/80	Anchia, Rafael M. (The Honorable) 00054808
4	Date	5 Payee name
	12/28/2024	JPMorgan Chase Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,338.00	P.O. Box 94014
		Palatine, IL 60094
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly payment of credit card for campaign-related
		expenditures
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	12/27/2024	Jambor, George
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3737 Keats Dr
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
	Date	Payee name
	09/30/2024	Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$468.00	23808 Resort Pkwy
		San Antonio, TX 78261
	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 Officeholder's lodging while attending MALC
		conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 5/11 Rpt: 37/80	Anchia, Rafael M. (The Honorable) 00054808				
4	Date	5 Payee name				
	10/03/2024	National Basque WWII Veteran's Memorial				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	11971 S. Allerton Circle				
		Parker, CO 80138				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Candidate/Officerroider/Political Committee   Greek in Austria, 174, differenced in large expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	12/27/2024	Oliva, Tannya				
	Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00 8012 Andravida Dr.						
		Austin, TX 78747				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Bonus				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Data					
	Date 07/30/2024	Payee name Otis The				
	Amount (\$) \$343.00	Payee address; City; State; Zip Code  1901 San Antonio St				
	ψ343.00	1901 Sall Allionio St				
		Austin, TX 78705				
	DUDDOGE	· · · · · · · · · · · · · · · · · · ·				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Officeholder's lodging while attending a legislative				
		event in Austin				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	7				

## 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

nting Expense Travaries/Wages/Contract Labor OTH

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 38/80	Anchia, Rafael M. (The Honorable) 00054808
4	Date	5 Payee name
	09/09/2024	Otis The
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$517.00	1901 San Antonio St
		Austin, TX 78705
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
		Officeholder's lodging while attending TribFest
		Onlectional Stoughty while attending this est
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Data	David and the second se
	Date	Payee name Otis The
L	09/17/2024	
l	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	1901 San Antonio St
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Officeholder's lodging while attending a committee meeting in Austin
┡		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
l	Date	Payee name
	09/19/2024	Otis The
	Amount (\$)	Payee address; City; State; Zip Code
l	\$235.00	1901 San Antonio St
l		
		Austin, TX 78705
	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	LXI LINDITORL	Check if Austin, TX, officeholder living expense
l		Officeholder's lodging while attending committee meeting
L	Computate ONU V Station	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

# SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guid		Wages	s/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission F	ilers)	
	Sch: 7/11 Rpt: 39/80		fael M. (The Hono	rable)				00054808		•	
4	Date	5 Payee name									
	09/30/2024	Otis The									
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode						
	\$216.00	1901 San <i>A</i>	Antonio St								
		Austin, TX	78705								
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description					
	EXPENDITURE	Travel Out	of District					de of Texas. Com			
							in, TX, officeholder living expense 'S lodging while attending a committee				
						meeting in Au			according a commi		
9	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ught			Office he	eld		
	expenditure to benefit C/OI	<del></del>									
	Date	Payee name									
	10/01/2024	Otis The									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$216.00	1901 San <i>A</i>	Antonio St								
		Austin, TX	78705								
	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description					
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living			
		L				ш			attending State Af	airs	
						Committee m				0	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld		
	experientare to benefit 6/61	'									
	Date	Payee name									
	07/01/2024	Reyes, Ana	l								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$100.00	2628 Valwo	ood Parkway								
		Farmers Br	anch, TX 75234								
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description					
	OF EXPENDITURE		tion Equipment An	d Related				de of Texas. Com			
		Expense				Fuel stipend	, IA,	officeholder living	expense		
						r der superid					
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld		
	expenditure to benefit C/OI				J						
l											

# SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	:				3	Filer ID	(Ethics Commission Filers)	_
_	Sch: 8/11 Rpt: 40/80		ael M. (The Honora	ıble)			ľ	00054808	(,	
4	Date	5 Payee name								_
	08/01/2024	Reyes, Ana								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$100.00	2628 Valwo	od Parkway							
		Farmers Br	anch, TX 75234							
8	PURPOSE OF		ee Categories listed at the top		(b)	Description				
	EXPENDITURE		ion Equipment And	Related		=		de of Texas. Comp		
		Expense				Fuel stipend	, IA,	officeholder living	expense	
						i dei superid				
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	۱۲ مار	_
Ĺ	expenditure to benefit C/OI				.9					
	Date	Payee name								
	09/01/2024	Reyes, Ana								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					_
	\$100.00	2628 Valwo	od Parkway							
			-							
		Farmers Br	anch, TX 75234							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE		ion Equipment And	Related		_		de of Texas. Comp		
		Expense	ise ☐ Check if Aust Fuel stipend			ш	, 1,	officeholder living	expense	
						i dei superia				
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht Iaht			Office he	ald.	_
	expenditure to benefit C/O		ocholaci name	0.1100 000	.9			Omoo ne	, i	
_	Date	Davis name								=
	10/01/2024	Payee name Reyes, Ana								
										_
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$100.00	2628 Valwo	od Parkway							
		Farmers Br	anch, TX 75234							
	PURPOSE	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	•	ion Equipment And	Related				de of Texas. Com		
	ZA ZADITORZ	Expense				<b>—</b>	, TX,	officeholder living	expense	
						Fuel stipend				
_	Computate ONU V if alice	Condidate /Cff		Office -	ا داده			Off: 1	.la	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ignt			Office he	eiu	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Git/Awards/Memorials Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 9/11 Rpt: 41/80		Anchia, Rafa	ael M. (The Ho	norable)					00054808		
4	Date	5	Payee name						_			
	11/01/2024		Reyes, Ana									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$100.00		2628 Valwo	od Parkway	·	·						
				-								
			Farmers Bra	anch, TX 75234	1							
8	PURPOSE	(a)					(h)	Description				
ľ	OF	اس		e Categories listed at on Equipment .			(5)	_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense	on Equipment	, ina riolatoa			Check if Austin	, TX,	officeholder living	g expense	
								Fuel stipend				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	office sou	ght			Office he	eld	
	experionality to benefit C/O	1										
	Date		Payee name									
	12/01/2024		Reyes, Ana									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		2628 Valwo	od Parkway								
			Farmers Bra	anch, TX 75234	1							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Transportati	on Equipment				<b>=</b>			plete Schedule T.	
			Expense			Check if Austin, TX, officeholder living expense  Fuel stipend						
								i dei superid				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/O		2 d. ra. a d. c. 7 d	Jona de Mario	J		9			000		
-	Date	Π	Dayoo nama									
	12/27/2024		Payee name Reyes, Ana									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	do					
	\$1,000.00		2628 Valwo	-	Siale,	Zip Cu	ue					
	Ψ1,000.00		2020 Vaiwo	ou i aikway								
			Farmore Pro	anch, TX 75234	1							
	BUBBOOF	(-)					(1-)					
	PURPOSE OF	(a)		e Categories listed at ges/Contract L		edule)	(D)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Salanes/wa	ges/Contract L	.abui					officeholder living		
								Bonus				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
L	expenditure to benefit C/O	H _					_		_			

