JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Commission 00084566	on Filers)	2 Total pages fi	led: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	r	
OFFICEHOLDER	Ms.	Carvana			OFFICE	USE UNL F
NAME	10.	Carvana			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/03/2025	
		Cloud		00111/		
		Cloud				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER	850 West Little York Ro	ad				
MAILING ADDRESS	Suite B				Receipt #	Amount
Change of Address	Houston, TX 77091				Date Processed	
					Date Imaged	
					5	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER						
NAME	Mrs.	Quinniece				
	NICKNAME	LAST			SUFFIX	
		Chambers				
6 CAMPAIGN						ATE; ZIP CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO P	O BOX PLEASE);	APT/	SUITE #; CITY;	51/	ATE; ZIP CODE
ADDRESS	2311 Cezanne Cir					
(Residence or Business)						
(Residence of Business)	Missouri City, TX 77459					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER	(832) 312-8508					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	election 🗖 R	unoff	15th day after ca	mpaign treasurer
				L	appointment (offi	
	July 15	8th day before		xceeded modified	Final Report (Atta	ach C/OH-FR)
			re	porting limit	-	
9 PERIOD	Month Day Yea			Month Day	Year	
COVERED	10/27/2024		IROUGH	12/31/202		
	10/21/2024			12/51/202	+	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)		1	12 OFFICE SOUGHT	(If known)	
	<u> </u>					
		GO 1	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Vers	sion V4.1.0.f10d0fd8

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 23

L

13 C / OH NAME	Cloud, Carvana (Ms.)	14 Filer ID 00084566	(Ethics Corr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform	nout the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAM	ΛE		
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE		\$	0.00
		ICAL CONTRIBUTIONS		\$	3,025.00
EXPENDITURE	·	PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)		0.00
TOTALS				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	5,646.64
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THERIOD	HE LAST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$	3,382.60
17 AFFIDAVIT		l swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required		
			Ms. Carvana Cloud		
		Signatu	re of Candidate or Officeh	older	
AFFIX NC	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office			
Signature of off	cer administering oath	Printed name of officer administering oat	h Title of offic	er administer	ing oath
-orms provided by Te	exas Ethics Commission	n www.ethics.state.tx.us		Version \	/4.1.0.f10d0fd8

FORM JC/OH COVER SHEET PG 3

			3 0	of 23		
18 FILER NAME Cloud, Carvana (Ms.)	19 Filer ID 00084566	(Ethics Commission File	rs)			
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOU	NT				
1. X SCHEDULE A(J)1:	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)					
2. SCHEDULE A2: N	\$					
3. SCHEDULE B(J): F	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)					
4. SCHEDULE E(J): I	SCHEDULE E(J): LOANS (JUDICIAL)					
5. X SCHEDULE F1: P0	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6. SCHEDULE F2: U	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7. SCHEDULE F3: PU	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
8. SCHEDULE F4: EX	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9. SCHEDULE G: PC	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
10. SCHEDULE H: PA	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11. SCHEDULE I: NON	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12. SCHEDULE K: INT TO FILER	EREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	S RETURNED	\$			

SUBTOTALS - JC/OH

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/23
2 FILER NAME Cloud, Carva	ana (Ms.)		3 Filer ID (Ethics Commission Filers) 00084566
4 Date 11/01/2024	 5 Full name of contributor out-of-state PAC (ID#: Acosta, Mirelie 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$250.00
	Houston, TX 77055		
8 Contributor's F	I Principal Occupation	9 Contributor's Job Title	
Educator		Educator	
10 Contributor's e PISD	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 11/05/2024	Full name of contributor out-of-state PAC (ID#: Alanis, Norma Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$10.00
Contributor's F	Houston, TX 77009 Principal Occupation	Contributor's Job Title	
Case worker		Case worker	
Contributor's e HCDA	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/27/2024	Full name of contributor out-of-state PAC (ID#: Dacey, Derwin Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
	Houston, TX 77011		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Self Employe	ed	Self Employed	
Contributor's e Self	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Forma area id at	hy Texas Ethics Commission www.ethic	ss state ty us	Version V4 1 0 f10d0fd8

