#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087452 3 COMMITTEE NAME **OFFICE USE ONLY** RESTORE TRUST TEXAS (RTT) Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 26677 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Caitlyn B. NAME NICKNAME LAST **SUFFIX** Tortorici STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 421 Office Park Drive STREET **ADDRESS** (Residence or Business) Mountain Brook, AL 35223 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 421 Office Park Drive MAILING **ADDRESS** Mountain Brook, AL 35223 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (205) 440-2873 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |  | 13 Filer ID    | (Ethics Commission Filers) |
|---|--|--|----------------|----------------------------|
| RESTORE TRUST TE  | XAS (RTT)  |  | 00087452       |                            |
| 14 COMMITTEE<br>ACTIVITY  | Candidates  (Identify by name or, if applicable, classify by party.)               | A. Supported   |                |                            |
| (Attach lists on plain paper to complete this report if necessary.) |  | B. Opposed   |                |                            |
|   | Measures  (Describe by date and location of election and nature of issue.)         | A. Supported  B. Opposed   |                |                            |
|   |  | В. Орросси   |                |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) |  |                |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report                          | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$             | 0.00                       |
|   | 2. TOTAL POLITICA  (OTHER THAN PLE   | L CONTRIBUTIONS<br>DGES, LOANS, OR GUARANTEES OF LOANS)  | \$             | 3,100.00                   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | POLITICAL EXPENDITURES   | \$             | 126.10                     |
|   | 4. TOTAL POLITICA  | L EXPENDITURES   | \$             | 18,918.27                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL OF THE REPORTING  | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$         | 18,189.61                  |
| OUTSTANDING<br>LOAN TOTALS  | •  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$         | 0.00                       |
| 16 AFFIDAVIT  |  |  | I              |                            |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all informunder Title 15, Election Code.                    |                |                            |
|   |  | Mrs. Caitly  | n B. Tortorici |                            |
|   |  | Signature of Cal   | mpaign Treasu  | rer                        |
| AFFIX NOTARY  | / STAMP / SEAL ABOVE   |  |                |                            |
| Sworn to and subscribed   | d before me, by the said   | , tł   | nis the        | day                        |
|   |  | which, witness my hand and seal of office.   |                |                            |
|   |  |  |                |                            |
| Signature of officer ac   | dministering oath  | Printed name of officer administering oath   | Title of offic | er administering oath      |

# **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

|  |                                    |  |              |           | 3 of 20            |  |  |
|--|------------------------------------|--|--------------|-----------|--------------------|--|--|
|  |                                    | EE NAME  | 18 Filer ID  | (Ethics C | Commission Filers) |  |  |
| F  | RESTORE TRUST TEXAS (RTT) 00087452 |  |              |           |                    |  |  |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT |                                    |  |              |           |                    |  |  |
| 1  | L. X                               | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |              | \$        | 3,100.00           |  |  |
| 2  | 2.                                 | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |              | \$        |                    |  |  |
| (7)  | 3.                                 | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$        |                    |  |  |
| 4  | 1.                                 | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION       | )R           | \$        |                    |  |  |
| Ę  | 5.                                 | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR     | \$        |                    |  |  |
| 6  | S. 🔲                               | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.                       | ANIZATION    | \$        |                    |  |  |
| 7  | 7.                                 | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION           |              | \$        |                    |  |  |
| 8  | 3.                                 | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                      | ORGANIZATION | \$        |                    |  |  |
| ę  | ). <u> </u>                        | SCHEDULE E: LOANS  |              | \$        |                    |  |  |
| 1  | LO. X                              | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | S            | \$        | 17,455.88          |  |  |
| 1  | 11.                                | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$        |                    |  |  |
| 1  | 12.                                | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                   | ONS          | \$        |                    |  |  |
| 1  | 13. X                              | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |              | \$        | 1,462.39           |  |  |
| 1  | 14.                                | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                 | ONS          | \$        |                    |  |  |
| 1  | 15. X                              | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER     | RETURNED     | \$        | 1,083.55           |  |  |
|  |                                    |  |              |           |                    |  |  |
| l  |                                    |  |              |           |                    |  |  |

| MONETARY POLITICAL CONTRIBUTIONS |  |   |                                |   |          | SCHEDULE A1                                    |            |  |  |
|----------------------------------|--|---|--------------------------------|---|----------|--|------------|--|--|
|                                  | The Instruction Guide explains how to complete this form.  |   |                                |   | 1        | Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/20 |            |  |  |
| 2                                | FILER NAME<br>RESTORE T  | RUST TEXAS (RTT)  |                                |   | 3        | Filer ID (Ethics Commission 00087452           | on Filers) |  |  |
| 4                                | Date 06/13/2025  |   | t-of-state PAC (ID#:<br>p Code |   | 7        | Amount of Contribution (\$)                    | \$2,500.00 |  |  |
| _                                |  | HIGHLAND VILLAGE, TX 7507   |                                |   |          |  |            |  |  |
| 8                                | CONSULTIN  | pation / Job title (See Instructions)<br>IG   |                                | Employer (See Instructions MRAMIREZ GROUP, LL |          |  |            |  |  |
|                                  | Date Full name of contributor out-of-state PAC (ID#:)  2EIDMAN, JAY  Contributor address; City; State; Zip Code                    |   |                                | Amount of Contribution (\$)                   | \$100.00 |  |            |  |  |
|                                  | Dringinal accu   | HOUSTON, TX 77027 pation / Job title (See Instructions)   |                                | Employer (See Instructions                    |          |  |            |  |  |
|                                  | MANAGING   | ` ` ,   |                                | ALTITUDE VENTURES                             | )        |  |            |  |  |
|                                  | Date Full name of contributor out-of-state PAC (ID#:)  02/28/2025 ZEIDMAN, JAY  Contributor address; City; State; Zip Code         |   |                                | Amount of Contribution (\$)                   | \$100.00 |  |            |  |  |
|                                  | Dringing! goog   | HOUSTON, TX 77027 pation / Job title (See Instructions)   |                                | Employer (See Instructions                    |          |  |            |  |  |
|                                  | MANAGING   | ` ` ,   |                                | ALTITUDE VENTURES                             | )        |  |            |  |  |
|                                  | Date<br>03/28/2025   | Full name of contributor our ZEIDMAN, JAY Contributor address; City; State; Zip HOUSTON, TX 77027 | t-of-state PAC (ID#:<br>p Code |   |          | Amount of Contribution (\$)                    | \$100.00   |  |  |
|                                  | Principal occu<br>MANAGING   | pation / Job title (See Instructions) PARTNER   |                                | Employer (See Instructions ALTITUDE VENTURES  |          |  |            |  |  |
|                                  | Date Full name of contributor out-of-state PAC (ID#:)  ZEIDMAN, JAY  Contributor address; City; State; Zip Code  HOUSTON, TX 77027 |   |                                | Amount of Contribution (\$)                   | \$100.00 |  |            |  |  |
|                                  | Principal occu<br>MANAGING   | pation / Job title (See Instructions)   |                                | Employer (See Instructions ALTITUDE VENTURES  |          |  |            |  |  |
|                                  |  |   |                                |   |          |  |            |  |  |

