FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065047 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Joan Huffman Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3733-1 Westheimer Rd. Date Hand-delivered or Date Postmarked Suite 40 Houston, TX 77027 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jeb NAME NICKNAME LAST **SUFFIX** Brown STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3100 Edloe St., Suite 220 STREET **ADDRESS** (Residence or Business) Houston, TX 77027 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3100 Edloe St., Suite 220 MAILING **ADDRESS** Houston, TX 77027 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 439-1988 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 06/30/2025 01/01/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/03/2026 General Special

GO TO PAGE 2

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans for Joan Huffma	n		00065047	
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
PURPOSE		Sen. Joan Huffman		
(Attach lists on plain paper to complete this	Candidate			
report if necessary.)		OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)	
	X Officeholder	State Senator	D (officeriolaci)	
SUPPORT				
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE
OPPOSE			Month	Day Year
(Candidate or Measure)	_			
X ASSIST	Measure	DESCRIPTION		
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS		ITRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	N PLEDGES,	*
TOTALS	ELECTRONICALLY), UN			\$ \$125.00
	2. TOTAL POLITICAL O	CONTRIBUTIONS		
		ES, LOANS, OR GUARANTEES OF LOANS)		\$ \$763,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		\$1.584.86
				\$ \$1,584.86
	4. TOTAL POLITICAL E	XPENDITURES		
				\$ \$112,032.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	ITRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$ \$3,009,443.03
				Ψ5,005,445.05
OUTSTANDING		DUNT OF ALL OUTSTANDING LOANS AS OF	THE LAST	
LOAN TOTALS	DAY OF THE REPORTI	NG PERIOD		\$ \$0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of perj and correct and includes all information		
		Title 15, Election Code.		
		Mr. Je	b Brown	
AEEIV NOTADV	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er
AFFIX NOTART	STAINIF / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
of	, 20, to certify which	ch, witness my hand and seal of office.		
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administering oath

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 59 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID 00065047 Texans for Joan Huffman 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Sen. Joan Huffman (Attach lists on plain X CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Attorney General SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3 4 of 59

					+ 01 00
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethic	s Commission Filers)
Tex	xans fo	r Joan Huffman	00065047		
	HEDULE		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	763,625.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	100,991.30
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	11,040.72
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	38,703.62

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 5/59
2	FILER NAME Texans for J	oan Huffman			3	Filer ID (Ethics Commission Filers) 00065047
4	06/27/2025 APLIN III, ARCH 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50,000.00		
8	Principal occu	LAKE JACKSON, TX 77566 pation / Job title (See Instructions)	9	Employer (See Instructions) 	
_	OWNER			BUC-EE'S	,	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: ARONSTEIN, SCOTT Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$5,000.00
	HOUSTON, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instruction				·,	
	RETAIL CONNECTIVITY SOUR				:	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: BLACKRIDGE Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Dringinal accu	AUSTIN, TX 78701 pation / Job title (See Instructions)	_	Employer (See Instructions	·/ 	
	Fillicipal occu	Jalion / Job lilie (See instructions)		Employer (See Instructions)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: BORDER HEALTH PAC Contributor address; City; State; Zip Code MCALLEN, TX 78504)		Amount of Contribution (\$) \$50,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: CLARK, MARK Contributor address; City; State; Zip Code SUGAR LAND, TX 77479				Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions HILLCO PARTNERS	5)	
	SCHOOLIA	••				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/59
2	FILER NAME Texans for J	loan Huffman		3	Filer ID (Ethics Commission Filers) 00065047
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:_ DAVIS FAMILY REVOCABLE TRUST 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50,000.00
8	Principal occu	DALLAS, TX 75225 upation / Job title (See Instructions)	Employer (See Instructions		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	•)	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ DRESSER, CHAD Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	HOUSTON, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions)		·,		
Principal occupation / Job title (See Instructions)					
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ DUNCAN, JAN Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100,000.00
		HOUSTON, TX 77019			
	Principal occu RETIRED	ipation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_FRIENDS OF DONNA CAMPBELL Contributor address; City; State; Zip Code HOUSTON, TX 77046			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_GILLMAN, STACEY Contributor address; City; State; Zip Code HOUSTON, TX 77056			Amount of Contribution (\$) \$5,000.00
	Principal occu PRESIDENT	ipation / Job title (See Instructions)	Employer (See Instructions GILLMAN AUTOMOTIV		GROUP

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/59
2	FILER NAME Texans for J	oan Huffman			3	Filer ID (Ethics Commission Filers) 00065047
4	4 Date 06/24/2025 5 Full name of contributor out-of-state PAC (ID#:) 7 GRAHAM, HERBERT 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100,000.00		
8	Dringing oggu	ODESSA, TX 79761	0	Employer (See Instructions		
0	OWNER	pation / Job title (See Instructions)	9	GRAHAM BROTHERS		TERTAINMENT
	Date 06/27/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$100,000.00
	Principal occu	BELLAIRE, TX 77401 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
CEO FIDELIS		FIDELIS REALTY PAR	ΓNI	ERS, LTD.		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ HOUSTON POLICE OFFICERS UNION PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00
		HOUSTON, TX 77007-7730				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_KEVIN ELTIFE CAMPAIGN Contributor address; City; State; Zip Code TYLER, TX 75702)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_KHERKHER GARCIA LLP Contributor address; City; State; Zip Code HOUSTON, TX 77098				Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 8/59	
2	FILER NAME Texans for Jo	oan Huffman			3	Filer ID (Ethics Commission 00065047	on Filers)
4	06/30/2025 LANHAM Jr., ROBERT 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50,000.00		
8	Principal occur	HOUSTON, TX 77494 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
0	PRESIDENT		9	WILLIAM BROTHERS		NSTRUCTION CO INC	
	Date 06/26/2025	Full name of contributor LEAL, LOGAN Contributor address; City; Sta			•	Amount of Contribution (\$)	\$500.00
		HOUSTON, TX 77027					
Principal occupation / Job title (See Instructions) Employer (See Instruction					s)		
	Date 06/26/2025	Full name of contributor LEAL, TONY Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	HOUSTON, TX 77057						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/23/2025	Full name of contributor MACH, STEVEN Contributor address; City; Sta HOUSTON, TX 77219	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$5,000.00
				Employer (See Instructions MACH INDUSTRIAL GR		UP, LP	
	Date 06/30/2025	Full name of contributor MATOCHA, KEVIN Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions STONEHENGE CO	5)		
				S. S.VELIENGE GO			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/59
2	FILER NAME Texans for J	oan Huffman		1	Filer ID (Ethics Commission Filers) 00065047
4	1 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/30/2025 MILLER, ROBERT 6 Contributor address; City; State; Zip Code		7 /	Amount of Contribution (\$) \$1,000.00	
g	Principal occu	CHAPPELL HILL, TX 77426 pation / Job title (See Instructions)	9 Employer (See Instructions	6)	
•	r inicipal occu	oation / Job title (See Instructions)	2 Employer (See instructions	3)	
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_MOLINA, RUSSELL Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
HOUSTON, TX 77057					
Principal occupation / Job title (See Instructions) Employer (See Instruction				s)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_MORAN, CARLA Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
		LUBBOCK, TX 79416			
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	s)	
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 NAU III, JOHN Contributor address; City; State; Zip Code HOUSTON, TX 77219		_		Amount of Contribution (\$) \$100,000.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions SILVER EAGLE BEVER		ES
Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 PEROT Jr., ROSS Contributor address; City; State; Zip Code DALLAS, TX 75219			Amount of Contribution (\$) \$25,000.00		
		pation / Job title (See Instructions) TE DEVELOPEMENT	Employer (See Instructions HILLWOOD DEVELOPE		NT CORP
	LOTA	L D L V L COI LINILINI	THE WOOD DEVELOPE	_IVIL	33111

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 10/59			
2	FILER NAME Texans for J	loan Huffman		3	Filer ID (Ethics Commis 00065047	sion Filers)		
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$	\$1,000.00		
		SIMONTON, TX 77476						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ POINDEXTER, JOHN Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$15,000.00		
		HOUSTON, TX 77002						
	Principal occu CEO	ipation / Job title (See Instructions)	Employer (See Instructions JB POINDEXTER & CO					
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ TARGA RESOURCES CORP TEXAS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$1,000.00		
		HOUSTON, TX 77002						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ WEEKLEY, RICHARD Contributor address; City; State; Zip Code HOUSTON, TX 77027			Amount of Contribution (\$	\$5,000.00		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions WEEKLEY PROPERTIE					