The Instru	ction Guide explains how to complete tl	his form.	1 Total pages Schedule A(J)1:
	· ·	Sch: 2/7 Rpt: 5/23	
2 FILER NAME Cloud, Carva	ana (Mc.)	3 Filer ID (Ethics Commission Filers) 00084566	
4 Date		7 Amount of Contribution (\$)	
11/01/2024	Dale, James	: (ID#:)	\$100.00
	6 Contributor address; City; State; Zip Code		
	,,,,		
	Houston, TX 77084		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Law Enforce	ment	Law Enforcement	
10 Contributor's e		11 Law firm of contributor's s	spouse (if any)
City of Houst			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date		(ID#:)	Amount of Contribution (\$)
11/02/2024			\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Contributor's F	Principal Occupation	Contributor's Job Title	
Hearing Offic		Hearing Officer	
Contributor's e	employer/law firm	Law firm of contributor's s	spouse (if any)
Harris Count	у		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of Contribution (\$)
11/04/2024	Gagne, Kim		\$25.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77026		
Disabled	Principal Occupation	Contributor's Job Title Disabled	
	employer/law firm	Law firm of contributor's s	spouse (if any)
Unemployed			
	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www	ethics state tx us	Version V4 1 0 f10d0fd8

			-
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/23
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cloud, Carva	ana (Ms.)		00084566
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
11/01/2024	Hatchett, Dorita		\$100.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77036		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Consultant		Consultant	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
Self			
12 If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
11/01/2024	Henderson, Chad		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77054		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
Chad Hende	erson Law		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
11/04/2024	Henry, Gerrale		\$10.00
	Contributor address; City; State; Zip Code		
	Missouri City, TX 77459		
Contributor's F	Principal Occupation	Contributor's Job Title	
Photographe	er	Photographer	
	employer/law firm	Law firm of contributor's s	pouse (if any)
One For All I	Photography		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs state tx us	Version V4 1 0 f10d0fd8

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1:
			Sch: 4/7 Rpt: 7/23
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Cloud, Carva		00084566	
4 Date	5 Full name of contributor out-of-state PAC (ID	7 Amount of Contribution (\$)	
11/02/2024	Johnson, Eartha		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston TX 77065		
0 Constributorio I	Houston, TX 77065	0 Contributorio Job Title	
8 Contributor's R	Principal Occupation	9 Contributor's Job Title NA	
	malayar/low firm		
10 Contributor's e	employernaw inm	11 Law firm of contributor's sp	pouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID	#:)	Amount of Contribution (\$)
11/05/2024	Okoronkwo, Stephen	#)	\$10.00
11/00/2024	Contributor address; City; State; Zip Code		
	Houston, TX 77099		
Contributor's F	I Principal Occupation	Contributor's Job Title	I
Mental Healt	h	Mental Health	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
UHS			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)	Amount of Contribution (\$)
11/04/2024	Pleasant, Julie		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
	Principal Occupation	Contributor's Job Title	
Admin		Admin	
	employer/law firm	Law firm of contributor's s	pouse (if any)
HCDAO			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.eth	ics state tx us	Version V4 1 0 f10d0fd8

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/23
2 FILER NAME Cloud, Carva	ana (Ms.)		3 Filer ID (Ethics Commission Filers) 00084566
4 Date 11/01/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Richard, Tyam 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$25.00	
	Channelview, TX 77530		
	Principal Occupation	9 Contributor's Job Title	
Educator		Educator	
10 Contributor's e HISD	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Richardson, Robin Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$25.00
Contributor's F	Houston, TX 77088 Principal Occupation	Contributor's Job Title	
Business Ow		Business Owner	
Contributor's e Self	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 11/04/2024	Full name of contributor out-of-state PAC (ID#: Seastrunk, Vee Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
	Houston, TX 77222		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	pouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Texas Ethics Commission www.ethic		Version V/4 1 0 f10d0fd8