|   | MONETARY POLITICAL CONTRIBUTIONS   | SCHEDUL | E A1   |            |
|---|--|---------|--|------------|
|   | The Instruction Guide explains how to complete this form.  | 1       | Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/20 |            |
| 2 | FILER NAME RESTORE TRUST TEXAS (RTT)   | 3       | Filer ID (Ethics Commission 00087452           | on Filers) |
| 4 |  |         | Amount of Contribution (\$)                    | \$100.00   |
| _ | HOUSTON, TX 77027  |         |  |            |
| 8 | Principal occupation / Job title (See Instructions)  MANAGING PARTNER  9 Employer (See Instruction ALTITUDE VENTURE:       |         |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/28/2025 ZEIDMAN, JAY  Contributor address; City; State; Zip Code |         | Amount of Contribution (\$)                    | \$100.00   |
|   | HOUSTON, TX 77027  |         |  |            |
|   | Principal occupation / Job title (See Instructions)  Employer (See Instruction  MANAGING PARTNER  ALTITUDE VENTURE:        |         |  |            |
|   |  |         |  |            |
|   |  |         |  |            |

# SCHEDULE F1

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

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

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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Tatal marian Cabadula F1.  | ·  |
| 1 Total pages Schedule F1:<br>Sch: 1/10 Rpt: 6/20  | 2 FILER NAME RESTORE TRUST TEXAS (RTT) 3 Filer ID (Ethics Commission Filers) 00087452          |
| 4 Date   | 5 Payee name   |
| 02/18/2025   | AMERICAN EXPRESS   |
| 6 Amount (\$)<br>\$76.76   | 7 Payee address; City; State; Zip Code<br>200 VESEY STREET                                     |
| Expenditure from corporate funds   | NEW YORK, NY 10285   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description               |
| OF   | Credit Card Payment Check if travel outside of Texas. Complete Schedule T.                     |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR DATA SERVICES |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 03/31/2025   | AMERICAN EXPRESS   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$41.58  | 200 VESEY STREET   |
| Expenditure from corporate funds   | NEW YORK, NY 10285   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description               |
| OF<br>EXPENDITURE  | Credit Card Payment  |
| LXI ENDITORE   | Check if Austin, TX, officeholder living expense   |
|  | PAYMENT OF CREDIT CARD BILL FOR DATA<br>SERVICES   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 04/25/2025   | AMERICAN EXPRESS   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$94.58  | 200 VESEY STREET   |
| Expenditure from corporate funds   | NEW YORK, NY 10285   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description               |
| OF<br>EXPENDITURE  | Credit Card Payment Check if travel outside of Texas. Complete Schedule T.                     |
| EVLEINDITOKE   | Check if Austin, TX, officeholder living expense   |
|  | PAYMENT OF CREDIT CARD BILL FOR DATA<br>AND WEB SERVICES                                       |
| 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 C

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

| Candidate/Officeholder/Politica<br>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: 2/10 Rpt: 7/20                                    | RESTORE TRUST TEXAS (RTT) 00087452  |
| 4 Date   | 5 Payee name  |
| 05/29/2025   | AMERICAN EXPRESS  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$1,089.65   | 200 VESEY STREET  |
|  |   |
| Expenditure from corporate funds                       | NEW YORK, NY 10285  |
| 8 PURPOSE<br>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                                  |
|  | PAYMENT OF CREDIT CARD BILL FOR DATA  |
|  | AND WEB SERVICES  |
| Complete ONLY if direct expenditure to benefit C/Oh    | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 06/18/2025   | AMERICAN EXPRESS  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$112.02   | 200 VESEY STREET  |
| ,  |   |
| Expenditure from corporate funds                       | NEW YORK, NY 10285  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  |
|  | Check if Austin, TX, officeholder living expense  PAYMENT OF CREDIT CARD BILL FOR DATA  |
|  | AND WEB SERVICES  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            |   |
| Date   | Payee name  |
| 05/12/2025   | BRAMNICK FOR GOVERNOR, INC.   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | PO BOX 999  |
|  |   |
| Expenditure from corporate funds                       | EDISON, NJ 08818  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.                                      |
|  | Candidate/Officeholder/Political Committee  |
|  |   |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            |   |
|  | · ,   |
|  |   |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