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/41 Rpt: 11/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	01/07/2025	AMERICAN EXPRESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,042.16	PO BOX 6031
		CAROL STREAM, IL 60197
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 CAMPAIGN CREDIT CARD PAYMENT
		CANNI ANGIN GREETI GARRETATIVILINI
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	02/18/2025	AMERICAN EXPRESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,183.81	PO BOX 6031
		CAROL STREAM, IL 60197
	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
		CAMPAIGN CREDIT CARD PAYMENT
		GAWWA A GALESTA GAWAS TAATMENT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	06/25/2025	ANEDOT
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	5555 HILTON AVE
		SUITE 106
		BATON ROUGE , LA 70808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTIONS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

1 Total pages Schedule F1: Sch: 2/41 Rpt: 12/59 4 Date	sion Filers)
4 Date 06/26/2025 5 Payee name ANEDOT 6 Amount (\$) \$204.60 \$204.60 \$204.60 \$204.60 \$204.60 \$340 \$400 \$400 \$400 \$400 \$400 \$400 \$40	
ANEDOT	
\$204.60 5555 HILTON AVE SUITE 106 BATON ROUGE LA 70808 8	
SUITE 106 BATON ROUGE, LA 70808 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description	
BATON ROUGE , LA 70808 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description	
Fees Check if travel outside of Texas. Complete Schedule T.	
Payee name ARCENEAUX, AUSTIN Payee address; City; State; Zip Code \$750.00 Purpose of Expenditure (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Amount (b) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Amount (c) Candidate/Officeholder name Office sought Office held Of	
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/31/2025 ARCENEAUX, AUSTIN Amount (\$) Payee address; City; State; Zip Code \$750.00 \$12810 SHERBOURNE ST AUSTIN, TX 78729 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. CAMPAIGN CONTRACT LABOR	
9 Complete ONLY if direct expenditure to benefit C/OH Date 01/31/2025 Amount (\$) Payee address; City; State; Zip Code \$750.00 \$750.00 AUSTIN, TX 78729 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. CAMPAIGN CONTRACT LABOR	
Date 01/31/2025 ARCENEAUX, AUSTIN Amount (\$) Payee address; City; State; Zip Code 12810 SHERBOURNE ST AUSTIN, TX 78729 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. CAMPAIGN CONTRACT LABOR	
O1/31/2025 ARCENEAUX, AUSTIN Amount (\$) Payee address; City; State; Zip Code 12810 SHERBOURNE ST AUSTIN, TX 78729 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
Amount (\$) Payee address; City; State; Zip Code 12810 SHERBOURNE ST AUSTIN, TX 78729 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
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AUSTIN, TX 78729 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
EXPENDITURE Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR	
CAMPAIGN CONTRACT LABOR	
·	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/28/2025 ARCENEAUX, AUSTIN	
Amount (\$) Payee address; City; State; Zip Code	
\$750.00 12810 SHERBOURNE ST	
AUSTIN, TX 78729	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Category (See Categories listed at the top of this schedule) (b) Description	
Salaries/Wages/Contract Labor EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
CAMPAIGN CONTRACT LABOR	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/41 Rpt: 13/59	Texans for Joan Huffman	00065047
4	Date	5 Payee name	•
	03/31/2025	ARCENEAUX, AUSTIN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	12810 SHERBOURNE ST	
		AUSTIN, TX 78729	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense I CONTRACT LABOR
		C/ Will / WCIV	TOONTIVIET ENBOR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	04/30/2025	ARCENEAUX, AUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	12810 SHERBOURNE ST	
		AUSTIN, TX 78729	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense I CONTRACT LABOR
			. Commune El Bon
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/31/2025	ARCENEAUX, AUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	12810 SHERBOURNE ST	
		AUSTIN, TX 78729	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Cortifact Eabor	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense I CONTRACT LABOR
		CAMPAIGN	TCONTRACT LABOR
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cindo Hold
I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 4/41 Rpt: 14/59	2 FILER NAME Texans for Joan Huffman 3 Filer ID (Ethics Commission Filers) 00065047
4	Date 06/30/2025	5 Payee name ARCENEAUX, AUSTIN
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 12810 SHERBOURNE ST AUSTIN, TX 78729
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2025	AT&T MOBILITY
	Amount (\$) \$176.73	Payee address; City; State; Zip Code PO BOX 537104
		ATLANTA, TX 30353-7104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN TELECOMMUNICATIONS
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/27/2025	Payee name AT&T MOBILITY
	Amount (\$) \$145.54	Payee address; City; State; Zip Code PO BOX 537104
		ATLANTA, TX 30353-7104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN TELECOMMUNICATIONS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Av Committee Legal	3everage Expense wards/Memorials Expense Services Instruction Guide explains h		oense ages/Contract Labor		Travel in District Travel Out of Distri OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
L	Sch: 5/41 Rpt: 15/59	Texans for Joan	Huffman				00065047	
4	Date	5 Payee name						
	03/27/2025	AT&T MOBILITY	′					
6	Amount (\$)	7 Payee address;	City; State;	Zip Coo	le			
	\$145.54	PO BOX 537104	1					
		ATLANTA, TX 3	0353-7104					
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this sche	dule)	(b) Description			
	OF EXPENDITURE		/Rental Expense				de of Texas. Compl	
	ZA ZABITORZ				CAMPAIGN		officeholder living	
					CAIVIFAIGIN	ıCL	.LCOIVIIVIOINI	IOATIONS
9	Complete ONLY if direct	Candidate/Officehol	der name	ffice soug	ht		Office hel	d
9	expenditure to benefit C/O		uei name Ol	mice soug			Onice nei	u
	Date	Payee name						
L	04/29/2025	AT&T MOBILITY	<u> </u>					
	Amount (\$)	Payee address;	City; State;	Zip Cod	le			
	\$145.54	PO BOX 537104	1					
		ATLANTA, TX 3	0353-7104					
	PURPOSE	(a) Category (See Cate	egories listed at the top of this sche	dule)	(b) Description			
	OF EXPENDITURE		/Rental Expense		<u> </u>		de of Texas. Compl	
					CAMPAIGN TAUSTIN		officeholder living of FCOMMUNI	
					C / C. N			
\vdash	Complete ONLY if direct	Candidate/Officehol	der name Of	ffice soug	ht		Office hel	d
	expenditure to benefit C/O			3				
H	Date	Payee name						
	05/27/2025	AT&T MOBILITY	<i>(</i>					
	Amount (\$)	Payee address;	City; State;	Zip Cod	le			
	\$145.54	PO BOX 537104						
	,							
		ATLANTA, TX 3	0353-7104					
	PURPOSE OF		egories listed at the top of this sche	dule)	(b) Description			
	EXPENDITURE	Office Overhead	/Rental Expense		ш		de of Texas. Compl officeholder living of	
					CAMPAIGN			
	Complete ONLY if direct	Candidate/Officehol	der name Of	ffice soug	ht		Office hel	d
	expenditure to benefit C/O	I						