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 42/80	Anchia, Rafael M. (The Honorable) 00054808
4	Date	5 Payee name
	07/30/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1515 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Officeholder's transportation to legislative event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/17/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	1515 3rd Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Officeholder's transportation from Capitol to hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/29/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.00	1515 3rd Street
	4165	2020 010 01.001
		San Francisco, CA 94158
	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
		Officeholder's transportation from airport to hotel
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belief C/Of	1

## SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 11/11 Rpt: 43/80	Anchia, Rafael M. (The Honorable) 00054808					
4	Date	5 Payee name					
	10/01/2024	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$44.00	1515 3rd Street					
		San Francisco, CA 94158					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
		Expense Check if Austin, TX, officeholder living expense Officeholder's transportation from MALC hotel to					
		airport					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	<del>1</del>					
	Date	Payee name					
	10/01/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$14.00	1515 3rd Street					
		San Francisco, CA 94158					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
		Expense Check if Austin, TX, officeholder living expense Officeholder's transportation from hotel to Capitol					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	12/09/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$46.00	1515 3rd Street					
		San Francisco, CA 94158					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
		Expense Check if Austin, TX, officeholder living expense Officeholder's transportation from Capitol to airport					
		Officerolder's transportation from Capitol to airport					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			_		3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 1/36 Rpt: 44/80	Anchia, Rafael M. (	The Honorable)				00054808			
4	CREDIT CARD ISSUER		ncial institution ase	EXPEN	NDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,211.8	31	
6	PAYMENT	(a) Amount Charged \$16.00	(b) Date of Charge 09/07/2024	(c) Date(s 10/28/20		redit Card Issuer 1	Paid			
7	PAYEE	(a) Payee name Hideout Coffee		(b) Payee 617 Con Austin, T	ıgre	ess Ave.	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri	iptio					
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
	PAYMENT	(a) Amount Charged \$572.00	(b) Date of Charge 08/16/2024	(c) Date(s 09/28/20		redit Card Issuer 1	Paid			
	PAYEE	YEE (a) Payee name  American Airlines			nor	dress; n Carter Blvd n TX 76155	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder's airfare to attend voters' conference						
L	Non-Political	(*/ 🗖	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
	PAYMENT	(a) Amount Charged \$408.00	(b) Date of Charge 12/24/2024	(c) Date(s 12/28/20		redit Card Issuer I	· Paid			
	PAYEE	(a) Payee name  American Airlines			nor	dress; n Carter Blvd n TX 76155	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Officeho	•	on er attends Legis	slative Tour of F	Rio Gran	de Valley	
L	Non-Political	1	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
ı										

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	ion Filers)			
Sch: 2/36 Rpt: 45/80	Anchia, Rafael M. (	The Honorable)		00054808					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$500.00	08/06/2024	09/28/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Beyond the Slogan		2710 Routh Creek #1102 Richardson, TX 75082						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top Consulting Expense	of this schedule)	Texting service regarding	back to school community event					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$119.00	08/08/2024	09/28/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Capitol Expansion (	Gift Shop	1400 Congress Ave E1.006 Austin, TX 78701						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gift to legislative intern - Hannah						
X Political Non-Political	/ · · · · · · · · · · · · · · · · · · ·								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  Ce sought  Office held						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e Sougrit	Office field					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/28/2024	r Paid					
	\$119.00	08/08/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	On with I Town and in a	O:# Ob	1400 Congress Ave						
	Capitol Expansion (	JIπ Snop	E1.006						
			Austin, TX 78701						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description						
X Political	Gift/Awards/Memorial		Gift to legislative intern - 3	Julio					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
cybellulture to bellefit C/OH									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)		
	Sch: 3/36 Rpt: 46/80	Anchia, Rafael M. (	The Honorable)			00054808				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$	3,211.8	31		
6	PAYMENT	(a) Amount Charged \$363.00	(b) Date of Charge 12/25/2024	(c) Date(s 12/28/20	) Credit Card Issue )24	er Paid				
7	PAYEE	(a) Payee name  Capitol Giftshop Ex	t	Suite E1 Austin, T	ngress Ave. .006 X 78701	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri	ption constituents and	staff				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	oense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH	( ) 1	[ (1) D ( ) (0)	10000	) O 17: O 11	B : 1				
	PAYMENT	(a) Amount Charged \$82.00	(b) Date of Charge 10/13/2024	11/28/20	) Credit Card Issue 024	er Paid				
	PAYEE	PAYEE (a) Payee name  Celebration Restaurant			address; est Lovers Lane TX 75209	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff/volunteers meal						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	(, officeholder living ex	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$2,043.00	(b) Date of Charge 12/05/2024	(c) Date(s 12/28/20	) Credit Card Issue )24	er Paid				
	PAYEE	(a) Payee name  Celebration Restau	rant	(b) Payee 4503 We Dallas, T	est Lovers Lane	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Descri	ption Thanksgiving Ce	elebration				
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	ion Filers)			
	Sch: 4/36 Rpt: 47/80	Anchia, Rafael M. (	The Honorable)		00054808					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	1			
6	PAYMENT	(a) Amount Charged \$254.00	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issue 08/28/2024	er Paid					
7	PAYEE	(a) Payee name  Central Market		(b) Payee address; 5750 East Lovers Lane Dallas, TX 75206	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Get well gift basket to Re	p. Pitts					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expe	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$244.00	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Issue 12/28/2024	er Paid					
	PAYEE (a) Payee name  Central Market			(b) Payee address; City, State, Zip Code 5750 East Lovers Lane  Dallas, TX 75206						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Birthday flowers to staff member						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense				
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$442.00	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issue 10/28/2024	er Paid					
	PAYEE	(a) Payee name  CM Ecommerce		(b) Payee address; 60 Goswell Rd London GB EC 1M 7AD	City, United Kingdom	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Solicitation/Fundraisin		(b) Description Automated email blast re	fundraiser					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 5/36 Rpt: 48/80	Anchia, Rafael M. (	The Honorable)			00054808				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	3,211.8	31		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
		\$104.00	07/10/2024	08/28/202	4					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Dallas Morning Nev	vs	1954 Com	merce Street					
L				Dallas, TX	75201					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descripti						
	EXPENDITURE	Fees	of this scriedule)	Subscription	on					
	X Political									
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	Office held							
e	xpenditure to benefit C/OH	( )		1 ( ) = . ( ) (						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 10/28/202	Credit Card Issuer	Paid				
		\$104.00	09/05/2024	10/20/202	-					
	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code		
		Dallas Morning Nev	1954 Com	merce Street						
				Dallas, TX	75201					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description Subscription							
	X Political	Fees		Subscription	OII					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held						
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
		\$104.00	10/30/2024	11/28/202	4					
Г	PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code		
				1954 Com	merce Street					
		Dallas Morning Nev	VS							
L				Dallas, TX	75201					
	PURPOSE OF (a) Category			(b) Descripti						
	EXPENDITURE (See Categories listed at the top of this schedule)  Fees			Subscription	on					
	X Political									
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)				
	Sch: 6/36 Rpt: 49/80	Anchia, Rafael M. (	The Honorable)		00054808						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$	3,211.8	31				
6	PAYMENT	(a) Amount Charged \$104.00	(b) Date of Charge 12/25/2024	(c) Date(s) Credit Card 12/28/2024	Issuer Paid						
7	PAYEE	(a) Payee name  Dallas Morning Nev	vs	(b) Payee address; 1954 Commerce Str	City, eet	State,	Zip Code				
L				Dallas, TX 75201							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Subscription							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	rpense					
9	9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held						
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card 09/28/2024	Issuer Paid						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		Dcor Art & Frame		5521 Greenville Ave							
L		() 5		Dallas, TX 75206							
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Description Framed resolution fo	or Cece Cox of Res	ource Cer	iter				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	opense					
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Office held						
e	expenditure to benefit C/OH			· ·							
	PAYMENT	(a) Amount Charged \$148.00	(b) Date of Charge 09/21/2024	(c) Date(s) Credit Card 10/28/2024	Issuer Paid						
	PAYEE	(a) Payee name  Edible Arrangemen	t	(b) Payee address; 2654 N. Beltline Rd Irving, TX 75062	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense			(b) Description Birthday gift to Distri	ct Manager						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Au	stin, TX, officeholder living ex	rpense					
ε	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		_				