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/23
2 FILER NAME Cloud, Carva	ana (Ms.)		3 Filer ID (Ethics Commission Filers) 00084566
4 Date 11/04/2024	 5 Full name of contributor out-of-state PAC (ID#: Thompson, Freda 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$100.00	
	Houston, TX 77054		
	Principal Occupation	9 Contributor's Job Title	
Healthcare		Healthcare	
10 Contributor's e BHWC	employer/law tirm	11 Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2024	Wells, Joe		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77036		
	Principal Occupation	Contributor's Job Title	
Educator		Educator	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
FBISD			
	s a child, law firm of parent(s) (if any)		
Data			
Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: White, Duane)	Amount of Contribution (\$) \$25.00
11/01/2024	Contributor address; City; State; Zip Code		φ23.00
	Contributor address, City, State, Zip Code		
	Houston, TX 77018		
Contributor's I	I Principal Occupation	Contributor's Job Title	1
Consultant		Consultant	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Teyas Ethics Commission www.ethic		Version V4.1.0 f10d0fd8

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/23	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Cloud, Carv	ana (Ms.)		00084566
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/02/2024	Willis, Shemika		\$50.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77019		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Analyst		Analyst	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
тсн			
12 If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2024	Willis, Shemika)	\$25.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77019		
Contributor's	Principal Occupation	Contributor's Job Title	
PD		PD	
	employer/law firm	Law firm of contributor's sp	nouse (if any)
COH			
	s a child, law firm of parent(s) (if any)		