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

| The Instruction Guide explains how to complete thi   | is form.   |
|--|--|
| 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| RESTORE TRUST TEXAS (RTT)  | 00087452   |
| 5 Payee name   |  |
| BRAMNICK FOR GOVERNOR, INC.  |  |
| 7 Payee address; City; State; Zip Code   |  |
| PO BOX 999   |  |
|  |  |
| EDISON, NJ 08818   |  |
| (a) Category (See Categories listed at the top of this schedule) (b) Desc  | ·  |
| Contribution S/Donation S Made Dy  | Check if travel outside of Texas. Complete Schedule T.   |
|  | Check if Austin, TX, officeholder living expense   |
|  | Villence   |
| Candidate/Officeholder name Office sought  | Office held  |
|  | State Senator Place NJ District  |
| · · ·  |  |
|  |  |
| CATCH DIGITAL STRATEGY   |  |
| Payee address; City; State; Zip Code   |  |
| 2714 WASHINGTON STREET   |  |
| #163   |  |
| GREENVILLE, TX 75401   |  |
| (a) Category (See Categories listed at the top of this schedule) (b) Desc  | cription   |
| Consulting Expense   | Check if travel outside of Texas. Complete Schedule T.   |
|  | Check if Austin, TX, officeholder living expense   |
| Dig  | TTAL MEDIA CONSOLTING  |
| Condidate/Officeholder name Office cought  | Office held  |
| 9  | Office field   |
|  |  |
| Payee name   |  |
| CATCH DIGITAL STRATEGY   |  |
| Payee address; City; State; Zip Code   |  |
| 2714 WASHINGTON STREET   |  |
| 2/1/ //////////////////////////////////  |  |
| #163   |  |
|  |  |
| #163<br>GREENVILLE, TX 75401   | cription   |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) (b) Desc   | <b>Cription</b><br>Check if travel outside of Texas. Complete Schedule T.  |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Desc                                   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Desc                                   | Check if travel outside of Texas. Complete Schedule T.   |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Desc                                   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Candidate/Officeholder name  Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Desc                                   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SITAL MEDIA CONSULTING   |
| #163 GREENVILLE, TX 75401  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Candidate/Officeholder name  Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SITAL MEDIA CONSULTING   |
|  | 2 FILER NAME RESTORE TRUST TEXAS (RTT)  5 Payee name BRAMNICK FOR GOVERNOR, INC.  7 Payee address; City; State; Zip Code PO BOX 999  EDISON, NJ 08818  (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name Office sought BRAMNICK, JON (Sen.)  Payee name CATCH DIGITAL STRATEGY  Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401  (a) Category (see Categories listed at the top of this schedule) Consulting Expense  Candidate/Officeholder name Office sought  Payee name CATCH DIGITAL STRATEGY  Payee address; City; State; Zip Code  Candidate/Officeholder name Office sought  Payee name CATCH DIGITAL STRATEGY  Payee name CATCH DIGITAL STRATEGY  Payee address; City; State; Zip Code |

# 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
|  | ·   |
| Total pages Schedule F1:<br>Sch: 4/10 Rpt: 9/20  | 2 FILER NAME RESTORE TRUST TEXAS (RTT) 3 Filer ID (Ethics Commission Filers) 00087452   |
| 4 Date   | 5 Payee name  |
| 03/13/2025   | CATCH DIGITAL STRATEGY  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$1,000.00   | 2714 WASHINGTON STREET  |
|  | #163  |
| Expenditure from   | GREENVILLE, TX 75401  |
| corporate funds  | 1   |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|  | Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING   |
|  | DIGITAL MEDIA CONSOLTING  |
|  |   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI                               | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 04/08/2025   | CATCH DIGITAL STRATEGY  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| ` ′  |   |
| \$1,000.00   | 2714 WASHINGTON STREET  |
| Expenditure from   | #163  |
| corporate funds  | GREENVILLE, TX 75401  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | DIGITAL MEDIA CONSULTING  |
|  |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 05/09/2025   | CATCH DIGITAL STRATEGY  |
|  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | 2714 WASHINGTON STREET  |
|  | #163  |
| Expenditure from corporate funds   | GREENVILLE, TX 75401  |
| PURPOSE  |   |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Consulting Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|  |   |
|  |   |
| Complete CMLV if alia  | Condidate/Officeholder name Office sought   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held   |
| 3.poa.a.a to bonont 0/01   |   |
|  |   |
|  |   |
|  |   |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