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
_	T	<u> </u>			шо одржино ного			1	_	E'I 15	(Editor Octobris Editor)	_	
1	Total pages Schedule F1:	-							3	Filer ID	(Ethics Commission Filers)		
	Sch: 6/41 Rpt: 16/59		Texans for J	Ioan Huffman						00065047			
4	Date	5	Payee name										
	06/26/2025		AT&T MOBI	LITY									
_	Amount (¢)	-	Payee addres	City:	State; Zi	in Cod	10					\dashv	
6	Amount (\$)	<u>ا'</u>	•	•	State, Zi	ip Cou	ie.						
	\$145.54		PO BOX 53	7104									
			ATLANTA, 7	ΓX 30353-7104									
8	PURPOSE	(a)	Category	e Categories listed at the	s top of this sahadula	. ((b)	Description				_	
	OF	``		nead/Rental Exp		'	()	_ :	outsi	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE		Office Over	icaa/Nemai Exp	CHISC			Check if Austin,	, TX,	officeholder living	g expense		
								CAMPAIGN 1	ΤEL	ECOMMUN	NICATIONS		
9	Complete ONLY if direct			ceholder name	Offic	e soug	ıht			Office h	old	_	
ľ	expenditure to benefit C/OI		Janaidato/Offic	Johnson Harric	Onic	o oouy	,,,,,			Office II	o.u		
		_										_	
	Date		Payee name										
	02/07/2025		BRAZORIA	COUNTY REPU	IBLICAN PAR	TY							
	Amount (\$)		Payee addres	ss; City;	State; Zi	ip Cod	le					_	
	\$5,000.00		135 SPANIS	SH OAK CIRCLE									
	7-,												
			LAKE JACK	SON, TX 77566									
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule	e) ((b)	Description					
	OF EXPENDITURE			s/Donations Mad	,			=			nplete Schedule T.		
	2/11/2/10/11/2/12		Candidate/C	Officeholder/Politi	ical Committe	е		—		officeholder living	g expense		
								POLITICAL D	ON	NATION			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name									=	
	05/14/2025		CHICK FIL A	Δ									
												_	
	Amount (\$)		Payee addres		State; Zi	ip Cod	le						
	\$629.04		503 W MAR	TIN LUTHER KI	NG JR BLVD								
			AUSTIN, TX	78701									
	PURPOSE	(a)		e Categories listed at the	ton of this select t	, 1	(b)	Description				_	
	OF	(۳)		e Categories listed at the age Expense	e top of this schedule)	(~)		outsi	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE		roou/bever	age Expense				<u> </u>		officeholder living	•		
								MEETING TO	D C	ISCUSS			
								CAMPAIGN/0	OF	FICEHOLD	ER ISSUES		
-	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	Offic	e soug	ıht			Office h	eld	_	
	expenditure to benefit C/OI		Jananauto/Offic	John Hallic	Onic	- Jouy	,,,,,			Omce III	OIG.		
												_	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/41 Rpt: 17/59	Texans for Joan Huffman 00065047
4 Date	5 Payee name
02/28/2025	CITICARDS
6 Amount (\$) \$3,978.09	7 Payee address; City; State; Zip Code P O BOX 78081 PHOENIX, AZ 85062
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
03/28/2025	CITICARDS
Amount (\$) \$89.84	Payee address; City; State; Zip Code P O BOX 78081 PHOENIX, AZ 85062
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date 04/28/2025	Payee name CITICARDS
Amount (\$) \$4,395.11	Payee address; City; State; Zip Code P O BOX 78081
	PHOENIX, AZ 85062
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Leg	/Awards/Memorials E al Services e Instruction Gui			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not liste	ed above)
1	Total pages Schedule F1:	2 =			-		_		3	Filer ID	(Ethics Com	mission Filers)
Ĺ	Sch: 8/41 Rpt: 18/59	Т	Texans for Joa	an Huffman						00065047	(Eunes Colli	
4	Date	5 P	Payee name									
	05/28/2025		CITICARDS									
6	Amount (\$)	7 P	Payee address;	City;	State;	Zip Cod	de					
	\$1,214.19	F	O BOX 7808	31								
		 _F	PHOENIX, AZ	85062								
8	PURPOSE	<u> </u>		ategories listed at the		- de des	(b)	Description				
	OF		Credit Card Pa		e top of this sche	edule)	(2)		outsi	de of Texas. Con	plete Schedule T	
	EXPENDITURE	`	Sicult Gala i c	tyment				=		officeholder living		
								CAMPAIGN (CRI	EDIT CARD	PAYMENT	-
9	Complete ONLY if direct		andidate/Officeh	older name	0	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date	Р	Payee name									
	06/28/2025		CITICARDS									
	Amount (\$)	Р	Payee address;	City;	State;	Zip Cod	de					
	\$89.84	F	O BOX 7808	31								
			PHOENIX, AZ			· · · · · · · · · · · · · · · · · · ·						
	PURPOSE OF			ategories listed at the	e top of this sche	edule)	(b)	Description	a	do of T C	valata C-l ! ! =	
	EXPENDITURE		Credit Card Pa	yment				-		de of Texas. Con officeholder living		•
								CAMPAIGN (-
												
	Complete ONLY if direct	LCa	andidate/Officeh	older name	0	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O						-					
H	Date	P	Payee name									
	02/05/2025	ı	COSTCO									
	Amount (\$)		Payee address;	City;	State:	Zip Coo	de					
	\$1,291.66	l	•	AM CANNON	,	p 000						
	Ψ1,231.00	l	BLDG A STE :									
		l										
		l	AUSTIN, TX 7			ī						
	PURPOSE OF	ı	,	ategories listed at the	•	edule)	(b)	Description Check if travel	outo:	do of Toyon Com	noloto Schodula T	
	EXPENDITURE	(Uffice Overhea	ad/Rental Exp	ense			ш		de of Texas. Con officeholder living		•
								OFFICEHOL				
	Complete ONLY if direct	Ca	andidate/Officeh	older name	0	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O	Н										