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
	Sch: 7/36 Rpt: 50/80	Anchia, Rafael M. (	The Honorable)			00054808					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	ES	\$	3,211.8	31			
6	PAYMENT	(a) Amount Charged \$187.00	(b) Date of Charge 11/02/2024	(c) Date(s) Credit 11/28/2024	Card Issuer	Paid					
7	PAYEE	(a) Payee name  Edible Arrangemen	t	(b) Payee address 107 Ranch Rd 6 #111 Austin, TX 7873	520 S	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Birthday gift to 0	Chief of Sta	aff					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Chec	k if Austin, TX,	officeholder living exp	ense				
	expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$493.00	(b) Date of Charge 09/11/2024	(c) Date(s) Credit 10/28/2024	Card Issuer	Paid					
	PAYEE	El Mero Mero Tamalero		(b) Payee address 920 S Harwood Suite 110 Dallas, TX 7520	St	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Solicitation/Fundraisir		(b) Description Breakfast tacos	for annual	fundraiser					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX,	officeholder living exp	ense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$1,556.00	(b) Date of Charge 09/13/2024	(c) Date(s) Credit 10/28/2024	Card Issuer	Paid					
	PAYEE	El Mero Mero Tamalero		(b) Payee address 920 S Harwood Suite 110 Dallas, TX 7520	St	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Breakfast tacos for community summit							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule				k if Austin, TX,	officeholder living exp	ense				
e	Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held						

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 8/36 Rpt: 51/80	Anchia, Rafael M. (	The Honorable)		00054808				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b> 3,211.81				
6 PAYMENT	(a) Amount Charged \$63.00	(b) Date of Charge 07/03/2024	(c) Date(s) Credit Card Issue 08/28/2024	er Paid				
7 PAYEE	(a) Payee name Enterprise		(b) Payee address; 7366 Cedar Springs Rd Dallas, TX 75235	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Rental vehicle for TCI order pickup					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			e sought	Office held				
PAYMENT	(a) Amount Charged \$127.00	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issue 08/28/2024	er Paid				
PAYEE	(a) Payee name Enterprise		(b) Payee address; 7366 Cedar Springs Rd Dallas, TX 75235	City, State, Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Rental of cargo van for transport of fans for community event					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$168.00	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 09/28/2024	er Paid				
PAYEE	(a) Payee name Enterprise		(b) Payee address; 13210 Senlac Dr Farmers Branch, TX 752	City, State, Zip Code				
PURPOSE OF EXPENDITURE    X   Political     Non-Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related		school community event				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	K, officeholder living expense Office held				

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)		
Sch: 9/36 Rpt: 52/80	Anchia, Rafael M. (	The Honorable)			00054808				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,211.8	31		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$19.00	08/06/2024	09/28/202	4					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Enterprise		13210 Ser	nlac Dr					
			Farmers Branch, TX 75234						
8 PURPOSE OF	(a) Category		(b) Descripti	ion					
EXPENDITURE  X Political	X Political Transportation Equipment And Related Expense			ental vehicle for	back to school	commun	nity event		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$216.00	12/07/2024	12/28/202	4					
PAYEE	(a) Payee name		(b) Payee a	ddress.	City,	State,	Zip Code		
	(a) rayee name		1 ' '	ar Springs Rd	Oity,	State,	Zip Code		
	Enterprise		7500 000	ar oprings rea					
			Dallas, TX	75235					
PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description						
EXPENDITURE	Transportation Equipr		Staff transportation to/from Austin						
X Political	Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$556.00	08/02/2024	09/28/202	4					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	FodFv		13940 N. S	Stemmons Fwy					
FedEx			Ste A						
			Dallas, TX	75234					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			ion					
EXPENDITURE	Printing Expense	of this scriedule)	Back to So	chool fliers					
X Political									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 10/36 Rpt: 53/80	Anchia, Rafael M. (	The Honorable)		00054808				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31		
6 PAYMENT	(a) Amount Charged \$146.00	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issuel 09/28/2024	r Paid				
7 PAYEE	(a) Payee name FedEx		(b) Payee address; 2201 N. Stemmons Fwy Dallas, TX 75207	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	NDITURE  (See Categories listed at the top of this schedule)  Event Expense  Signage			vent				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	benefit C/OH			Office held				
PAYMENT	(a) Amount Charged \$19.00	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issue 09/28/2024	r Paid				
PAYEE	(a) Payee name FedEx		(b) Payee address; 2201 N. Stemmons Fwy Dallas, TX 75207	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office supplies for District	office				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$66.00	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issue 09/28/2024	r Paid				
PAYEE	(a) Payee name FedEx		(b) Payee address; 2201 N. Stemmons Fwy Dallas, TX 75207	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren	tal Expense	(b) Description Document scanning					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule			officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