			EXPENDITURE CA	TEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of District	pment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 1/13 Rpt: 11/23		Cloud, Carvana (Ms.)					00084566	
4	Date 10/29/2024		Payee name ABC Canvassing						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	е			
	\$40.00		3901 Emancipation Ave Houston, TX 77004						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sche	edule)			ide of Texas. Complet , officeholder living exț	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	10/31/2024		ABC Canvassing						
	Amount (\$) \$300.00		Payee address; City; 3901 Emancipation Ave	State;	; Zip Coo	e			
	DUDDOSE		Houston, TX 77004						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sche	edule)			ide of Texas. Complet, , officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held	
	Date		Payee name						
	10/28/2024		B&B Butchers & Restaurant						
	Amount (\$) \$340.68		Payee address; City; 1814 Washington Ave,	State;	; Zip Coo	e			
			Houston, TX 77007						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sche	edule)		n, TX,	ide of Texas. Complet , officeholder living exp ALS	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	•			2	Filer ID (Ethics Commission Filers)					
-	Sch: 2/13 Rpt: 12/23		Cloud, Carvana (Ms.)				00084566					
4	Date	5	Payee name									
	10/31/2024		Boost Mobile									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$148.60	D 2811 Airline Dr										
			Houston, TX 77009									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description							
	OF		Office Overhead/Rental Expense	euule)		l outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austi	n, TX,	, officeholder living expense					
					COMMUNIC	ATI	ONS					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	12/02/2024		Boost Mobile									
Amount (\$) Payee address; City; State; Zip Code												
	\$148.60 2811 Airline Dr											
			Houston, TX 77009									
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense					
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	aht		Office held					
	expenditure to benefit C/OF				gin							
_	Data	<u> </u>										
	Date 10/28/2024		Payee name									
			Campaign Partner									
	Amount (\$)			Zip Co	de							
	\$29.00		PO Box 118									
			Still River, MS 01467									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.					
					Website Fee	•						
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held					
	expenditure to benefit C/OI	1										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	e Expense emorials Expense S	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense			
		1_		tion Guide explains l	now to cor	nplete this form.	1.					
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)			
	Sch: 3/13 Rpt: 13/23		Cloud, Carvana (Ms.)					00084566				
4	Date	5	Payee name									
	11/29/2024		Campaign Partner									
6	Amount (\$)	7	Payee address; City	; State;	Zip Co	le						
	\$29.00		PO Box 118									
			Still River, MS 01467									
8	PURPOSE					(b) Decoription						
Ū	OF		Category (See Categories I Advertising Expense	isted at the top of this sche	edule)	(b) Description Check if travel	outsi	ide of Texas. Comp	lete Schedule T.			
	EXPENDITURE							, officeholder living				
						Website Fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder na	ame C	Office sou	Jht		Office he	ld			
	Date		Payee name									
	10/28/2024		Cloud, Carvana									
	Amount (\$)		Payee address; City	r State	Zip Co	1e						
	\$350.00		850 WEST LITTLEYC									
	\$000.00		Suite B									
			Houston, TX 77091									
	PURPOSE OF	(a)	Category (See Categories I		edule)	(b) Description	outoi	ida of Touron Comm	lata Cabadula T			
	EXPENDITURE		Loan Repayment/Rei	mbursement				ide of Texas. Comp , officeholder living				
									- F			
	Complete ONLY if direct		andidate/Officeholder na	ame C	Diffice soug	ıht		Office he	ld			
	expenditure to benefit C/OI											
	Date	1	Payee name									
	11/01/2024		Cloud, Carvana									
					7: 0	1-						
	Amount (\$)		Payee address; City		Zip Co	le						
	\$88.00		850 WEST LITTLEYC	JRK RD								
			Suite B									
			Houston, TX 77091									
	PURPOSE	(a)	Category (See Categories I	isted at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Loan Repayment/Rei	mbursement				ide of Texas. Comp				
								, officeholder living	expense			
		Ļ	andidata/Office held			.bt						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ame C	Office sou	Jrit		Office he	IU			
	-											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper	Loa Offic Polli Ise Prin Sala	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 4/13 Rpt: 14/23		Cloud, Carvana (Ms.)					00084566				
4	Date	5	Payee name									
	11/05/2024		Cloud, Carvana									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$2,400.00		850 WEST LITTLEYORK RD									
			Suite B									
			Houston, TX 77091									
8	PURPOSE	(a)	Category (See Categories listed at the top	- 6 41-1 1		b) Description						
-	OF		Loan Repayment/Reimburseme		Ì		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austir	n, TX,	officeholder living expense				
						LOAN REPA	YM	ENT				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name	Office	e soug	ht		Office held				
	Date		Payee name									
	11/06/2024		Cloud, Carvana									
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e						
	\$100.00	\$100.00 850 WEST LITTLEYORK RD										
			Suite B									
			Houston, TX 77091									
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)		b) Description						
	OF EXPENDITURE		Loan Repayment/Reimburseme		,	Check if travel	outsi	de of Texas. Complete Schedule T.				
								officeholder living expense				
						LOAN REPA	YIV	ENI				
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	bt		Office held				
	expenditure to benefit C/OI			Onice	e soug	in the second		Onice field				
	Data	<u> </u>										
	Date 11/06/2024		Payee name Cloud, Carvana									
				State; Zip		2						
	Amount (\$) \$300.00		Payee address; City; 850 WEST LITTLEYORK RD	Sidle, Zij	u Cou	e						
	\$500.00											
			Suite B									
			Houston, TX 77091		<u> </u>							
	PURPOSE OF	(a)	Category (See Categories listed at the top) (b) Description Check if travel	Oute	de of Texas. Complete Schedule T.				
	EXPENDITURE		Loan Repayment/Reimburseme	ent				officeholder living expense				
						LOAN REPA						
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	ht		Office held				
	expenditure to benefit C/OI	Н										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
_		1 <u> </u>		Guide explains l	how to con	nplete this form.	1					
1	Total pages Schedule F1:						3	Filer ID (Ethics Commission Filers)				
	Sch: 5/13 Rpt: 15/23		Cloud, Carvana (Ms.)					00084566				
4	Date 11/05/2024		^p ayee name DoorDash									
6	Amount (\$)	7 F	Payee address; City;	State;	; Zip Coo	le						
	\$9.99	9 303 2nd Street										
		5	San Francisco, CA 9410	7								
8	PURPOSE	(a) (Category (See Categories listed	at the top of this sch	edule)	(b) Description						
	OF		Food/Beverage Expense		edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	ı, TX,	, officeholder living expense				
						CAMPAIGN I	ME	ALS				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht		Office held				
	Date	F	Payee name									
	10/28/2024	F	allbrook Church									
	Amount (\$)	F	Payee address; City;	State;	; Zip Co	le						
	\$100.00		12512 Walters Rd									
		ŀ	Houston, TX 77014									
	PURPOSE OF EXPENDITURE		Category (See Categories listed Food/Beverage Expense		edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held				
	Date	F	Payee name									
	10/31/2024	1	NTERNATIONAL BANK	OF COMMER	RCE							
	Amount (\$)	F	Payee address; City;	State:	Zip Co	le						
	\$4.82		P.O. Box 659507	,								
		5	San Antonio, TX 78265									
	PURPOSE OF	(a) (Category (See Categories listed	at the top of this sch	edule)	(b) Description						
	EXPENDITURE	F	ees					ide of Texas. Complete Schedule T.				
						BANK FEE	I, IX,	, officeholder living expense				
						DANKILL						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	lht		Office held				