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
1	Sch: 9/41 Rpt: 19/59	2 FILER NAME Texans for Joan Huffman 3 Filer ID (Ethics Commission Filers) 00065047	
4	Date	5 Payee name	
	04/03/2025	Clayton Spangler Photographic Design	
6	Amount (\$) \$549.00	7 Payee address; City; State; Zip Code 235 Point Lick Drive	
		Charleston, WV 25306	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		SENATE PANORAMIC PHOTO	
		SEIWITE I / INGIVIANICI I II GIG	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	=
	03/11/2025	FORT BEND REPUBLICAN PARTY	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,500.00	P O BOX 461	
	,_,,,,,,,,,		
		SUGAR LAND, TX 77487	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		POLITICAL DONATION	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	05/16/2025	FRESA'S 9TH AND LAMAR	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$236.01	915 N LAMAR BLVD	
		AUSTIN, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		MEETING TO DISCUSS	
		CAMPAIGN/OFFICEHOLDER ISSUES	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/41 Rpt: 20/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	05/20/2025	HARRIS COUNTY REPUBLICAN PARTY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	8588 KATY FREEWAY
		STE 445
		HOUSTON, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		POLITICAL DONATION
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2025	HYATT REGENCY - AUSTIN
	Amount (\$)	Payee address; City; State; Zip Code
	\$326.43	208 BARTON SPRINGS ROAD
		AUSTIN, TX 78704
	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
		LODGING FOR OFFICEHOLDER'S STAFF FOR EVENT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	01/31/2025	LOJO, WENDY
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15302 MARDEN CT
		SUGAR LAND, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN CONTRACT LABOR
		CANNI ANGIA CONTINACT ENDOIN
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/41 Rpt: 21/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	02/28/2025	LOJO, WENDY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	15302 MARDEN CT
		SUGAR LAND, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR
		CANNITATION CONTINUE LABOR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	LOJO, WENDY
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15302 MARDEN CT
		SUGAR LAND, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN CONTRACT LABOR
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/30/2025	LOJO, WENDY
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15302 MARDEN CT
		SUGAR LAND, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/2/10/12	Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR
		CAINIPAIGIN COINTRACT LABOR
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/41 Rpt: 22/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	05/31/2025	LOJO, WENDY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	15302 MARDEN CT
		SUGAR LAND, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR
		CANNITATION CONTINUE EABOR
<u>_</u>	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	LOJO, WENDY
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15302 MARDEN CT
		SUGAR LAND, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN CONTRACT LABOR
		CANNI ANON CONTINUE EADOR
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	01/28/2025	MAHNKE, CHRISTY
	Amount (\$)	Payee address; City; State; Zip Code
	\$825.00	11217 TODD ST
		HOUSTON, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		CAMPAICN POOKKEEPING SERVICES
		CAMPAIGN BOOKKEEPING SERVICES
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to beliefft 6/01	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
	Sch: 13/41 Rpt: 23/59	Texans for Joan Huffman	00065047
4	Date	5 Payee name	·
	03/04/2025	MAHNKE, CHRISTY	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$862.50	11217 TODD ST	
		HOUSTON, TX 77055	
8	PURPOSE OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			CAMPAIGN BOOKKEEPING SERVICES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/31/2025	MAHNKE, CHRISTY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$337.50	11217 TODD ST	
	φοστ.σσ	11211 1655 61	
		HOUSTON, TX 77055	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			CAMPAIGN BOOKKEEPING SERVICES
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/06/2025	MAHNKE, CHRISTY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$187.50	11217 TODD ST	
	Ψ101.00	11211 1655 61	
		HOUSTON, TX 77055	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense CAMPAIGN BOOKKEEPING SERVICES
			CAMPAIGN BOOKNEEPING SERVICES
	Complete ONL V if direct	Candidata/Officabaldar nama Offica sayusht	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cab - dist - E4	
1	Total pages Schedule F1: Sch: 14/41 Rpt: 24/59	2 FILER NAME Texans for Joan Huffman 3 Filer ID (Ethics Commission Filers) 00065047
4	Date	5 Payee name
	01/31/2025	MILLSAP, PETRA GLORIA
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 68 BLACKGUM CT LAKE JACKSON, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	MILLSAP, PETRA GLORIA
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	68 BLACKGUM CT
		LAKE JACKSON, TX 77566
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN CONTRACT LABOR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	MILLSAP, PETRA GLORIA
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	68 BLACKGUM CT
		LAKE JACKSON, TX 77566
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN CONTRACT LABOR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
;	Sch: 15/41 Rpt: 25/59	Texans for Joan Huffman		00065047
4 [Date	5 Payee name		'
(04/30/2025	MILLSAP, PETRA GLORIA		
6 /	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$500.00	68 BLACKGUM CT		
		LAKE JACKSON, TX 77566		
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.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				CAMPAIGN CONTRACT LABOR
9 (Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/O		ougni	Office field
	Data	D		
	Date 05/31/2025	Payee name		
		MILLSAP, PETRA GLORIA	21 -	
,	Amount (\$)	Payee address; City; State; Zip	Code	
	\$500.00	68 BLACKGUM CT		
		LAKE JACKSON, TX 77566		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				CAMPAIGN CONTRACT LABOR
	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
•	expenditure to benefit C/O	1		
[Date	Payee name		
(06/30/2025	MILLSAP, PETRA GLORIA		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$500.00	68 BLACKGUM CT		
		LAKE JACKSON, TX 77566		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				CAMPAIGN CONTRACT LABOR
	Complete ONLY if direct	Condidate/Officeholder name	oue b	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ougnt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
		_			ue explains now	lo com	ipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 16/41 Rpt: 26/59		Texans for 3	Joan Huffman						00065047		
4	Date	5	Payee name									
	03/19/2025			TIN DOWNTOWN	J							
Ļ		 _										
6	Amount (\$)	7	Payee addres		State; Z	ip Coa	ie					
	\$316.16		700 SAN JA	CINTO BLVD								
			AUSTIN, TX	< 78701								
8	PURPOSE	(a)	Catagony			. [h)	Description				
ľ	OF	(۳)	Travel Out o	ee Categories listed at the	top of this schedule	e) [,	_ `	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Traver Out C	DI DISTRICT				브		officeholder livin	•	
								_			DLDER'S STAFF FOR	
								EVENT				
9	Complete ONLY if direct	Щ	Candidata/Offi	achalder name	Offic		hŧ			Office b	ald	
"	Complete ONLY if direct expenditure to benefit C/OI		ai iuiudle/UIII(ceholder name	Offic	e sougl	H			Office h	ICIU	
	·											
	Date		Payee name									
	01/31/2025		OPPERMAN	N, SEAN								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					
	\$500.00		5024 CHINA	A GARDEN DRIV	Έ							
	4000.00		002 1 01 111 0	(O) II (DEIT DI II)	_							
				, -								
			AUSTIN, TX	(78730								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contract Lab	oor			-			nplete Schedule T.	
								_		officeholder livin		
								CAMPAIGN (CO	NIRACIL	ABOR	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/28/2025		OPPERMAN	N SEAN								
	Amount (\$)		Payee addres		State; Z	ip Coa	le					
	\$500.00		5024 CHINA	A GARDEN DRIV	Έ							
			AUSTIN, TX	< 78730								
	PURPOSE	(a)	Category (sc	ee Categories listed at the	top of this schodule	2) (b)	Description				
	OF	l`´		ages/Contract Lat		'	,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Galaries/ Wa	iges/contract Lax	501			Check if Austin,	, TX,	officeholder livin	g expense	
								CAMPAIGN (CO	NTRACT L	ABOR	
	Complete ONLY if direct			ceholder name	Offic	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI				5.110	9				200 11		
<u> </u>												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			-ees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex Salaries/M		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	oroan oara'r aymone	•	The Instruction Guide expl	ains how to co	mplete this form.				
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/41 Rpt: 27/59	Texans for J	oan Huffman				00065047	,	
4	Date	5 Payee name							_