## SCHEDULE F4

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

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

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

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

Candidate/Officeholder/Politica	-	ices Sa ruction Guide explains how	laries/Wages/Contr		THER (enter a categor	y not listed at	bove)
1 Total pages Cabadula E4		detion duide explains now	to complete th	iis ioiiii.	3 Filer ID (Ethic		sion Filoro)
1 Total pages Schedule F4:		The Henerable)			00054808	,5 CUITITIISS	SIOII FIIEIS)
Sch: 11/36 Rpt: 54/80	Anchia, Rafael M. (		TE TOTAL O	NE LINUTEMIZED	00034808		
4 CREDIT CARD ISSUER		ncial institution	EXPEND	F UNITEMIZED ITURES	\$	3,211.8	31
	see pr	revious	CHARGED TO A CREDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	CARD	Credit Card Issuer	r Paid		
O PATMENT			10/28/202		raiu		
	\$180.00	09/29/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
	(a) r ayee name		5601 Brod		Oity,	Otato,	Zip Code
	FedEx		Ste 1210	ic En			
			Austin, TX	78745			
8 PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Printing				
X Political	Printing Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	. , . , ,	Credit Card Issuer	r Paid		
	\$18.00	11/23/2024	11/28/202	4			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	   FedEx		13940 N. S	Stemmons Fwy			
	TeuLx		Ste A				
	(a) Oatawari		Dallas, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on package to Cap	nitol		
X Political	Office Overhead/Rent	al Expense	Overnight	package to Cap	Jitoi		
			<u> </u>	_			
Non-Political	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Offic	e sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid		
1741		, ,	12/28/202		. i did		
	\$10.00	12/20/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
	(4) 1 2) 22 112		8303 N Ste		,	,	p
	FedEx		Ste 120				
			Dallas, TX	75247			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Overnight	delivery to Capi	itol		
X Political	onice Overneau/Rent	.а. шлрензе					
Non-Political	(C) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	ion Filers)		
	Sch: 12/36 Rpt: 55/80	Anchia, Rafael M. (	The Honorable)			00054808				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF I EXPENDITU CHARGED CARD		\$	3,211.8	31		
6	PAYMENT	(a) Amount Charged \$17.00	(b) Date of Charge 12/20/2024	(c) Date(s) Cre 12/28/2024	dit Card Issuer	Paid				
7	PAYEE	(a) Payee name FedEx		(b) Payee addr 8303 N Stem Ste 120 Dallas, TX 75	mons	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Description Printing copie	es					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct   Candidate/Officeholder name Officependiture to benefit C/OH			esought		Office held				
Ľ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuar	Daid				
	TAIMENI	\$49.00	12/23/2024	12/28/2024	uit Curu 133uci	i did				
	PAYEE	(a) Payee name FedEx		(b) Payee addr 8303 N Stem Ste 120 Dallas, TX 75	mons	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Overnight pa		eholder				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 12/23/2024	(c) Date(s) Cre 12/28/2024	dit Card Issuer	Paid				
	PAYEE	(a) Payee name FedEx		(b) Payee addr 8303 N Stem Ste 120 Dallas, TX 75	mons	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	(b) Description Overnight pa	ckage to staf	f member					
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 13/36 Rpt: 56/80	Anchia, Rafael M. (	The Honorable)			00054808		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged \$38.00	(b) Date of Charge 07/01/2024	(c) Date(s) 07/28/20	) Credit Card Issuer 124	Paid		
7	PAYEE	(a) Payee name Google Gsuite			address; nphitheater Pkwy n View, CA 74043	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$38.00	(b) Date of Charge 08/01/2024	(c) Date(s 08/28/20	) Credit Card Issuer )24	· Paid		
	PAYEE	(a) Payee name  Google Gsuite			address; nphitheater Pkwy n View, CA 74043	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$38.00	(b) Date of Charge 09/01/2024	(c) Date(s)	) Credit Card Issuer )24	Paid		
	PAYEE	(a) Payee name  Google Gsuite			address; nphitheater Pkwy n View, CA 74043	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri Monthly	ption usage charge			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 14/36 Rpt: 57/80	Anchia, Rafael M. (	The Honorable)				00054808			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	۱D	F UNITEMIZED ITURES D TO A CREDIT	\$	3,211.8	81	
6	PAYMENT	(a) Amount Charged \$38.00	(b) Date of Charge 10/01/2024	(c) Date(s 10/28/20		Credit Card Issuer 4	Paid			
7	PAYEE	(a) Payee name Google Gsuite			npl	ddress; hitheater Pkwy /iew, CA 74043	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri	ipti					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held			
е	xpenditure to benefit C/OH	( )	L (1) 2	145-4						
	PAYMENT	(a) Amount Charged \$38.00	(b) Date of Charge 11/01/2024	(c) Date(s 11/28/20		Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name Google Gsuite			npl	ddress; hitheater Pkwy /iew, CA 74043	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri	ipti					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
	PAYMENT	(a) Amount Charged \$13.00	(b) Date of Charge 08/01/2024	(c) Date(s 08/28/20		Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name Hill Country Springs	S	(b) Payee 10019 S Austin, T	i. I-	-35 Frontage Ro	City, d.	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descri Drinking	•	on ater for the Cap	itol office			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living expe	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
1										

## SCHEDULE F4

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

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

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

Printing Expense

	Candidate/Officerolder/Folitica	3	ruction Guide explains how	•	TIEN (enter a categor)	not listed a	bove)
1	Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 15/36 Rpt: 58/80	Anchia, Rafael M. (	The Honorable)		00054808		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged \$233.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer 12/28/2024	Paid		
7	PAYEE	(a) Payee name  JW Marriott Austin		(b) Payee address; 110 E 2nd Street	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Austin, TX 78701 (b) Description Staff lodging to move Cap	itol office		
	Non-Political	( )	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$117.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer 07/28/2024	Paid		
	PAYEE	(a) Payee name  Mailchimp		(b) Payee address; c/o The Rocket Science G 675 Ponce de Leon Ave N Atlanta, GA 30308	•	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mass mailing service			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$117.00	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer 08/28/2024	Paid		
	PAYEE	(a) Payee name Mailchimp	1	(b) Payee address; c/o The Rocket Science G 675 Ponce de Leon Ave N Atlanta, GA 30308	•	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mass mailing service			
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
I							

## SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	=. (9)		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 16/36 Rpt: 59/80	Anchia, Rafael M. (	The Honorable)		00054808		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31
6 PAYMENT	(a) Amount Charged \$117.00	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issue 10/28/2024	r Paid		
7 PAYEE  8 PURPOSE OF	(a) Payee name  Mailchimp  (a) Category		(b) Payee address; c/o The Rocket Science C 675 Ponce de Leon Ave N Atlanta, GA 30308 (b) Description	•	State,	Zip Code
EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Mass mailing service			
Non-Political (c) Check if travel outside of Texas. Complete Schedule			<b>_</b>	officeholder living expe	ense	
expenditure to benefit C/OH			e sought	Office held		
PAYMENT	(a) Amount Charged \$117.00	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issue 10/28/2024	r Paid		
PAYEE	(a) Payee name Mailchimp		(b) Payee address; c/o The Rocket Science C 675 Ponce de Leon Ave N Atlanta, GA 30308	•	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mass mailing service			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$117.00	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issue 11/28/2024	r Paid		
PAYEE	(a) Payee name Mailchimp		(b) Payee address; c/o The Rocket Science G 675 Ponce de Leon Ave N Atlanta, GA 30308	•	State,	Zip Code
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fees			(b) Description Mass mailing service			
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)					
Sch: 17/36 Rpt: 60/80	Anchia, Rafael M. (	The Honorable)		00054808							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31					
6 PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issuer 10/28/2024	r Paid							
7 PAYEE	(a) Payee name  Miles of Freedom		(b) Payee address; 2922 Martin Luther King J	City, r Blvd	State,	Zip Code					
	(a) Oatawari		Dallas, TX 75215								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Contributions/Donatio	ns Made By	Donation								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$472.00	(b) Date of Charge 07/09/2024	(c) Date(s) Credit Card Issuer 08/28/2024	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Order Desk The		9840 Monroe Dr Suite 104 Dallas, TX 75220								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Postage								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Daid							
FAIMENI	\$309.00	07/09/2024	08/28/2024	Faiu							
PAYEE	(a) Payee name Order Desk The		(b) Payee address; 9840 Monroe Dr Suite 104 Dallas, TX 75220	City,	State,	Zip Code					
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)  X Political (a) Category (See Categories listed at the top of this schedule)  Advertising Expense			(b) Description July birthday cards								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete tl	his form.			
1	Total pages Schedule F4:					3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 18/36 Rpt: 61/80	Anchia, Rafael M. (	The Honorable)			00054808		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged \$531.00	(b) Date of Charge 07/30/2024	(c) Date(s) 08/28/202	Credit Card Issuer 24	Paid		
7	PAYEE	(a) Payee name Order Desk The		(b) Payee a 9840 Mon Suite 104 Dallas, TX	roe Dr	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Postage				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
C.	PAYMENT	(a) Amount Charged \$309.00	(b) Date of Charge 07/30/2024	(c) Date(s) 08/28/202	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name Order Desk The		(b) Payee a 9840 Mon Suite 104 Dallas, TX	roe Dr < 75220	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descript August bit	tion rthday cards			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·           [	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$528.00	(b) Date of Charge 09/05/2024	(c) Date(s) 10/28/202	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name Order Desk The		(b) Payee a 9840 Mon Suite 104 Dallas, TX	roe Dr	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descript Postage	tion			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			<u> </u>		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought						Office held		