e Event Expense Loan Repayment/Reimbu

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment        | l Committee L     | egal Services              | Salaries/V           | Vages     | /Contract Labor  |       | OTHER (enter a     | a category not listed above) |
|---|-------------------|----------------------------|----------------------|-----------|------------------|-------|--------------------|------------------------------|
|   |                   | The Instruction Guide      | e explains now to co | mpie      | ete this form.   | _     |                    |                              |
| 1 Total pages Schedule F1:                                    | 2 FILER NAME      |                            |                      |           |                  | 3     | Filer ID           | (Ethics Commission Filers)   |
| Sch: 5/10 Rpt: 10/20  | RESTORE T         | RUST TEXAS (R              | RTT)                 |           |                  |       | 00087452           |                              |
| 4 Date  | 5 Payee name      |                            |                      |           |                  |       |                    |                              |
| 06/13/2025  | CATCH DIG         | TAL STRATEGY               | •                    |           |                  |       |                    |                              |
| 6 Amount (\$)   | 7 Payee address   | s; City;                   | State; Zip Co        | ode       |                  |       |                    |                              |
| \$1,000.00  | 2714 WASH         | NGTON STREE                | Т                    |           |                  |       |                    |                              |
|   | #163              |                            |                      |           |                  |       |                    |                              |
| Expenditure from corporate funds                              | GREENVILL         | F. TX 75401                |                      |           |                  |       |                    |                              |
| 8 PURPOSE   |                   |                            |                      | (h)       | Description      |       |                    |                              |
| OF  |                   | Categories listed at the t | op of this schedule) | (5)       | :                | outsi | de of Texas, Con   | nplete Schedule T.           |
| EXPENDITURE   | Consulting E      | xperise                    |                      |           | <b>=</b>         |       | officeholder livin |                              |
|   |                   |                            |                      |           | DIGITAL MEI      |       |                    |                              |
|   |                   |                            |                      |           |                  |       |                    |                              |
| 9 Complete ONLY if direct                                     | Candidate/Offic   | eholder name               | Office sou           | ı<br>ıght |                  |       | Office h           | eld                          |
| expenditure to benefit C/OI                                   | H                 |                            |                      |           |                  |       |                    |                              |
| Date  | Payee name        |                            |                      |           |                  |       |                    |                              |
| 01/16/2025  | CROSBY 01         | TENHOFF GRO                | UP                   |           |                  |       |                    |                              |
| Amount (\$)   | Payee address     | s; City;                   | State; Zip Co        | ode       |                  |       |                    |                              |
| \$705.00  | 421 OFFICE        | PARK DR                    |                      |           |                  |       |                    |                              |
|   |                   |                            |                      |           |                  |       |                    |                              |
| Expenditure from corporate funds                              | MOUNTAIN          | BROOK, AL 3522             | 23                   |           |                  |       |                    |                              |
| PURPOSE   | (a) Category (See | Categories listed at the t | op of this schedule) | (b)       | Description      |       |                    |                              |
| OF<br>EXPENDITURE   | Accounting/E      | Banking                    |                      |           | _                |       |                    | nplete Schedule T.           |
| EXI ENDITORE  |                   |                            |                      |           | <b>—</b>         |       | officeholder livin |                              |
|   |                   |                            |                      |           | COMPLIANC        | E (   | CONSULTI           | NG                           |
|   |                   |                            |                      |           |                  |       |                    |                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Offic   | eholder name               | Office sou           | ıght      |                  |       | Office h           | eld                          |
| experientare to benefit 6/01                                  | -                 |                            |                      |           |                  |       |                    |                              |
| Date  | Payee name        |                            |                      |           |                  |       |                    |                              |
| 02/21/2025  | CROSBY 01         | TENHOFF GRO                | UP                   |           |                  |       |                    |                              |
| Amount (\$)   | Payee address     | s; City;                   | State; Zip Co        | ode       |                  |       | -                  |                              |
| \$1,133.40  | 421 OFFICE        | PARK DR                    |                      |           |                  |       |                    |                              |
|   |                   |                            |                      |           |                  |       |                    |                              |
| Expenditure from corporate funds                              | MOUNTAIN          | BROOK, AL 3522             | 23                   |           |                  |       |                    |                              |
| PURPOSE   | (a) Category (See | Categories listed at the t | op of this schedule) | (b)       | Description      |       |                    |                              |
| OF<br>EXPENDITURE   | Accounting/E      |                            |                      |           | Check if travel  | outsi | de of Texas. Con   | nplete Schedule T.           |
| EXPENDITURE   |                   | •                          |                      |           | Check if Austin, | , TX, | officeholder livin | g expense                    |
|   |                   |                            |                      |           | COMPLIANC        | E     | CONSULTI           | NG                           |
|   |                   |                            |                      |           |                  |       |                    |                              |
| Complete ONLY if direct                                       | Candidate/Offic   | eholder name               | Office sou           | ıght      |                  |       | Office h           | eld                          |
| expenditure to benefit C/OI                                   | <u> </u>          |                            |                      |           |                  |       |                    |                              |
|   |                   |                            |                      |           |                  |       |                    |                              |
|   |                   |                            |                      |           |                  |       |                    |                              |
|   |                   |                            |                      |           |                  |       |                    |                              |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
|  |   |
| 1 Total pages Schedule F1:   |   |
| Sch: 6/10 Rpt: 11/20   | RESTORE TRUST TEXAS (RTT) 00087452  |
| 4 Date   | 5 Payee name  |
| 03/20/2025   | CROSBY OTTENHOFF GROUP  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$528.75   | 421 OFFICE PARK DR  |
|  |   |
| Expenditure from corporate funds   | MOUNTAIN BROOK, AL 35223  |
| 8 PURPOSE  | 1   |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | COMPLIANCE CONSULTING   |
|  |   |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI  |   |
| Date   | Payee name  |
| 04/18/2025   | CROSBY OTTENHOFF GROUP  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$646.25   | 421 OFFICE PARK DR  |
| Φ040.25  | 421 OFFICE FAINT DIV  |
| Expenditure from   |   |
| corporate funds  | MOUNTAIN BROOK, AL 35223  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |
|  | Check if Austin, TX, officeholder living expense  COMPLIANCE CONSULTING   |
|  | CONFLIANCE CONSULTING   |
| Complete CNII V if direct  | Candidate/Officeholder name Office sought Office held   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              |   |
|  |   |
| Date   | Payee name  |
| 05/19/2025   | CROSBY OTTENHOFF GROUP  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$587.50   | 421 OFFICE PARK DR  |
|  |   |
| Expenditure from corporate funds   | MOUNTAIN BROOK, AL 35223  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.  |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | COMPLIANCE CONSULTING   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit 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