	03/31/2025	OPPERMAN	I. SEAN						
6	Amount (\$)	7 Payee addres		State; Zip Co	ndo.				_
٥	\$500.00	,	S, City, S GARDEN DRIVE	state, Zip Co	oue				
	Φ500.00	5024 CHINA	GARDEN DRIVE						
		AUSTIN, TX	78730						
8	PURPOSE	(a) Category (say	e Categories listed at the top of th	aic cobodulo)	(b) Description				\neg
	OF		ges/Contract Labor	iis scriedule)		el outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE	00.00.700,7700,	g = 0, 0 = 1.1. a = 1 = a = 0.		Check if Au	stin, TX	, officeholder livi	ng expense	
					CAMPAIGI	и со	NTRACT L	ABOR	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght		Office I	held	
	Date	Payee name							_
	04/30/2025	OPPERMAN	I, SEAN						
	Amount (\$)	Payee addres	s; City; S	State; Zip Co	nde				_
	\$500.00	_	GARDEN DRIVE	naic, zip co	Juc				
	φ500.00	5024 CHINA	GARDEN DRIVE						
		AUSTIN, TX	78730						
	PURPOSE	(a) Category (See	e Categories listed at the top of th	nis schedule)	(b) Description				
	OF EXPENDITURE	Salaries/Wa	ges/Contract Labor		l <u>–</u>			mplete Schedule T.	
							, officeholder livi		
					CAMPAIGI	N CC	MIRACIL	LABUR	
									_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office sou	ight		Office I	held	
	experialitate to beliefit 6/01	•							
	Date	Payee name							
	05/31/2025	OPPERMAN	I, SEAN						
	Amount (\$)	Payee addres	s; City; S	State; Zip Co	ode				
	\$500.00		GARDEN DRIVE	, ,					
	4000.00	002.0							
		ALIOTEL TY	70720						
		AUSTIN, TX	78730	-					
	PURPOSE OF	,	e Categories listed at the top of th	nis schedule)	(b) Description				
	EXPENDITURE	Salaries/Wa	ges/Contract Labor					implete Schedule T.	
					CAMPAIGI		, officeholder livi		
					CAMEAIGI	٧ ٥٥	MINACIL		
	Operation Objects "	0	ala al dansa	0′′′	la A		000	la a la l	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	enolder name	Office sou	ignt		Office I	neid	
	Emportant to bollont 0/01	•							
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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 18/41 Rpt: 28/59	Texans for Joan Huffman 00065047	
4	Date	5 Payee name	_
	06/30/2025	OPPERMAN, SEAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$500.00	5024 CHINA GARDEN DRIVE	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		AUSTIN, TX 78730	
8	PURPOSE		_
o	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		CAMPAIGN CONTRACT LABOR	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	04/01/2025	PAPPASITO'S CANTINA	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$501.06	6513 I-35 N	
	4001.00	6626 1 66 11	
		ALICTINI TV 707E2	
		AUSTIN, TX 78752	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		MEETING TO DISCUSS	
		CAMPAIGN/OFFICEHOLDER ISSUES	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	=
	05/26/2025	PAPPASITO'S CANTINA	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$320.78	6513 I-35 N	
	Ψ320.70	0313 F33 W	
		AUSTIN, TX 78752	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense MEETING TO DISCUSS	
		CAMPAIGN/OFFICEHOLDER ISSUES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Gui	Salarie	-	es/Contract Labor		OTHER (enter a	category not listed above)
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1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 19/41 Rpt: 29/59		Texans for 3	Joan Huffman					00065047	
4	Date	5	Payee name							
	06/01/2025	l	PF CHANG	'S						
6	Amount (¢)	7	Payee addres	City:	State; Zip	Codo				
0	Amount (\$)	ľ	•	•	State, Zip	coue				
	\$258.98	l	ZUI SAN JA	ACINTO BLVD						
		l								
		l	AUSTIN, TX	< 78701						
8	PURPOSE	(a)	Category (s.	ee Categories listed at the	top of this schodulo)	(b)) Description			
	OF	l`		age Expense	top of this schedule)	``		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	l	1 courbeven	age Expense			Check if Austin,	, TX	, officeholder living	g expense
		l					MEETING TO	D D	ISCUSS	
							CAMPAIGN/0	OF	FICEHOLDE	ER ISSUES
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	<u> </u>	 t		Office he	eld
	expenditure to benefit C/O					9				
⊨		_								
	Date	l	Payee name							
	01/02/2025		POST AND	PARCEL						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code				
	\$220.00	l	3733 WEST	HEIMER						
			HOUSTON,	TX 77027						
_	DUDDOCE	(0)				I/h	\			
	PURPOSE OF	(a)		ee Categories listed at the		(6)	Description	outoi	ido of Toyan Com	plete Schedule T.
	EXPENDITURE	l	Office Overi	head/Rental Expe	ense		=		, officeholder living	
		l					POST OFFIC			
							OFFICEHOLI			
_	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name	Office s	ought	<u> </u>		Office he	old.
	expenditure to benefit C/O		Sandidate/Oni	cendider name	Office s	ougrii	L		Office fit	aiu
	· 									
	Date		Payee name							
	01/17/2025		PUBLIC ST	ORAGE						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code				
	\$216.60	l	2603 JOEL	WHEATON RD						
		l	STE 400							
		l		TV 77000						
			HOUSTON,	1X 77082						
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE	l	Office Overl	head/Rental Expe	ense					plete Schedule T.
		l							, officeholder living	
							OFFICE	UH	OFFICERO	DLDER'S HOUSTON
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	ceholder name	Office s	ought	t		Office h	eld
	experiulture to benefit C/OI	-								
ı										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Guid	Salaries	/Wage	s/Contract Labor		OTHER (enter a	a category not listed above)
Ļ		_			de explains now to t	Julipi	lete tilis loilli.	_		(
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 20/41 Rpt: 30/59		l exans for .	Joan Huffman					00065047	
4	Date	5	Payee name							
	02/12/2025		PUBLIC ST	ORAGE						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode				
	\$216.60		2603 JOEL	WHEATON RD	•					
			STE 400							
				TV 77002						
		L	HOUSTON,							
8	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description			
	EXPENDITURE		Office Overl	head/Rental Expe	ense				de of Texas. Com officeholder living	plete Schedule T.
							—			OLDER'S HOUSTON
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_	Operation ONLY if dispert	L	0		0#:				O#: I-	-1.4
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Office	ceholder name	Office so	ugnt			Office h	ela
	Date		Payee name							
	03/04/2025		PUBLIC ST	ORAGE						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode				
	\$183.00		2603 JOEL	WHEATON RD						
			STE 400							
			HOUSTON,	TX 77082						
	DUDDOCE	(0)				(b)				
	PURPOSE OF	(a)		ee Categories listed at the		(u)	Description Check if travel (nutei	de of Teyes Com	nplete Schedule T.
	EXPENDITURE		Office Overi	head/Rental Expe	ense				officeholder living	
							STORAGE F	OR	OFFICEHO	OLDER'S HOUSTON
							OFFICE			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/O	Н								
	Date		Payee name							
	04/04/2025		PUBLIC ST	ORAGE						
	Amount (\$)	H	Payee addres		State; Zip C	ode.				
	\$183.00		•	WHEATON RD	State, Zip e	ouc				
	Ψ103.00			WILATON ND						
			STE 400							
			HOUSTON,	TX 77082						
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		Office Overl	head/Rental Expe	ense		<u></u>			pplete Schedule T.
									officeholder living	
							OFFICE	UK	OFFICER	OLDER'S HOUSTON
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	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office h	eld
	experience to beliefft G/O									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse F		pense ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
L	Sch: 21/41 Rpt: 31/59	Texans for	Joan Huffman						00065047	
4	Date	5 Payee name	2							
	05/05/2025	PUBLIC S	ΓORAGE							
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	de				
	\$183.00	2603 JOEL	. WHEATON RD							
		STE 400								
		HOUSTON	I, TX 77082							
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expens					outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE						—		officeholder living	
							OFFICE	UΚ	OFFICEHO	DLDER'S HOUSTON
<u>_</u>	Occupation Of the Community of the Commu	0								.lal
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Off	ice soug	gnt			Office he	eid
	Date	Payee name)		_					
	06/04/2025	PUBLIC S	TORAGE							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de				
	\$183.00	2603 JOEL	. WHEATON RD							
		STE 400								
		HOUSTON	I, TX 77082							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expens						de of Texas. Com	
							—		officeholder living	expense DLDER'S HOUSTON
							OFFICE	υĸ	OFFICERC	LDEK 3 HOUSTON
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	ice soug	thr			Office he	hld
	expenditure to benefit C/O			<u> </u>	.55 5000	g. 11			- Cinico ne	
	Date	Payee name								
	01/29/2025	RA SUSHI	- AUSTIN							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de				
	\$409.19	117 WEST	4TH ST							
		STE 300								
		AUSTIN, T	X 78701							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedu	ule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense				_		de of Texas. Com	
							Check if Austin, MEETING TO		officeholder living	expense
							CAMPAIGN/C			ER ISSUES
	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	ice soug	thr			Office he	hld
	expenditure to benefit C/O			311	.50 5046	.			Cilioo iic	-

SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula Edi	2 FILED NAME
1	Total pages Schedule F1: Sch: 22/41 Rpt: 32/59	2 FILER NAME Texans for Joan Huffman 3 Filer ID (Ethics Commission Filers) 00065047
4	Date 03/07/2025	5 Payee name RACONTEUR COMPANY
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1717 WEST SIXTH STREET STE 215 AUSTIN, TX 78703
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN SERVICES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/25/2025	RED ASH ITALIA
	Amount (\$) \$605.34	Payee address; City; State; Zip Code 303 COLORADO ST
		AUSTIN, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MEETING TO DISCUSS CAMPAIGN/OFFICEHOLDER ISSUES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/12/2025	Payee name REEVES, JANE
	Amount (\$) \$1,825.00	Payee address; City; State; Zip Code 2121 BRITTMOORE RD STE 8700 HOUSTON, TX 77043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN PROFESSIONAL SERVICES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Git/Awards/Memorials Legal Services The Instruction Gu	·		/ages	/Contract Labor		OTHER (enter	a category not listed above)
1	Total pages Schedule F1:	12	EII ED NAME		<u> </u>		_		3	Filer ID	(Ethics Commission Filers)
_	Sch: 23/41 Rpt: 33/59			loan Huffman						00065047	(Luncs Commission Filers)
4	Date	5	Payee name								
	03/04/2025			AN WOMEN'S C	LUB OF KA	ATY					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$2,500.00		9550 SPRIN	IG GREEN BLV	D.						
			SUITE 408-	122							
			KATY, TX 7	7494							
Ļ	DUDDOGE	(-)					(1-)				
8	PURPOSE OF	(a)		e Categories listed at th		dule)	(a)	Description			
	EXPENDITURE			s/Donations Ma						officeholder livin	mplete Schedule T.
			Candidate/C	Officeholder/Poli	licai Commi	ttee		POLITICAL D			ig expense
								POLITICAL L	JOI	VATION	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld
	expenditure to benefit C/O	7									
	Date		Payee name								
	04/01/2025		•	AN WOMEN'S C	LUB OF KA	ΥΤΥ					
_	Amount (\$)	_	Payee addres	ss; City;	State:	Zip Co	de				
	\$39.00		•	IG GREEN BLV	·	2ip 00	uc				
	\$39.00				D.						
			SUITE 408-	122							
			KATY, TX 7	7494							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	dule)	(b)	Description			
	OF		Event Exper			,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		·					Check if Austin,	, TX,	officeholder livin	ng expense
											R'S STAFF TO ATTEND
								LUNCHEON	ON	I BEHALF (OF OFFICEHOLDER
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld
	expenditure to benefit C/OF	Н									
_	Date	Π	Dayoo namo								
	01/06/2025		Payee name	- AT 6C							
	01/00/2025		RESIDENC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$550.00		600 GUADA	LUPE ST							
			AUSTIN, TX	78701							
	PURPOSE	(a)	Category (so	e Categories listed at th	e ton of this scho	dule)	(b)	Description			
	OF	 `	Travel Out of		ic top of this serie	.uuic)	` ,		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		aro. our	2.0000				X Check if Austin,	, TX,	officeholder livin	ng expense
								RENT AND L	JTIL	LITIES EXF	PENSE FOR
								OFFICEHOLI	DE	R'S AUSTII	N APARTMENT
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld
	expenditure to benefit C/O				Ü		J			200 1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed above	:)
				The Instruction G	uide explains h	low to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 24/41 Rpt: 34/59		Texans for 3	Joan Huffman						00065047		
4	Date	5	Payee name									
	01/29/2025		RESIDENC	E AT 6G								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$7,298.00		600 GUADA	ALUPE ST								
			AUSTIN, TX	< 78701								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o			ŕ		Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							—		officeholder livin		
								RENT AND U		_	ENSE FOR NAPARTMENT	
								OFFICEROLI		K S AUSTII	NAPARTMENT	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	experialiture to benefit C/Oi	'										
	Date		Payee name									
	03/07/2025		RESIDENC	E AT 6G								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$7,963.49		600 GUADA	ALUPE ST								
			AUSTIN, TX	K 78701								
	PURPOSE	(a)	Category (Se	ee Categories listed at	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	of District				=			plete Schedule T.	
	LXI LINDITORL							_		officeholder livin		
								RENT AND U			I APARTMENT	
	2								_			
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
	<u>'</u>	_										
	Date		Payee name									
	04/01/2025		RESIDENC	E AT 6G								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$7,375.18		600 GUADA	ALUPE ST								
			AUSTIN, TX	< 78701								
	PURPOSE	(a)	Category (Se	ee Categories listed at	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out of								plete Schedule T.	
	LXI LINDITORL									officeholder livin		
								RENT AND U			ENSE FOR NAPARTMENT	
	0 1. 0						_					
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	O	ffice sou	gnt			Office h	eid	
	Emportance to bollone 0/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manage Calculula E4.		-\
1	Total pages Schedule F1: Sch: 25/41 Rpt: 35/59	2 FILER NAME Texans for Joan Huffman 3 Filer ID (Ethics Commission Filers) 00065047	S)
4	Date 05/05/2025	5 Payee name RESIDENCE AT 6G	
Ļ			
6	Amount (\$) \$7,405.74	7 Payee address; City; State; Zip Code 600 GUADALUPE ST AUSTIN, TX 78701	
8	PURPOSE		
ľ	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 RENT AND UTILITIES EXPENSE FOR	
		OFFICEHOLDER'S AUSTIN APARTMENT	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/05/2025	RESIDENCE AT 6G	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,411.47	600 GUADALUPE ST	
		AUSTIN, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		OFFICEHOLDER'S AUSTIN APARTMENT	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/30/2025	SPAW SENATE ACCOUNT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	PO BOX 12068	
		AUSTIN, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		SENATE MEMBERS' LOUNGE FEE	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Di OTHER (enter a	strict category not listed above)
┰	Total pages Schedule F1:		3	Filer ID	(Ethics Commission Filers)
	Sch: 26/41 Rpt: 36/59	Texans for Joan Huffman	3	00065047	(Eulics Collinission Filets)
4	Date	5 Payee name			
	01/13/2025	SPAW SENATE ACCOUNT			
6	Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code PO BOX 12068			
		AUSTIN, TX 78711			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	emec everneda/Nemar Expense			plete Schedule T.
				, officeholder living	
		SENATE ME	-ME	BERS' LOUN	IGE FEE
L					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office h	eld
Г	Date	Payee name			
	05/26/2025	SPAW SENATE ACCOUNT			
┝	Amount (\$)	Payee address; City; State; Zip Code			
	\$361.25	PO BOX 12068			
	Ф301.25	PO BOX 12000			
		AUSTIN, TX 78711			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overficad/Nertial Expense			plete Schedule T.
		I — I —		, officeholder living	
		SENATE ME	IVIE	DEKS LOUI	IGE FEE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office h	eld
	Date	Payee name			
	04/23/2025	SPAW SENATE ACCOUNT			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$165.00	PO BOX 12068			
	\$105.00	PO BOX 12000			
		AUSTIN, TX 78711			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	1	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		n, TX	, officeholder living	g expense
		GIFT FOR L'	ΤG	OV DAN PA	ATRICK
ĺ					
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
ĺ	expenditure to benefit C/O			200 11	
\vdash					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/41 Rpt: 37/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	03/21/2025	TEXAS DEPARTMENT OF CRIMINAL JUSTICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,208.30	P O BOX 4013
		HUNTSVILLE, TX 77342
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CHAIRS FOR CAPITOL OFFICE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2025	THE WELL
	Amount (\$)	Payee address; City; State; Zip Code
	\$448.18	440 W 2ND ST
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MEETING TO DISCUSS
		CAMPAIGN/OFFICEHOLDER ISSUES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/09/2025	TINY BOXWOODS
	Amount (\$)	Payee address; City; State; Zip Code
	\$388.20	1503 W 35TH ST
		AUSTIN, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MEETING TO DISCUSS
		CAMPAIGN/OFFICEHOLDER ISSUES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/41 Rpt: 38/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	05/27/2025	TRUE FOOD KITCHEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$464.07	222 W AVE
		STE HR100
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MEETING TO DISCUSS
		CAMPAIGN/OFFICEHOLDER ISSUES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	01/28/2025	TWITTER, INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.32	1355 MARKET ST
		STE 900
		SAN FRANSISCO , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ANNUAL SUBSCRIPTION FOR
		CAMPAIGN/OFFICEHOLDER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	01/28/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.87	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		STREETIGEBER SROOND TIVINGI ORTATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/41 Rpt: 39/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	02/10/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$178.38	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEROLDER GROUND TRANSFORTATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/19/2025	UBER
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$21.87	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEHOLDER GROUND TRANSFORTATION
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/20/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.84	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
T	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 GROUND TRANSPORTATION
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/41 Rpt: 40/59 Texans for Joan Huffman 00065047 4 Date Payee name 02/24/2025 **UBER** 6 Amount (\$) Payee address; City; State; Zip Code \$5.00 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/25/2025 **UBER** Amount (\$) Payee address; City; State; Zip Code \$22.80 1455 MARKET ST **STE 400** SAN FRANCISCO, CA 94103 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2025 **UBER** Amount (\$) Payee address: City; State; Zip Code \$34.20 1455 MARKET ST **STE 400** SAN FRANCISCO, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 31/41 Rpt: 41/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	02/27/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.87	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
_	Opening ONE V if direct	Out tights Off as hald as years
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/12/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.64	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	03/13/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.60	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/41 Rpt: 42/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	03/17/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.30	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	T 5
	Date	Payee name