## SCHEDULE F4

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

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

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

Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	-	THEN (enter a category	not iisted di	50vc)	
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	·	3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 19/36 Rpt: 62/80	Anchia, Rafael M. (	The Honorable)		00054808			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31	
6 PAYMENT	(a) Amount Charged \$309.00	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issuer 10/28/2024	r Paid			
7 PAYEE	(a) Payee name Order Desk The		(b) Payee address; 9840 Monroe Dr Suite 104 Dallas, TX 75220	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description September birthday cards	;			
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				
PAYMENT	(a) Amount Charged \$309.00	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issuer 10/28/2024	r Paid			
PAYEE	(a) Payee name Order Desk The		(b) Payee address; 9840 Monroe Dr Suite 104 Dallas, TX 75220	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description May birthday cards				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$309.00	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issuer 10/28/2024	r Paid			
PAYEE	(a) Payee name Order Desk The		(b) Payee address; 9840 Monroe Dr Suite 104 Dallas, TX 75220	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description June birthday cards				
Non-Political	(*) <b>–</b>	of Texas. Complete Schedule T.		officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

The Inst	ruction Guide explains how	to complete t	his form.			
2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Anchia, Rafael M. (	The Honorable)			00054808		
		EXPEN	DITURES	\$	3,211.8	31
(a) Amount Charged	(b) Date of Charge			r Paid		
\$449.00	09/19/2024	10/28/202	24			
(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
Order Desk The		Suite 104				
(a) Category		(b) Descrip	tion			
1 1		Postage				
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Candidate/Officeholder	name Office	e sought		Office held		
(a) Amount Charged \$452.00	(b) Date of Charge 09/19/2024			r Paid		
(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
Order Desk The		Suite 104				
(a) Category						
1 1		Postage				
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
+·· —		e sought		Office held		
(a) Amount Charged \$527.00	(b) Date of Charge 10/31/2024	. , . ,		r Paid		
(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
O o la o D o d The		9840 Mor	roe Dr			
Order Desk The		Suite 104				
	of this schedule)	1 ' '	tion			
1 '		Postage				
X Political						
Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,		ense	
Candidate/Officeholder	name Office	e sought		Office held		
	2 FILER NAME Anchia, Rafael M. ( Name of final see pl  (a) Amount Charged \$449.00  (a) Payee name Order Desk The  (a) Category (See Categories listed at the top Office Overhead/Rent)  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$452.00  (a) Payee name Order Desk The  (a) Category (See Categories listed at the top Office Overhead/Rent)  (c) Check if travel outside Candidate/Officeholder  (a) Category (See Categories listed at the top Office Overhead/Rent)  (a) Amount Charged \$527.00  (a) Payee name Order Desk The  (a) Category (See Categories listed at the top Office Overhead/Rent)  (a) Category (See Categories listed at the top Office Overhead/Rent)  (b) Check if travel outside  (c) Check if travel outside	Anchia, Rafael M. (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$449.00  (b) Date of Charge 99/19/2024  (a) Payee name Order Desk The  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Amount Charged \$452.00  (b) Date of Charge \$452.00  (c) Payee name Order Desk The  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Amount Charged \$527.00  (b) Date of Charge \$527.00  10/31/2024  (a) Payee name Order Desk The  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T.	Anchia, Rafael M. (The Honorable)  Name of financial institution See previous  (a) Amount Charged \$449.00  (b) Date of Charge 09/19/2024  (c) Date(s) 10/28/202  (a) Payee name Order Desk The Suite 104 Dallas, TY  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Payee a 9840 More Suite 104 Dallas, TY  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T.  (a) Amount Charged Office Overhead/Rental Expense  (b) Payee a 9840 More Suite 104 Dallas, TY  (a) Payee name Order Desk The Office Overhead/Rental Expense  (c) Date(s) 10/28/202  (d) Payee name Order Desk The Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought  (a) Amount Charged Office Overhead/Rental Expense  (b) Payee a 9840 More Suite 104 Dallas, TY  Candidate/Officeholder name Office sought  (a) Amount Charged Office Overhead/Rental Expense  (b) Date of Charge Office sought  (c) Date(s) 11/28/202  (d) Payee name Order Desk The Office Sought  (d) Date of Charge Office Sought  (e) Date(s) 11/28/202  (f) Date(s) 11/28/202  (g) Payee name Order Desk The Order Des	FILER NAME   Anchia, Rafael M. (The Honorable)	2 FILER NAME Anchia, Rafael M. (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$449.00  (b) Date of Charge Oy/19/2024  (c) Date(s) Credit Card Issuer Paid 10/28/2024  (a) Payee name Order Desk The  Candidate/Officeholder name  Office Overhead/Rental Expense  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 10/28/2024  (b) Description Postage  (c) Date(s) Credit Card Issuer Paid 10/28/2024  (d) Category (e) Check if ravel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office Desk The  Order Desk Travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Order Desk Travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Order Desk Travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Order Desk Travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Order Desk Travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Order Desk The  Order	2 FILER NAME Anchia, Rafael M. (The Honorable)  Name of financial institution see previous  See previous  (a) Amount Charged \$449.00  (b) Date of Charge 9449.00  (c) Date(s) Credit Card Issuer Paid 10/28/2024  (d) Payee address; 9840 Monroe Dr Suite 104 Dallas, TX 75220  (a) Category  (b) Payee address; 9840 Monroe Dr Suite 104 Dallas, TX 75220  (b) Description Postage  (c) Date(s) Credit Card Issuer Paid 10/28/2024  (d) Category See Categories Isleed at the top of this schedule) Office Overhead/Rental Expense  (e) Date of Charge 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Date(s) Credit Card Issuer Paid 10/28/2024  (g) Description Postage  (g) Date of Charge 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Date(s) Credit Card Issuer Paid 10/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Description Postage  (g) Date(s) Credit Card Issuer Paid 10/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Description Postage  (g) Date(s) Credit Card Issuer Paid 11/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Description Postage  (g) Date(s) Credit Card Issuer Paid 11/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Date(s) Credit Card Issuer Paid 11/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Date(s) Credit Card Issuer Paid 11/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Date(s) Credit Card Issuer Paid 11/28/2024  (g) Payee address; City, State, 9840 Monroe Dr Suite 104 Dallas, TX 75220  (g) Date(s) Credit Card Issuer Paid 11/28/2024  (g) Category Condition of Towas Complete Schedule T.  Check if Austin, TX, officeholder Iving expense