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |   |
|---|---|
| 1 Total pages Schedule F1:  | ·   |
| Sch: 7/10 Rpt: 12/20  | RESTORE TRUST TEXAS (RTT)  00087452   |
| 4 Date  | 5 Payee name  |
| 06/18/2025  | CROSBY OTTENHOFF GROUP  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$998.75  | 421 OFFICE PARK DR  |
| Expenditure from corporate funds  | MOUNTAIN BROOK, AL 35223  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.               |
| _/  | Check if Austin, TX, officeholder living expense  |
|   | COMPLIANCE CONSULTING   |
|   |   |
| Complete ONLY if direct<br>expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held                                   |
| Date  | Payee name  |
| 03/21/2025  | MIYARES FOR VIRGINIA  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$1,000.00  | PO BOX 2440   |
|   |   |
| Expenditure from corporate funds  | MECHANICSVILLE, VA 23116  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE   | Contributions/Donations Made By   |
| _/  | Candidate/Officeholder/Political Committee  |
|   | DONATIONS   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held                                   |
|   |   |
| Date  | Payee name  |
| 01/16/2025  | MUHR, CHERYL  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$1,037.84  | 10205 LA COSTA DR   |
|   |   |
| Expenditure from corporate funds  | AUSTIN, TX 78747  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T. |
| LA LIBITORL   | Check if Austin, TX, officeholder living expense  |
|   | CREATIVE DESIGN SERVICES  |
| Complete Chilly if die  | Condidate (Office holder name Office accepts  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held                                   |
|   |   |
|   |   |
|   |   |
|   |   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   |   |
| Sch: 8/10 Rpt: 13/20   | RESTORE TRUST TEXAS (RTT)  00087452   |
| 4 Date   | 5 Payee name  |
| 01/06/2025   | PINE COVE CAPITAL, LLC  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$175.00   | 601 CONGRESS AVE  |
| Expenditure from   | STE 300   |
| corporate funds  | AUSTIN, TX 78701  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | DATA SERVICES   |
|  |   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI                               | Candidate/Officeholder name Office sought Office held                                   |
| Date   | Davis same  |
| 01/16/2025   | Payee name  |
|  | PINE COVE CAPITAL, LLC  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$227.70   | 601 CONGRESS AVE  |
| Expenditure from   | STE 300   |
| corporate funds  | AUSTIN, TX 78701  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|  | POSTAGE   |
|  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held                                   |
| Date   | Payee name  |
| 02/06/2025   | PINE COVE CAPITAL, LLC  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$175.00   | 601 CONGRESS AVE  |
| Ψ1.0.00  | STE 300   |
| Expenditure from   |   |
| corporate funds  | AUSTIN, TX 78701  |
| PURPOSE<br>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  DATA SERVICES                         |
|  | DATA SERVICES   |
| Complete <u>ONLY</u> if direct   | Candidate/Officeholder name Office sought Office held                                   |
| expenditure to benefit C/OI  |   |
| •  |   |
|  |   |
|  |   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 9/10 Rpt: 14/20   | 2 FILER NAME RESTORE TRUST TEXAS (RTT) 3 Filer ID (Ethics Commission Filers) 00087452   |
| 4 Date   | 5 Payee name  |
| 03/03/2025   | PINE COVE CAPITAL, LLC  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$175.00   | 601 CONGRESS AVE  |
|  | STE 300   |
| Expenditure from corporate funds   | AUSTIN, TX 78701  |
|  | ·   |
| 8 PURPOSE<br>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 |
|  | DATA SERVICES   |
|  | DATA SERVICES   |
|  |   |
| Complete ONLY if direct<br>expenditure to benefit C/Ol                                     | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 04/18/2025   | PINE COVE CAPITAL, LLC  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$175.00   | 601 CONGRESS AVE  |
| φ175.00  |   |
| Expenditure from   | STE 300   |
| corporate funds  | AUSTIN, TX 78701  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | DATA SERVICES   |
|  |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held   |
| Data   | Para and a second   |
| Date   | Payee name  |
| 05/05/2025   | PINE COVE CAPITAL, LLC  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$175.00   | 601 CONGRESS AVE  |
|  | STE 300   |
| Expenditure from   |   |
| corporate funds  | AUSTIN, TX 78701  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Office Overhead/Rental Expense  |
|  | Check if Austin, TX, officeholder living expense  |
|  | DATA SERVICES   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   | 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

| Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | 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: 10/10 Rpt: 15/20  | RESTORE TRUST TEXAS (RTT)  | 00087452  |
| 4 Date   | 5 Payee name   |   |
| 06/03/2025   | PINE COVE CAPITAL, LLC   |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |   |
| \$175.00   | 601 CONGRESS AVE   |   |
| Expenditure from   | STE 300  |   |
| corporate funds  | AUSTIN, TX 78701   |   |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description | staids of Tours Complete Caladula T   |
| EXPENDITURE  | Office Overficad/Nertical Experise   | Itside of Texas. Complete Schedule T.  TX, officeholder living expense              |
|  | DATA SERVIC  |   |
|  |  |   |
| Complete ONLY if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought H                                      | 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