	03/18/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.41	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE OF	(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 GROUND TRANSPORTATION
		002
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/31/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1 1455 MARKET ST
	40.00	STE 400
		SAN FRANCISCO, CA 94103
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/41 Rpt: 43/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	04/01/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.87	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
_	Operation ONLY if direct	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
\models	Data	
	Date	Payee name
	04/07/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.64	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEROLDER GROUND TRANSPORTATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	04/11/2025	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
ı		
	\$56.44	1455 MARKET ST
	\$56.44	STE 400
	\$56.44	
	PURPOSE	STE 400 SAN FRANCISCO, CA 94103 (a) Category (See Categories listed at the top of this schedule) (b) Description
		STE 400 SAN FRANCISCO, CA 94103 (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.
	PURPOSE OF	STE 400 SAN FRANCISCO, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PURPOSE OF	STE 400 SAN FRANCISCO, CA 94103 (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.
	PURPOSE OF EXPENDITURE	STE 400 SAN FRANCISCO, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
	PURPOSE OF	STE 400 SAN FRANCISCO, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION Candidate/Officeholder name Office sought Office held
	PURPOSE OF EXPENDITURE Complete ONLY if direct	STE 400 SAN FRANCISCO, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION Candidate/Officeholder name Office sought Office held
	PURPOSE OF EXPENDITURE Complete ONLY if direct	STE 400 SAN FRANCISCO, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
-	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 34/41 Rpt: 44/59	Texans for Joan Huffman	00065047
4	Date 04/14/2025	5 Payee name UBER	
6	Amount (\$) \$36.44	7 Payee address; City; State; Zip Code 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103	
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense DER GROUND TRANSPORTATION
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	04/15/2025	UBER	
	Amount (\$) \$26.87	Payee address; City; State; Zip Code 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense DER GROUND TRANSPORTATION
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/16/2025	Payee name UBER	
	Amount (\$) \$17.69	Payee address; City; State; Zip Code 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense DER GROUND TRANSPORTATION
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Onations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/41 Rpt: 45/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	04/17/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.26	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/23/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.40	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEROLDER GROUND HARSI ORTATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/24/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.58	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/41 Rpt: 46/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	05/05/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.00	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEHOLDER GROUND TRANSFORTATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/06/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		CHICEHOLDER GROOND HVINGI GROOND
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	05/08/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.87	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/41 Rpt: 47/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	05/14/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.87	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
		· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.04	1455 MARKET ST
	,,	STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		STREETS EN STORM THANSI SKIATION
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/41 Rpt: 48/59	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	06/02/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.29	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEROLDER GROUND TRANSFORTATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/04/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.92	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION
		OFFICEHOLDER GROUND TRANSFORTATION
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/06/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.97	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
T	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OFFICEHOLDER GROUND TRANSPORTATION
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
ı		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))
L	Sch: 39/41 Rpt: 49/59	Texans for Joan Huffman 00065047	
4	Date	5 Payee name	
	06/09/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.77	1455 MARKET ST	
		STE 400	
		SAN FRANCISCO, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		OFFICEHOLDER GROUND TRANSPORTATION	
_	Operation ONE V. C. F.	Out listed (Office helder name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/10/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.02	1455 MARKET ST	
		STE 400	
		SAN FRANCISCO, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		OFFICEHOLDER GROUND TRANSPORTATION	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	v	
	Date	Payee name	
L	06/12/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.80	1455 MARKET ST	
		STE 400	
		SAN FRANCISCO, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense OFFICEHOLDER GROUND TRANSPORTATION	1
		OFFICEHOLDER GROUND TRANSPORTATION	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch. 40/41 Rpt: 50/59 4 Date 06/13/2025 5 Payee name UBER 6 Amount (\$) \$58.89 5 PURPOSE EXPENDITURE Candidate/Officeholder name Office sought Faxe Date 06/16/2025 Amount (\$) \$31.74 Candidate/Officeholder name Office sought OFEXPENDITURE Candidate/Officeholder name Office sought OFEXPENDITURE OFEXPENDITURE Candidate/Officeholder name Office sought OFEXPENDITURE OF	Candidate/Officeholder/Political Committee Credit Card Payment		Committee Leg	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
4 Date O6/13/2025 5 Payee name UBER 6 Amount (\$) \$58.89 7 Payee address; City; State; Zip Code 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103 8 PURPOSE OEXPENDITURE (a) Category (See Categories listed at the top of this schedule) OFFICEHOLDER GROUND TRANSPORTATION 9 Complete ONLY if direct expenditure to benefit C/OH Date O6/16/2025 Payee name UBER Amount (\$) \$31.74 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) OFFICEHOLDER GROUND TRANSPORTATION Date O6/16/2025 UBER Amount (\$) \$31.74 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103 Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Date O6/16/2025 UBER Amount (\$) Category (See Categories listed at the top of this schedule) OFFICEHOLDER GROUND TRANSPORTATION Complete ONLY if direct expenditure to benefit C/OH Date O6/24/2025 UBER Amount (\$) Payee name UBER Amount (\$) Payee name UBER Payee name UBER Payee address; City; State; Zip Code 1455 MARKET ST STE 400 Payee name UBER Payee address; City; State; Zip Code	1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)			
O6/13/2025 UBER		Sch: 40/41 Rpt: 50/59	Texans for Joa	ın Huffman					00065047				
Second Complete ONLY if direct expenditure to benefit C/OH	4	Date	5 Payee name										
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9 Complete ONLY if direct expenditure to benefit C/OH Date Office held expenditure to benefit C/OH San Payee name UBER Amount (\$) Payee address; City; State; Zip Code 1455 MARKET ST STE 400 SAN FRANCISCO, CA 94103 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if havel outside of Texas. Complete Schedule T. Check if havel outside of T			Travel Out of D	District									
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Date Payee name 06/24/2025 UBER Amount (\$) Payee address; City; State; Zip Code \$61.38 1455 MARKET ST STE 400							00202.						
Date				older name	Office so	<u>I</u> ught			Office h	eld			
06/24/2025 UBER Amount (\$) Payee address; City; State; Zip Code \$61.38 1455 MARKET ST STE 400		experialitare to benefit oron	'										
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STE 400		Amount (\$)	Payee address;	City;	State; Zip C	ode							
		\$61.38	1455 MARKET	ST									
SAN FRANCISCO, CA 94103			STE 400										
			SAN FRANCIS	SCO, CA 94103									
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description		PURPOSE	(a) Category (See C	ategories listed at the top o	f this schedule)	(b)	Description						
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Crieck if Austin, 17, oiliceriolder living expense		EXPENDITORE					ш						
OFFICEHOLDER GROUND TRANSPORTATION							OFFICEHOLI	DΕ	R GROUNI	IRANSPORTATION			
Complete ONLY if direct Condidate Office helder and the Condidate of the C	_	Complete ONE V. C.	Condidate (Cff.)	aldan ac :	Ott:				O#: :	ald			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				olaer name	Office so	ugnt			Office h	eia			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains he	Printing Expense Printing Expense Salaries/Wages/Contract ow to complete this	
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/41 Rpt: 51/59	Texans for Joan Huffman		00065047
4	Date	Payee name		
	04/25/2025	VILLAGE REPUBLICAN WOMEN		
6	Amount (\$)		Zip Code	
	\$65.00	PO BOX 79924		
		HOUSTON, TX 77279		
8	PURPOSE	Category (See Categories listed at the top of this sched		•
	OF EXPENDITURE	Office Overhead/Rental Expense		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			-	UAL MEMBERSHIP
9	Complete ONLY if direct	andidate/Officeholder name Of	I fice sought	Office held
L	expenditure to benefit C/OF			
	Date	Payee name	-	
	05/08/2025	VILLAGE REPUBLICAN WOMEN		
	Amount (\$)	Payee address; City; State;	Zip Code	
	\$1,500.00	PO BOX 79924		
		HOUSTON, TX 77279		
	PURPOSE	Category (See Categories listed at the top of this sched		
	OF EXPENDITURE	Contributions/Donations Made By		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Commit		TICAL DONATION
	Complete ONLY if direct	andidate/Officeholder name Of	fice sought	Office held
	expenditure to benefit C/O		-	
	Date	Payee name		
	01/06/2025	VILLAGE REPUBLICAN WOMEN		
	Amount (\$)	Payee address; City; State;	Zip Code	
	\$40.00	PO BOX 79924		
		HOUSTON, TX 77279		
	PURPOSE	Category (See Categories listed at the top of this sched	dule) (b) Descr	iption
	OF EXPENDITURE	Event Expense		eck if travel outside of Texas. Complete Schedule T.
	7			eck if Austin, TX, officeholder living expense FOR OFFICEHOLDER'S STAFF TO ATTEND
				CHEON ON BEHALF OF OFFICEHOLDER
	Complete ONLY if direct	andidate/Officeholder name Of	fice sought	Office held
	expenditure to benefit C/O	OI		200 11010
	rms provided by Tevas F	Commission was athirs st	ata ty ua	Version V// 1 0 f10d0fd9