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 21/36 Rpt: 64/80	Anchia, Rafael M. (	The Honorable)			00054808		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,211.8	31
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$309.00	10/31/2024	11/28/2024	4			
7 PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	Order Desk The		9840 Monr Suite 104 Dallas, TX				
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	October bit	rthday cards			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$469.00	(b) Date of Charge 10/31/2024	(c) Date(s) C 11/28/2024	Credit Card Issuer 4	<sup>•</sup> Paid		
PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
	Order Desk The		9840 Monr Suite 104 Dallas, TX				
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE    X   Political	(See Categories listed at the top Office Overhead/Rent		Postage				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$309.00	(b) Date of Charge 10/31/2024	(c) Date(s) C 11/28/2024	Credit Card Issuer 4	Paid		
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
			9840 Monr	oe Dr			
	Order Desk The		Suite 104				
			Dallas, TX	75220			
PURPOSE OF	(a) Category	of this schodule)	(b) Descripti				
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule)  Advertising Expense			birthday cards			
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 22/36 Rpt: 65/80	Anchia, Rafael M. (	The Honorable)			00054808		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged \$521.00	(b) Date of Charge 09/23/2024	(c) Date(s) C 10/28/2024	redit Card Issuer 1	Paid		
7	PAYEE	(a) Payee name  Pastors for Childrer	1	(b) Payee ac PO Box 47	1155	City,	State,	Zip Code
L				Fort Worth				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$147.00	(b) Date of Charge 08/02/2024	(c) Date(s) C 09/28/2024	redit Card Issuer 1	<sup>•</sup> Paid		
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Pizza Hut		9753 Webb				
L		( ) -		Dallas, TX				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description	on drinks for comn	nunity event		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>	Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$143.00	(b) Date of Charge 08/09/2024	(c) Date(s) C 09/28/2024	redit Card Issuer ‡	Paid		
	PAYEE	(a) Payee name Pizza Hut		(b) Payee ac 9753 Webb Dallas, TX	Chappel	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Pizza for co	on ommunity even	t		
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expense				
ε	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	name Office	e sought		Office held			

## SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)
Sch: 23/36 Rpt: 66/80	Anchia, Rafael M. (	The Honorable)		00054808	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,211	81
6 PAYMENT	(a) Amount Charged \$155.00	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card Issuel 11/28/2024	r Paid	
7 PAYEE	(a) Payee name Pizza Hut		(b) Payee address; 9753 Webb Chappel	Zip Code	
0 DUDDOCE OF	(a) Catagony		Dallas, TX 75220 (b) Description		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	Supplies for community ev	vent	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$265.00	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer 11/28/2024	r Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code
	Pizza Hut		9753 Webb Chappel		
			Dallas, TX 75220		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for community ev	vent	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 07/15/2024	(c) Date(s) Credit Card Issuer 08/28/2024	r Paid	
PAYEE	(a) Payee name Puede Network	1	(b) Payee address; 2207 Harlandale Ave Dallas, TX 75216	City, State	, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Donation		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 24/36 Rpt: 67/80	Anchia, Rafael M. (	The Honorable)		00054808				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31		
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer 09/28/2024	Paid				
7 PAYEE	(a) Payee name Puede Network		(b) Payee address; 2207 Harlandale Ave	City,	State,	Zip Code		
			Dallas, TX 75216					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description					
	Contributions/Donatio		Donation					
X Political	Candidate/Officeholde	er/Political Committee						
Non-Political	( · ) L	of Texas. Complete Schedule T.		officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/15/2024	(c) Date(s) Credit Card Issuer 10/28/2024	<sup>-</sup> Paid				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
	Puede Network		2207 Harlandale Ave					
			Dallas, TX 75216					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Description Donation					
X Political	Candidate/Officeholde							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer 10/28/2024	<sup>*</sup> Paid				
PAYEE	(a) Payee name Puede Network		(b) Payee address; 2207 Harlandale Ave Dallas, TX 75216	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule)  Contributions/Donations Made By		(b) Description Donation					
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 25/36 Rpt: 68/80	Anchia, Rafael M. (	The Honorable)			00054808		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issuer	Paid		
		\$100.00	11/15/2024	11/28/20	)24			
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Puede Network		2207 Hai	rlandale Ave			
				Dallas, T				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schoolule)	(b) Descrip				
	EXPENDITURE	Contributions/Donatio		Donation	1			
	X Political	Candidate/Officeholde						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
· · · · · · · · · · · ·		name Office	e sought		Office held			
expenditure to benefit C/OF								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issuer	Paid		
		\$100.00	12/15/2024	12/28/20	024			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Puede Network		2207 Hai	rlandale Ave			
				Dallas, T	X 75216			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Donation	1			
	X Political	Candidate/Officeholde						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issuer	Paid		
		\$390.00	09/03/2024	10/28/20	)24			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Ouerum Deport		P.O. Box	8			
		Quorum Report						
				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Fees	or this soriedule)	Annual s	ubscription			
	X Political							
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
Sch: 26/36 Rpt: 69/80	Anchia, Rafael M. (	The Honorable)			00054808				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI <sup>*</sup>	UNITEMIZED TURES TO A CREDIT	\$	3,211.8	31		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$313.00	10/02/2024	10/28/2024						
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code		
	Sam's Club #6376		4062 Lyndo	n B Johnson F	=wy				
			Dallas, TX	75244					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description						
EXPENDITURE  X Political	Event Expense	or this schedule)	Supplies for	community ev	vent				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9 Complete ONLY if direct				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issue	r Paid				
	\$327.00	10/23/2024	11/28/2024						
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code		
	Sam's Club #6376		4062 Lyndo	n B Johnson F	=wy				
			Dallas, TX 75244						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for community event						
X Political	Lvent Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issue	r Paid				
	\$304.00	10/29/2024	11/28/2024						
PAYEE	(a) Payee name	ı	(b) Payee add	dress;	City,	State,	Zip Code		
			4062 Lyndo	n B Johnson F	=wy				
	Sam's Club #6376								
			Dallas, TX	75244					
PURPOSE OF (a) Category			(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule)  Event Expense			Supplies for	community ev	vent				
X Political	X Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 27/36 Rpt: 70/80	Anchia, Rafael M. (	The Honorable)		00054808			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$454.00	12/20/2024	12/20/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Sam's Club #8248		9461 Webb Chapel Rd				
			Dallas, TX 75220				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Gift/Awards/Memorial		Gifts for holiday toy & coa	at drive			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$52.00	08/06/2024	09/28/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Sams Club #8299 F	Dlano	301 Coit Rd				
	Sams Club #6299 F	-iaiio	Plano, TX 75075				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top  Event Expense	of this schedule)	Supplies for community event				
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$261.00	07/26/2024	08/28/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		2702 Love Field Drive				
	30dtiwest Airlines						
	() 2 :		Dallas, TX 75235				
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Description Officeholder's roundtrip a	irfare to Austin			
Transportation Equipment And Related			Officeriolder's rounding a	inale to Austin			
ı	X Political Expense						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	<u></u>						