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

|   | The Insti   | ruction Guide explains how       | to complete this form.  |  |  |  |
|---|---|----------------------------------|---|--|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                  |   | 3 Filer ID (Ethics Commission Filers)      |  |  |
| Sch: 1/4 Rpt: 16/20   | RESTORE TRUST   | TEXAS (RTT)                      | 00087452  |  |  |  |
| 4 CREDIT CARD<br>ISSUER   | Name of financial institution AMERICAN EXPRESS  |                                  | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDI<br>CARD | <b> \$</b>                                 |  |  |
| 6 PAYMENT  Expenditure from corporate funds                         | (a) Amount Charged<br>\$38.38   | (b) Date of Charge<br>01/01/2025 | (c) Date(s) Credit Card Issu 02/18/2025                             | er Paid                                    |  |  |
| 7 PAYEE   | (a) Payee name  GOOGLE  |                                  | (b) Payee address; 1600 AMPHITHEATRE I                              |  |  |  |
| 8 PURPOSE OF EXPENDITURE  X Political                               | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  DATA SERVICES |                                  |   | 70.0                                       |  |  |
| Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, T  | X, officeholder living expense             |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder  | name Offic                       | e sought  | Office held                                |  |  |
| PAYMENT  Expenditure from corporate funds                           | (a) Amount Charged<br>\$38.38   | (b) Date of Charge<br>02/01/2025 | (c) Date(s) Credit Card Issu 02/18/2025                             | er Paid                                    |  |  |
| PAYEE   | (a) Payee name  GOOGLE  |                                  | (b) Payee address; 1600 AMPHITHEATRE I  MOUNTAIN VIEW, CA 9         |  |  |  |
| PURPOSE OF EXPENDITURE  X Political                                 | (a) Category<br>(See Categories listed at the top<br>Office Overhead/Rent   |                                  | (b) Description DATA SERVICES                                       |  |  |  |
| Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, T  | X, officeholder living expense             |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                 | Candidate/Officeholder  | name Offic                       | e sought  | Office held                                |  |  |
| PAYMENT  Expenditure from corporate funds                           | (a) Amount Charged<br>\$41.58   | (b) Date of Charge<br>03/01/2025 | (c) Date(s) Credit Card Issu<br>03/31/2025 04/03/2025               | er Paid                                    |  |  |
| PAYEE   | (a) Payee name GOOGLE   |                                  | (b) Payee address; 1600 AMPHITHEATRE I                              |  |  |  |
| PURPOSE OF EXPENDITURE    X   Political                             | (a) Category<br>(See Categories listed at the top<br>Office Overhead/Rent   |                                  | (b) Description DATA SERVICES                                       |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                 | NLY if direct   |                                  |   | X, officeholder living expense Office held |  |  |

# SCHEDULE F4

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

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

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

| Candidate/Officenoider/Politica   | -   | ruction Guide explains how       |   | THER (enter a category not listed above) |  |  |
|---|---|----------------------------------|---|--|--|--|
| 1 Total pages Schedule F4:  | · · · · · · · · · · · · · · · · · · ·                                     |                                  |   | 3 Filer ID (Ethics Commission Filers)    |  |  |
| Sch: 2/4 Rpt: 17/20   | RESTORE TRUST   | TEXAS (RTT)                      |   | 00087452                                 |  |  |
| 4 CREDIT CARD<br>ISSUER   | Name of final   | ncial institution<br>revious     | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD               | \$                                       |  |  |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issuer  | r Paid                                   |  |  |
| Expenditure from corporate funds  | \$44.58   | 04/01/2025                       | 04/25/2025  |  |  |  |
| 7 PAYEE   | (a) Payee name  GOOGLE  |                                  | (b) Payee address;<br>1600 AMPHITHEATRE P                                 | City, State, Zip Code<br>KWY             |  |  |
|   |   |                                  | MOUNTAIN VIEW, CA 94  | 1043                                     |  |  |
| 8 PURPOSE OF EXPENDITURE  X Political   | (a) Category (See Categories listed at the top Office Overhead/Rent       |                                  | (b) Description DATA SERVICES   |  |  |  |
| Non-Political   | (C) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expense              |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder  | name Office                      | e sought  | Office held                              |  |  |
| PAYMENT  Expenditure from corporate funds   | (a) Amount Charged<br>\$39.65   | (b) Date of Charge<br>05/01/2025 | (c) Date(s) Credit Card Issuer<br>05/29/2025                              | r Paid                                   |  |  |
| PAYEE   | (a) Payee name  GOOGLE  |                                  | (b) Payee address;<br>1600 AMPHITHEATRE PI<br>MOUNTAIN VIEW, CA 94        |  |  |  |
| PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense |   |                                  | (b) Description DATA SERVICES   |  |  |  |
| Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expense              |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder  | name Offic                       | e sought  | Office held                              |  |  |
| PAYMENT  Expenditure from corporate funds   | (a) Amount Charged<br>\$50.00   | (b) Date of Charge<br>03/19/2025 | (c) Date(s) Credit Card Issuer<br>04/25/2025                              | r Paid                                   |  |  |
| PAYEE   | (a) Payee name IDONATEPRO   |                                  | (b) Payee address;<br>2033 SAN ELIJO AVE<br>#203<br>CARDIFF BY THE SEA, O | City, State, Zip Code                    |  |  |
| PURPOSE OF EXPENDITURE    X   Political   | (a) Category<br>(See Categories listed at the top<br>Office Overhead/Rent |                                  | (b) Description WEB SERVICES  |  |  |  |
| Non-Political   | \(\frac{1}{2}\)   | of Texas. Complete Schedule T.   |   | officeholder living expense              |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder  | name Öffic                       | e sought  | Office held                              |  |  |
| Í   |   |                                  |   |  |  |  |