			EXPENDITUR	RE CATEGOR	RIES FOR	BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials nmittee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission Filers	s)								
1	Sch: 6/13 Rpt: 16/23	2	Cloud, Carvana (Ms.) 00084566														
4	Date	5	Payee name														
	11/01/2024		INTERNATIONAL BANK OF COMMERCE														
6	Amount (\$)	7	Payee address; City; State; Zip Code														
	\$35.00	P.O. Box 659507															
			San Antonio, TX 78265														
8	PURPOSE	(0)															
°	OF	(a)	Category (See Categories listed at Fees	the top of this sche	edule)	(b) Description	outs	side of Texas. Complete Schedule T.									
	EXPENDITURE		rees					<pre></pre> <pre>C, officeholder living expense</pre>									
						BANK FEE											
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht		Office held									
	Date		Payee name														
	11/04/2024		INTERNATIONAL BANK C	F COMMER	RCE												
	Amount (\$)		Payee address; City;	State:	Zip Co	le											
	\$35.00		P.O. Box 659507	Otato,	, 20												
	ψ55.00		1.0. D0x 033307														
			San Antonio, TX 78265														
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Fees	the top of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sought					Office held									
	Date		Payee name						-								
	11/04/2024		INTERNATIONAL BANK C	F COMMER	RCE												
	Amount (\$)		Payee address; City;	State [.]	; Zip Coo												
	\$35.00		P.O. Box 659507	State,	, zip cot												
	\$55.00		F.O. BUX 059507														
			San Antonio, TX 78265														
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Fees	the top of this sch	edule)	Check if Austin		side of Texas. Complete Schedule T. K, officeholder living expense									
						BANK FEE											
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ht		Office held									
									\neg								

			EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain:	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)					
	Sch: 7/13 Rpt: 17/23		Cloud, Carvana (Ms.)					00084566					
4	Date	5	Payee name										
	11/06/2024		INTERNATIONAL BANK OF COMME	ERCE									
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode								
	\$35.00		P.O. Box 659507										
			San Antonio, TX 78265										
8	PURPOSE	(a)	Category (See Categories listed at the top of this se		(b)	Description							
Ū	OF		Fees	chequie)	(~)		outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE					Check if Austin	, тх,	officeholder living expense					
						BANK FEE							
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held					
	expenditure to benefit C/OI	-1											
	Date		Payee name										
	11/07/2024		INTERNATIONAL BANK OF COMME	ERCE									
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode								
	\$35.00		P.O. Box 659507	-, _, -,									
			San Antonio, TX 78265										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this se Fees	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense					
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ight			Office held					
	expenditure to benefit C/OI												
	Date		Payee name				_						
	11/07/2024		INTERNATIONAL BANK OF COMME	ERCE									
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode								
	\$35.00		P.O. Box 659507										
			San Antonio, TX 78265										
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description							
	OF EXPENDITURE		Fees					de of Texas. Complete Schedule T.					
						BANK FEE	, TX,	officeholder living expense					
		Ļ	Condidate/Officeholder	Office are				Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain:	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpens Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 8/13 Rpt: 18/23		Cloud, Carvana (Ms.)					00084566			
4	Date 11/08/2024		Payee name INTERNATIONAL BANK OF COMME	RCE							
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code \$35.00 P.O. Box 659507 San Antonio, TX 78265									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held			
	Date		Payee name								
	11/15/2024		INTERNATIONAL BANK OF COMME	RCE							
	Amount (\$) \$35.00		P.O. Box 659507	e; Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	San Antonio, TX 78265 Category (See Categories listed at the top of this so Fees	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	11/30/2024		INTERNATIONAL BANK OF COMME	RCE							
	Amount (\$) \$5.91		Payee address; City; State P.O. Box 659507	e; Zip Co	ode						
			San Antonio, TX 78265								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Fees	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			