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 28/36 Rpt: 71/80	Anchia, Rafael M. (	The Honorable)			00054808		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged \$6.00	(b) Date of Charge 09/05/2024	(c) Date(s 10/28/20	) Credit Card Issuei 124	r Paid		
7	PAYEE	(a) Payee name  Southwest Airlines			ve Field Drive	City,	State,	Zip Code
Ļ	DUDDOSE OF	(a) Catagony		Dallas, T				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	·	(b) Descri	puon Ider's roundtrip ai	rfare to Austin		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issuer	r Daid		
	FAIMENI	\$247.00	11/25/2024	11/28/20		rau		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Southwest Airlines		2702 Lov	ve Field Drive			
L				Dallas, T	X 75235			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descri	ption Ider's roundtrip ai	rfare to Austin		
	Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 12/03/2024	(c) Date(s 12/28/20	) Credit Card Issuei )24	r Paid		
	PAYEE	(a) Payee name  Texas House Demo	ocratic Caucus	(b) Payee PO. Box Austin, T	12453	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri Bi-annua	•			
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<del></del>	Office held		
Г		•						

## SCHEDULE F4

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

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

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

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	-	TILK (enter a category	/ Hot listed a	bove)
1	Total pages Schedule F4:				3 Filer ID (Ethic	s Commis	sion Filers)
Ī	Sch: 29/36 Rpt: 72/80	Anchia, Rafael M. (	The Honorable)		00054808		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,211.8	31
6	PAYMENT	(a) Amount Charged \$47.00	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issuer 08/28/2024	Paid		
7	PAYEE	(a) Payee name  Tom Thumb		(b) Payee address; 14280 Marsh Lane	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	Addison, TX 75001 (b) Description Supplies for community ev	vent		
	Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
<b>9</b>	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer 11/28/2024	Paid		
	PAYEE	(a) Payee name  Tom Thumb		(b) Payee address; 14280 Marsh Lane Adison, TX 75001	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Prizes for community ever	nt raffle		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$115.00	(b) Date of Charge 11/21/2024	(c) Date(s) Credit Card Issuer 11/28/2024	r Paid		
	PAYEE	(a) Payee name  Tom Thumb		(b) Payee address; 14280 Marsh Lane Adison, TX 75001	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense		(b) Description Prizes for community ever	nt raffle			
	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expe	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
l							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 30/36 Rpt: 73/80	Anchia, Rafael M. (	The Honorable)			00054808				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	<b>\$</b> 3,211.81				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid				
		\$43.00	09/27/2024	10/28/20	24					
7	PAYEE	(a) Payee name		(b) Payee address; City, State,				Zip Code		
		Uber	ber 1515 3rd Street							
Ļ	DUDDOOF OF	(a) Catagon			cisco, CA 94158					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		on from hotel t	o speakir	na		
	X Political	Travel Out of District  Officeholder's transportation engagement				on nom noter t	o speakii	ig		
	Non-Political	(c) X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e:	xpenditure to benefit C/OH			T						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 10/28/20	Credit Card Issue	r Paid				
		\$19.00	09/27/2024	10/20/20/	24					
	PAYEE	(a) Payee name (b) Payee address; Uber 1515 3rd Street		address;	City,	State,	Zip Code			
				1515 3rd Street						
				San Fran	cisco, CA 94158	i				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip						
	EXPENDITURE	Travel Out of District	of this scriedule)	Officeholder's transportation from speaking engagement to dinner						
	x Political									
	Non-Political	(c) X Check if travel outside			Check if Austin, TX,	, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e:	xpenditure to benefit C/OH	( )		143544						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 10/28/202	Credit Card Issue	r Paid				
		\$11.00	10/01/2024	10/20/20	24					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
				1515 3rd	Street					
		Uber								
				San Francisco, CA 94158						
	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top  Transportation Equip	,	Officeholo	der's transportati	on from hotel t	o Capitol			
	X Political	Expense	none / tha reduced							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH									
	· · · · · · · · · · · · · · · · · · ·	-			<del></del>	· · · · · · · · · · · · · · · · · · ·				

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 31/36 Rpt: 74/80	Anchia, Rafael M. (	The Honorable)			00054808			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDI	\$	3,211.8	31	
6	PAYMENT	(a) Amount Charged \$46.00	(b) Date of Charge 10/11/2024	(c) Date(s)	Credit Card Issue 24	er Paid			
7	PAYEE	(a) Payee name Uber		(b) Payee 1515 3rd San Fran	Street	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  San Francisco, CA 94158 (b) Description Officeholder's transportation							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 10/12/2024	(c) Date(s)	Credit Card Issue 24	er Paid			
	PAYEE	E (a) Payee name Uber			(b) Payee address; City, State, Zip Code 1515 3rd Street  San Francisco, CA 94158				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equips Expense		(b) Description Officeholder's transportation to legislative event					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 12/19/2024	(c) Date(s)	Credit Card Issue 24	er Paid			
	PAYEE	(a) Payee name Uber		(b) Payee 1515 3rd San Frar		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political Non-Political	(a) Category (See Categories listed at the top Transportation Equipm Expense  (c) Check if travel outside	*	(b) Descri	sportation from	event	eynense		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder	·	e sought	CHECK II AUSUII, 17	Office held	САРСПЭС		
е	xpenditure to benefit C/OH	- 4.13.13.13.13.13.13.13.13.13.13.13.13.13.		- 2009111		230 11010			
4									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 32/36 Rpt: 75/80	Anchia, Rafael M. (The Honorable)			00054808				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	<b>\$</b> 3,211.81		31		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$400.00	08/16/2024	09/28/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	USPS		515 Centre St					
			Dallas, TX 75208					
8 PURPOSE OF	(a) Category	-f.4b-ill-d-\	(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Fees	or this schedule)	Annual rental of post office	ce box				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$106.00	08/16/2024	09/28/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	USPS		8300 NE Underground D	r				
	05P5		Pillar #210					
			Kansas City, MO 64144					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Office Overhead/Rent		Postage					
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u> </u>	K, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH	( ) )	L (1) D (1 (10)	100000	B : 1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 11/28/2024	(c) Date(s) Credit Card Issuer Paid				
	\$76.00	10/23/2024	11/20/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			8300 NE Underground D	rive		·		
	USPS		Pillar #210					
			Kansas City, MO 64144					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Postage					
X Political	J. Hoc Overhead/Nem	а. Ехропос						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T>	K, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.				
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
	Sch: 33/36 Rpt: 76/80	Anchia, Rafael M. (The Honorable)			00054808				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$ 3,211.81		31	
6	PAYMENT	(a) Amount Charged \$346.00	(b) Date of Charge 12/06/2024	(c) Date(s 12/28/20	) Credit Card Issue 124	er Paid			
7	PAYEE	(a) Payee name Via 313		(b) Payee 600 W. 6 Austin, T	oth St	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Staff meal after moving Ca			capitol office				
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$479.00	(b) Date of Charge 10/02/2024	(c) Date(s 10/28/20	) Credit Card Issue 024	er Paid			
	PAYEE	(a) Payee name  Voice of Hope		(b) Payee 4120 Ge Dallas, T	ntry Dr	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Food for community event					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	C, officeholder living ex	pense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 07/26/2024	(c) Date(s 08/28/20	) Credit Card Issue 024	er Paid			
	PAYEE	(a) Payee name Amazon		(b) Payee 410 Terr Seattle,		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Descri Office su	pplies for Distric				
L	Non-Political	(7)	of Texas. Complete Schedule T.	0 001.554	Check if Austin, TX	C, officeholder living ex	pense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	riame Office	e sought		Office held			
I									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.					
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)			
	Sch: 34/36 Rpt: 77/80	Anchia, Rafael M. (The Honorable)			00054808	00054808				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZ NDITURES GED TO A CRE	<b> </b> \$				
6	PAYMENT	(a) Amount Charged \$227.00	(b) Date of Charge 07/30/2024	(c) Date(s 08/28/20	s) Credit Card Is 024	suer Paid				
7	PAYEE	(a) Payee name Amazon			address; ry Ave. N. WA 98109	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	(b) Description			ack to school fair	to school fair			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			ı, TX, officeholder living e	, officeholder living expense				
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$41.00	(b) Date of Charge 08/01/2024	(c) Date(s 08/28/20	s) Credit Card Is 024	suer Paid				
	PAYEE	(a) Payee name  Amazon			address; ry Ave. N. WA 98109	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for community event						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 08/01/2024	(c) Date(s 08/28/20	s) Credit Card Is 024	suer Paid				
	PAYEE	(a) Payee name Amazon			address; ry Ave. N. WA 98109	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political Non-Political	(a) Category (See Categories listed at the top Event Expense	· 	(b) Descri Supplies	for communit					
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin	office held	xpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sougiil		Office field				
ı										