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

		(,						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 1/6 Rpt: 52/59	Texans for Joan Hu	ıffman	00065047					
4	CREDIT CARD ISSUER		ncial institution N EXPRESS	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged \$1,183.81	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issue 02/18/2025	er Paid				
	PAYEE	(a) Payee name WAYFAIR		(b) Payee address; 4 COPLEY PLACE 7TH FLOOR BOSTON, MA 02116 (b) Description	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) OFFICEHOLDER'S AUSTIN APT			TIN APT FURN	IISHINGS	S AND		
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct xpenditure 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 Issue	er Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•					
е	Complete ONLY if direct xpenditure 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 Issue	r Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commiss	ion Filers)		
	Sch: 2/6 Rpt: 53/59	Texans for Joan Huffman			00065047						
4	CREDIT CARD ISSUER		ncial institution BANK	E) Cl	(PEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issuer	Paid				
		\$598.19	01/16/2025	02/2	28/202	5					
7	PAYEE	(a) Payee name	•	(b) Pa	ayee a	ddress;	City,	State,	Zip Code		
		FRESA'S 9TH AND	LAMAR			MAR BLVD					
		() 2		_		X 78703					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` ′	escripti				I DED		
	X Political	Food/Beverage Expe		ISSU		TO DISCUSS (JAMPAIGN/OF	FICERC	ILDER		
	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 sougl	nt		Office held				
е	xpenditure to benefit C/OH			_							
	PAYMENT	(a) Amount Charged \$598.19	(b) Date of Charge 01/24/2025		ate(s) (28/202	Credit Card Issuer 5	Paid				
	PAYEE	(a) Payee name		(b) Pa	ayee a	ddress;	City,	State,	Zip Code		
		FRESA'S 9TH AND	LAMAR	915	N LAN	MAR BLVD					
	AL					X 78703					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description MEETING TO DISCUSS CAMPAIGN/OFFICEHOLDER ISSUES							
	X Political			1000							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<u> </u>			K, officeholder living expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sough	nt		Office held				
	PAYMENT	(a) Amount Charged \$89.84	(b) Date of Charge 01/23/2025	l \ /	ate(s) (28/202	Credit Card Issuer 5	Paid				
	PAYEE	(a) Payee name	•	(b) Pa	ayee a	ddress;	City,	State,	Zip Code		
		YOU TUBE TV		901	CHER	RY AVENUE					
				_		NO, CA 94066					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` ′	escripti						
		Office Overhead/Rent	*	CAN	1PAIĞ	N TELECOMMU	JNICATIONS				
	X Political		•								
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		X	Check if Austin, TX,	officeholder living expe	nse			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sougl	nt		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.	(
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 3/6 Rpt: 54/59	Texans for Joan Hu	ıffman		00065047		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$480.00	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuel 02/28/2025	Paid		
7	PAYEE	(a) Payee name QUORUM REPOR	Т	(b) Payee address; PO BOX 8 AUSTIN, TX 78767	City, State, Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description ANNUAL SUBSCRIPTION CAMPAIGN/OFFICEHOL			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$1,038.10	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issuer 02/28/2025	^r Paid		
	PAYEE	(a) Payee name BEST BUY CO, INC	C	(b) Payee address; 7601 PENN AVENUE SO RICHFIELD, MN 55423	City, State, Zip Code UTH		
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) AUSTIN APT FURNISHINGS/SUPPLIES			(b) Description OFFICEHOLDER'S AUSTIN APT FURNISHINGS AND SUPPLIES				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				X Check if Austin, TX,	officeholder living expense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$267.20	(b) Date of Charge 02/18/2025	(c) Date(s) Credit Card Issuer 02/28/2025	^r Paid		
	PAYEE	(a) Payee name AT HOME STORE		(b) Payee address; 19420 KATY FREEWAY HOUSTON, TX 77094	City, State, Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top AUSTIN APT FURNIS		(b) Description OFFICEHOLDER'S AUST SUPPLIES	IN APT FURNISHINGS AND		
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	to complete this form.							
1 Total pages Schedule F4:	L Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers				
Sch: 4/6 Rpt: 55/59	Texans for Joan Hu	ıffman	00065047					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$595.00	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issuel 02/28/2025	r Paid				
7 PAYEE	(a) Payee name CITICARDS		(b) Payee address; P O BOX 78081	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	PHOENIX, AZ 85062 (b) Description ANNUAL MEMBERSHIP CAMPAIGN/OFFICEHOL	_				
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 expenditure to benefit C/OH Candidate/Officeholder name Office			e sought	Office held				
PAYMENT	(a) Amount Charged \$89.84	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card Issuer 06/28/2025	r Paid				
PAYEE	(a) Payee name YOU TUBE TV		(b) Payee address; 901 CHERRY AVENUE SAN BRUNO, CA 94066	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description CAMPAIGN TELECOMM	UNICATIONS				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	X 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 \$89.84	(b) Date of Charge 02/23/2025	(c) Date(s) Credit Card Issuel 03/28/2025	r Paid				
PAYEE	(a) Payee name YOU TUBE TV		(b) Payee address; 901 CHERRY AVENUE SAN BRUNO, CA 94066	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN TELECOMMUNICATIONS					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

dianes/wages/contract Eabor OTTEN (enter a category not listed

	The Inst	w to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
Sch: 5/6 Rpt: 56/59	Texans for Joan Hu	00065047							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged \$4,305.27	(b) Date of Charge 03/25/2025	(c) Date(s) (04/28/202	Credit Card Issuer 5	Paid				
7 PAYEE	(a) Payee name J CARVERS OYST	ER BAR	(b) Payee at 509 RIO G	RANDE ST	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descripti MEETING ISSUES	on TO DISCUSS (CAMPAIGN/OF	FICEHC	LDER		
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 Officeholder name					Office held				
PAYMENT	(a) Amount Charged \$1,124.35	(b) Date of Charge 04/23/2025	(c) Date(s) (05/28/202	Credit Card Issuer 5	· Paid				
PAYEE	(a) Payee name PERRY'S STEAK H	HOUSE	(b) Payee at 114 W 7Th AUSTIN, T	H ST	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING TO DISCUSS CAMPAIGN/OFFICEHOLDER ISSUES						
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				
PAYMENT	(a) Amount Charged \$89.84	(b) Date of Charge 06/23/2025	(c) Date(s) (Credit Card Issuer	Paid				
PAYEE	(a) Payee name YOU TUBE TV			ddress; RY AVENUE NO, CA 94066	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense		N TELECOMMI					
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

1 Total pages Schedule F4: 2 FILER Sch: 6/6 Rpt: 57/59 Texar 4 CREDIT CARD ISSUER	ns for Joan Hu Name of finan see pr Int Charged	ffman ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES	3 Filer ID (Ethics 00065047	Commiss	ion Filers)		
4 CREDIT CARD	Name of finan see pr int Charged	ncial institution		00065047				
	see pr							
			CHARGED TO A CREDIT CARD	\$				
6 PAYMENT (a) Amou		(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
\$	889.84	03/23/2025	04/28/2025					
7 PAYEE (a) Payer	e name		(b) Payee address;	City,	State,	Zip Code		
YOU	TUBE TV		901 CHERRY AVENUE					
			SAN BRUNO, CA 94066					
8 PURPOSE OF (a) Category EXPENDITURE (See Category)	, ,	of this schedule)	(b) Description	LINICATIONIC				
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense CAMPAIGN TELECOMM			UNICATIONS				
Non-Political (c) C	(c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX,				ise			
9 Complete ONLY if direct Candida	ate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
	unt Charged 311.57	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issue 02/28/2025	r Paid				
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code			
НОМ	EGOODS		753 HIGHWAY 71 W					
			BASTROP, TX 78602					
	ories listed at the top o	of this schedule) SHINGS/SUPPLIES	(b) Description OFFICEHOLDER'S AUSTIN APT FURNISHINGS AND SUPPLIES					
I ∺ I —	book if trough outside s	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
	ate/Officeholder	·	ce sought Office held					
expenditure to benefit C/OH	ato, o moonoidor	Tianic Silico	o oougiit	Omeo neid				
	int Charged 89.84	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Issue 05/28/2025	r Paid				
PAYEE (a) Payee	e name		(b) Payee address;	City,	State,	Zip Code		
YOU	TUBE TV		901 CHERRY AVENUE					
			SAN BRUNO, CA 94066					
PURPOSE OF (a) Catego		-f.th:hdi-l-\	(b) Description					
Office C	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		CAMPAIGN TELECOMMUNICATIONS					
X Political								
Non-Political (c) C	heck if travel outside o	of Texas. Complete Schedule T.	. X Check if Austin, TX, officeholder living expense					
Complete ONLY if direct Candidate expenditure to benefit C/OH	ate/Officeholder	name Öffice	ice sought Office held					

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: L/2 Rpt: 58/59	
2	FILER NAME	oan Huffman	3	Filer ID	(Ethics Commissi	on Filers)
4	Date 01/31/2025	 Name of person from whom amount is received FIDELITY INVESTMENTS Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$6,758.20
		BOSTON, MA 02205				
		7 Purpose for which amount is received	olitio	cal cont	ribution returned to fi	ler
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	FIDELITY INVESTMENTS				\$6,096.67
		Address of person from whom amount is received; City; State; Zip Code			1	
		· · · · · · · · · · · · · · · · · · ·				
		BOSTON, MA 02205				
		Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to fi	ler
		DIVIDEND INCOME				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2025	FIDELITY INVESTMENTS				\$6,600.08
		Address of person from whom amount is received; City; State; Zip Code			1	
		BOSTON, MA 02205				
		Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to fi	ler
		DIVIDEND INCOME				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	FIDELITY INVESTMENTS				\$6,359.56
		Address of person from whom amount is received; City; State; Zip Code	•••••		1	
		BOSTON, MA 02205				
		Purpose for which amount is received Check if g	olitio	cal cont	ribution returned to fi	ler
		DIVIDEND INCOME				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2025	FIDELITY INVESTMENTS				\$6,539.65
		Address of person from whom amount is received; City; State; Zip Code			1	
		BOSTON, MA 02205				
			olitio	cal cont	I ribution returned to fi	ler
		DIVIDEND INCOME				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 59/59 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texans for Joan Huffman 00065047 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2025 FIDELITY INVESTMENTS \$6,349.46 6 Address of person from whom amount is received; City; State; Zip Code BOSTON, MA 02205 7 Purpose for which amount is received Check if political contribution returned to filer DIVIDEND INCOME