			EXPENDITURE	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission Filers)	_					
-	Sch: 9/13 Rpt: 19/23		Cloud, Carvana (Ms.)					00084566						
4	Date	5	Payee name											
	12/02/2024		INTERNATIONAL BANK OF COMMERCE											
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le								
	\$35.00		P.O. Box 659507											
			San Antonio, TX 78265											
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	odulo)	(b) Description			—					
	OF		Fees		cuuc)		outs	side of Texas. Complete Schedule T.						
	EXPENDITURE						I, TX	K, officeholder living expense						
						BANK FEE								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office souç	ht		Office held						
	Date		Payee name						_					
	12/03/2024		INTERNATIONAL BANK OF	СОММЕР	RCE									
_	Amount (\$)		Payee address; City;	State:	Zip Co	le								
	\$35.00 P.O. Box 659507													
			San Antonio, TX 78265											
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Fees	top of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought				Office held	-						
	- p	_							_					
	Date		Payee name											
	12/03/2024		INTERNATIONAL BANK OF	COMMER	RCE									
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le								
	\$35.00		P.O. Box 659507											
			San Antonio, TX 78265											
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description								
	OF EXPENDITURE		Fees		,			side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice soug	ht		Office held	_					
									_					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID ((Ethics Commission Filers)		
	Sch: 10/13 Rpt: 20/23	Cloud, Carvana (Ms.) 00084566									
4	Date 12/05/2024	Payee name INTERNATIONAL BANK OF COMMERCE									
6		Payee address; City; State; Zip Code									
6	Amount (\$) \$35.00	Payee address, City, State, Zip Code P.O. Box 659507 San Antonio, TX 78265									
		San Antonio	, 1X 78265								
8	PURPOSE OF EXPENDITURE	OF Eees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	C	Office sou	ht		Office held	1		
	Date	Payee name									
	11/14/2024	Intuit Mailch	imp								
	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le					
	\$63.96 675 Ponce de Leon Ave NE										
		Suite 5000									
		Atlanta, GA	30308								
	PURPOSE OF EXPENDITURE	Category _{(Se} Advertising	e Categories listed at the to Expense	op of this sche	edule)		n, TX,	de of Texas. Comple , officeholder living e;) rm			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Office sou	ht		Office held	1		
	Date	Payee name									
	11/01/2024	Meta platfor	m								
-	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le					
	\$151.54	1 Meta Way									
		Menlo Park,	CA 94025								
	PURPOSE OF EXPENDITURE	Category (Se Advertising	e Categories listed at the to Expense	op of this sche	edule)		n, TX,	de of Texas. Comple officeholder living e:			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Offic	eholder name	C	Office soug	ht		Office held	1		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 11/13 Rpt: 21/23	Cloud, Carvana (Ms.)	00084566				
4	Date 12/02/2024	5 Payee name Meta platform					
6	Amount (\$) \$36.21	7 Payee address; City; State; Zip Code 1 Meta Way Menlo Park, CA 94025					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense G				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/05/2024	On Street - Park Houston					
	Amount (\$) \$2.00	Payee address; City; State; Zip Code 2020 McKinney					
	PURPOSE	Houston, TX 77003 (a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Travel In District	outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/31/2024	PayPal					
	Amount (\$) Payee address; City; State; Zip Code \$0.30 2211 North First Street						
		San Jose, CA 95131					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
-	Sch: 12/13 Rpt: 22/23	Cloud, Carvana (Ms.)	00084566			
4	Date 11/30/2024	Payee name PayPal				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$96.46	2211 North First Street San Jose, CA 95131				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
U	OF	Fees Check if travel	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/04/2024	ST JOHN NORTHWEST				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	6696 ANTOINE DR Houston, TX 77091				
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/30/2024	Scale to Win				
	Amount (\$) \$98.40	Payee address; City; State; Zip Code 13742 HARPER ST				
		Santa Ana, CA 92703				
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense latform			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politie Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Cabadula E1		-	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 13/13 Rpt: 23/23			3 Filer ID (Ethics Commission Filers) 00084566 00084566
4 Date	5 Payee name		
11/07/2024	Scale to Win		
6 Amount (\$) \$152.13		e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense atform
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held
Date	Payee name		
12/04/2024	Scale to Win		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$131.04	Santa Ana, CA 92703		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense atform
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held