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	Schedule F4: 2 FILER NAME 3				3 Filer ID (Ethics Commission Filers)				
	Sch: 35/36 Rpt: 78/80	Anchia, Rafael M. (	The Honorable)			00054808				
4	CREDIT CARD ISSUER		ncial institution		OF UNITEMIZED	\$	3,211.8	31		
	ICCCEN	see p	revious		ED TO A CREDI		-,			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid				
		\$43.00	08/05/2024	09/28/20	24					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Amazon		410 Terry	/ Ave. N.					
L				Seattle, V	VA 98109					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip						
	X Political	Event Expense	or triis scriedule)	School s	upplies for back	to school com	munity eve	ent		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX	K, officeholder living ex	rpense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			er Paid						
		\$222.00	08/05/2024	09/28/20	24					
	PAYEE (a) Payee name (			(b) Payee	address;	City,	State,	Zip Code		
	Amazon			410 Terry Ave. N.						
				Seattle, V	VA 98109					
	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	School st	upplies for back	to school com	munity eve	ent		
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	TX, officeholder living expense				
e:	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$126.00	10/22/2024	11/28/20	24					
$\vdash$	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
				410 Terry	Ave. N.					
		Amazon								
				Seattle, V	VA 98109					
	PURPOSE OF	(a) Category	<b>7</b> 11. 1 1 1 1	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Supplies	for community 6	event				
	X Political									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	rpense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
Sch: 36/36 Rpt: 79/80	Anchia, Rafael M. (	The Honorable)		00054808					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,211.81					
6 PAYMENT	(a) Amount Charged \$94.00	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer 11/28/2024	Paid					
7 PAYEE	(a) Payee name (b) Payee address; 410 Terry Ave. N.				State,	Zip Code			
8 PURPOSE OF	(a) Category		Seattle, WA 98109 (b) Description						
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Event Expense  (b) Description  Supplies for community event			vent					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$96.00	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer 12/28/2024	<sup>*</sup> Paid					
PAYEE (a) Payee name (b) Payee address;		(b) Payee address;	City,	State,	Zip Code				
	Amazon		410 Terry Ave. N.						
			Seattle, WA 98109						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies for Capitol office						
Non-Political	() 🗖		<u> </u>						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e sought	Office field					
PAYMENT	(a) Amount Chargod	(h) Date of Charge	(c) Date(s) Credit Card Issuer	. Daid					
PATMENT	(a) Amount Charged \$98.00	(b) Date of Charge 12/16/2024	12/28/2024	raiu					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	Amazan		410 Terry Ave. N.						
	Amazon								
			Seattle, WA 98109						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
EXPENDITURE	Office Overhead/Rent	,	Supplies for Capitol office						
X Political									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

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

COLLEGIUE	
SCHEDULE	
SCHEDULE	

The Instruction Guide explains how to complete this form.						1 Total pages Schedule T: Sch: 1/1 Rpt: 80/80				
2 FILER NAME					3 File	er ID	(Ethics Co	mmission Filers)		
Anchia, Rafael N	Л. (The Ho	onorable)			000	054808				
4 Name of Contribut	or / Corpor	ation or Labor Or	ganization / Pledgor /Pay	/ee						
American Airline			,							
5 Contribution / Expe		oorted on:								
Schedule A2		Schedule B	Schodulo P(1)	Schodulo C2	_	7 Schodulo F	,	Schedule F1		
I <u>=</u>	ш		Schedule B(J)	Schedule C2	느	Schedule D		Scriedule F1		
Schedule F2	X	Schedule F4	Schedule G	Schedule H	L	Schedule C	COH-UC			
6 Dates of Travel	7 Name	of person(s) trave	eling							
	Anchi	a, Rafael								
	8 Depart	ure city or name	of departure location							
11/17/2024	Dallas		·							
			e of destination location							
11/17/2024	Kauai	-	e or destination location							
<b>10</b> Means of transport		-	ravel (including name of	conference, seminar, or	r other e	vent)				
Commercial Airp	olane	Attend vote	ers' conference							
Name of Contribut	or / Corpor	ation or Labor Or	ganization / Pledgor /Pay	/ee						
Uber										
Contribution / Expe	enditure rei	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	_	Schedule D	`	Schedule F1		
I <del></del>	무			블	<u> </u>	<u></u>		Scriedule F1		
Schedule F2	X	Schedule F4	Schedule G	Schedule H	L	Schedule C	COH-UC			
Dates of Travel	Name	of person(s) trave	eling							
	Anchi	a, Rafael								
	Depart	ure city or name	of departure location							
09/27/2024	NOLA									
	Destin	ation city or name	e of destination location							
09/27/2024	NOLA	-	or destination location							
Means of transport		1	ravel (including name of		r other e	vent)				
Commercial Aut	omobile	Speak to T	ulane law students ab	out public service						
Name of Contribut	or / Corpor	ation or Labor Or	ganization / Pledgor /Pay	/ee						
Uber										
Contribution / Expe	enditure rer	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2		Schedule D	)	Schedule F1		
I <u></u>	닏			<u> </u>	늗	_		Concadie 11		
Schedule F2	X	Schedule F4	Schedule G	Schedule H		Schedule C	JOH-UC			
Dates of Travel	Name	of person(s) trave	eling							
	Anchi	a, Rafael								
	Depart	ure city or name	of departure location							
09/27/2024	NOLA		·							
			of destination leastion							
00/27/2024			e of destination location							
09/27/2024	NOLA									
Means of transpor		· ·	ravel (including name of		r other e	vent)				
Commercial Auto	omobile	Speak to T	ulane law students ab	out public service						