## 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

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

|       | The Instruction Guide explains how to complete this form. |  |                                |                 |                                       |                                |        |          |  |
|-------|---|--|--------------------------------|-----------------|---------------------------------------|--------------------------------|--------|----------|--|
| 1     | Total pages Schedule F4:                                  | 2 FILER NAME   |                                |                 | 3 Filer ID (Ethics Commission Filers) |                                |        |          |  |
|       | Sch: 3/4 Rpt: 18/20                                       | RESTORE TRUST TEXAS (RTT)  |                                |                 |                                       | 00087452                       |        |          |  |
| 4     | CREDIT CARD<br>ISSUER                                     | Name of financial institution  see previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |                                | \$              |                                       |                                |        |          |  |
| 6     | PAYMENT   | (a) Amount Charged   | (b) Date of Charge             |                 | Credit Card Issuer                    | Paid                           |        |          |  |
|       | Expenditure from corporate funds                          | \$50.00  | 04/19/2025                     | 05/29/202       | 5                                     |                                |        |          |  |
| 7     | PAYEE   | (a) Payee name   |                                | (b) Payee a     | ddress;                               | City,                          | State, | Zip Code |  |
|       |   | IDONATEPRO  2033 SAN ELIJO AVE #203  CARDIFF BY THE SEA, CA  |                                |                 | CA 92007                              |                                |        |          |  |
| 8     | PURPOSE OF  | (a) Category   |                                | (b) Descripti   | on                                    |                                |        |          |  |
|       | EXPENDITURE  X Political                                  | (See Categories listed at the top<br>Office Overhead/Rent  |                                | WEB SER         | VICES                                 |                                |        |          |  |
|       | Non-Political   | (c) Check if travel outside  | of Texas. Complete Schedule T. |                 | Check if Austin, TX,                  | C, officeholder living expense |        |          |  |
| 9     | Complete ONLY if direct                                   | Candidate/Officeholder   | name Office                    | e sought        |                                       | Office held                    |        |          |  |
| E     | expenditure to benefit C/OH                               |  |                                |                 |                                       |                                |        |          |  |
|       | PAYMENT   | (a) Amount Charged   | (b) Date of Charge             |                 | Credit Card Issuer                    | Paid                           |        |          |  |
|       | Expenditure from corporate funds                          | \$1,000.00   | 04/28/2025                     | 05/29/202       | 5                                     |                                |        |          |  |
| PAYEE |   | (a) Payee name   |                                | (b) Payee a     | ddress;                               | City,                          | State, | Zip Code |  |
|       |   | PABLOS FOR MAYOR   |                                |                 | ONE OAK PKW<br>ONIO, TX 78258         |                                |        |          |  |
|       | PURPOSE OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top Contributions/Donatio                                     |                                | (b) Descripti   |                                       |                                |        |          |  |
|       | X Political   | Candidate/Officeholde  |                                |                 |                                       |                                |        |          |  |
|       | Non-Political   | (C) Check if travel outside  | of Texas. Complete Schedule T. |                 | Check if Austin, TX,                  | officeholder living exp        | ense   |          |  |
|       | Complete ONLY if direct                                   | Candidate/Officeholder   | name Office                    | e sought        |                                       | Office held                    |        |          |  |
| E     | expenditure to benefit C/OH                               | PABLOS, ROLANDO  | O (The                         |                 |                                       | Secretary of                   | State  |          |  |
|       | PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | ` ' ' ' '       | Credit Card Issuer                    | Paid                           |        |          |  |
|       | Expenditure from corporate funds                          | \$20.17  | 06/06/2025                     | 06/18/202       | 5                                     |                                |        |          |  |
| Г     | PAYEE   | (a) Payee name   |                                | (b) Payee a     | ddress;                               | City,                          | State, | Zip Code |  |
|       |   | 101001111  |                                | 3220 EXE        | CUTIVE RDG                            |                                |        |          |  |
|       |   | 101DOMAIN  |                                | STE 101         |                                       |                                |        |          |  |
| L     |   | VISTA, CA 92081  |                                | 92081           |                                       |                                |        |          |  |
|       | PURPOSE OF  | (a) Category (See Categories listed at the top   | of this cahadula)              | (b) Description |                                       |                                |        |          |  |
|       | EXPENDITURE  X Political                                  | Office Overhead/Rent   | ,                              | WEB SERVICES    |                                       |                                |        |          |  |
|       | Non-Political   | (c) Check if travel outside  | of Texas. Complete Schedule T. | <u>.</u> Г      | Check if Austin, TX,                  | officeholder living exp        | ense   |          |  |
| ٦     | Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder   | name Office                    | e sought        | _                                     | Office held                    |        |          |  |
| Ľ     | experientare to belieful G/G/T                            |  |                                |                 |                                       |                                |        |          |  |

## 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

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

|   | The Instruction Guide explains how to complete this form. |   |                                |                               |                                       |                               |        |          |  |
|---|---|---|--------------------------------|-------------------------------|---------------------------------------|-------------------------------|--------|----------|--|
| 1   | Total pages Schedule F4:                                  | 2 FILER NAME  |                                |                               | 3 Filer ID (Ethics Commission Filers) |                               |        |          |  |
|   | Sch: 4/4 Rpt: 19/20                                       | RESTORE TRUST   | TEXAS (RTT)                    |                               |                                       | 00087452                      |        |          |  |
| 4   | CREDIT CARD<br>ISSUER                                     | Name of financial institution  See previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |                                | \$                            |                                       |                               |        |          |  |
| 6   | PAYMENT   | (a) Amount Charged  | (b) Date of Charge             |                               | Credit Card Issuer                    | r Paid                        |        |          |  |
|   | Expenditure from corporate funds                          | \$50.00   | 05/19/2025                     | 06/18/202                     | 5                                     |                               |        |          |  |
| 7   | PAYEE   | (a) Payee name  |                                | (b) Payee a                   | ddress;                               | City,                         | State, | Zip Code |  |
|   |   | IDONATEPRO 2033 SAN ELIJO AVE #203 CARDIFF BY THE SEA, CARDIFF BY |                                |                               | CA 92007                              |                               |        |          |  |
| 8   | PURPOSE OF  | (a) Category  |                                | (b) Descript                  | ion                                   |                               |        |          |  |
|   | EXPENDITURE  X Political                                  | (See Categories listed at the top<br>Office Overhead/Rent   |                                | WEB SER                       | VICE                                  |                               |        |          |  |
|   | Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T. |                               | Check if Austin, TX,                  | , officeholder living expense |        |          |  |
| 9   | Complete ONLY if direct                                   | Candidate/Officeholder  | name Office                    | e sought                      |                                       | Office held                   |        |          |  |
| е   | xpenditure to benefit C/OH                                |   |                                |                               |                                       |                               |        |          |  |
|   | PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | . , ,                         | Credit Card Issue                     | r Paid                        |        |          |  |
|   | Expenditure from corporate funds                          | \$39.65   | 06/01/2025                     | 06/18/202                     | :5                                    |                               |        |          |  |
| PAYEE   |   | (a) Payee name  |                                | (b) Payee a                   | ddress;                               | City,                         | State, | Zip Code |  |
|   |   | GOOGLE  |                                | 1600 AMF                      | PHITHEATRE PI                         | KWY                           |        |          |  |
|   |   |   |                                | MOUNTAIN VIEW, CA 94043       |                                       |                               |        |          |  |
|   | PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top  | •                              | (b) Description DATA SERVICES |                                       |                               |        |          |  |
|   | X Political   | Office Overhead/Rent  | tal Expense                    |                               |                                       |                               |        |          |  |
| L   | Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T. |                               | Check if Austin, TX,                  | officeholder living exp       | ense   |          |  |
| l e   | Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder  | name Office                    | e sought                      |                                       | Office held                   |        |          |  |
|   | PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)                   | Credit Card Issuer                    | r Paid                        |        |          |  |
|   | Expenditure from corporate funds                          | \$50.00   | 06/19/2025                     |                               |                                       |                               |        |          |  |
|   | PAYEE   | (a) Payee name  |                                | (b) Payee a                   | ddress;                               | City,                         | State, | Zip Code |  |
|   |   | IDONATEDDO  |                                | 2033 SAN ELIJO AVE            |                                       |                               |        |          |  |
|   | IDONATEPRO #203   |   |                                |                               |                                       |                               |        |          |  |
|   |   | CARDIFI   |                                | CARDIFF                       | BY THE SEA, C                         | CA 92007                      |        |          |  |
|   | PURPOSE OF  | (a) Category  | of this cobodule)              | (b) Description               |                                       |                               |        |          |  |
| 1   | EXPENDITURE   | (See Categories listed at the top<br>Office Overhead/Rent   | •                              | WEB SERVICE                   |                                       |                               |        |          |  |
|   | X Political   |   | <u> </u>                       |                               |                                       |                               |        |          |  |
| L   | Non-Political   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,   |                                |                               | Check if Austin, TX,                  | officeholder living exp       | ense   |          |  |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held |   |   |                                |                               |                                       |                               |        |          |  |
| е   | xpenditure to benefit C/OH                                |   |                                |                               |                                       |                               |        |          |  |

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

# SCHEDULE K

|   | The Inetru | otion Cuido avalaina hayy ta complete this form                         | 1 Total p      | ages Schedule K:           |           |
|---|------------|---|----------------|----------------------------|-----------|
|   | me mstru   | ction Guide explains how to complete this form.                         | Sch: 1         | ./1 Rpt: 20/20             |           |
| 2 | FILER NAME |   | 3 Filer ID     | (Ethics Commission         | n Filers) |
|   | RESTORE T  | RUST TEXAS (RTT)  | 00087          | 452                        |           |
| 4 | Date       | 5 Name of person from whom amount is received                           | 1              | 8 Amount (\$)              |           |
|   | 01/09/2025 | MACKENZIE KELLY FOR AUSTIN CITY COUNCIL                                 |                | \$                         | 1,000.00  |
|   |            | 6 Address of person from whom amount is received; City; State; Zip Code |                | •                          |           |
|   |            |   |                |                            |           |
|   |            |   |                |                            |           |
|   |            | AUSTIN, TX 78717  |                |                            |           |
|   |            | 7 Purpose for which amount is received X Check if p                     | oolitical cont | ribution returned to filer | r         |
|   |            | VOIDED PAYMENT - CHECK NOT CASHED                                       |                |                            |           |
| F | Date       | Name of person from whom amount is received                             |                | Amount (\$)                |           |
|   | 04/29/2025 | RESTORE TRUST PAC   |                |                            | \$27.85   |
|   |            | Address of person from whom amount is received; City; State; Zip Code   |                | 1                          |           |
|   |            |   |                |                            |           |
|   |            |   |                |                            |           |
|   |            | AUSTIN, TX 78755  |                |                            |           |
|   |            | Purpose for which amount is received                                    | oolitical cont | ribution returned to filer | r         |
|   |            | REIMBURSEMENT FOR WEB AND DATA SERVICES                                 |                |                            |           |
|   | Date       | Name of person from whom amount is received                             |                | Amount (\$)                |           |
|   | 06/03/2025 | RESTORE TRUST PAC   |                |                            | \$27.85   |
|   |            | Address of person from whom amount is received; City; State; Zip Code   |                | 1                          |           |
|   |            |   |                |                            |           |
|   |            |   |                |                            |           |
|   |            | AUSTIN, TX 78755  |                |                            |           |
|   |            | <del>-</del>  | oolitical cont | ribution returned to filer | r         |
| L |            | REIMBURSEMENT FOR WEB AND DATA SERVICES                                 |                |                            |           |
|   | Date       | Name of person from whom amount is received                             |                | Amount (\$)                |           |
|   | 06/23/2025 | RESTORE TRUST PAC   |                |                            | \$27.85   |
|   |            | Address of person from whom amount is received; City; State; Zip Code   |                | ]                          |           |
|   |            |   |                |                            |           |
|   |            | 440 <del>-</del> 14 -44-0-15  |                |                            |           |
|   |            | AUSTIN, TX 78755  |                |                            |           |
|   |            |   | oolitical cont | ribution returned to filer | r         |
| L |            | REIMBURSEMENT FOR WEB AND DATA SERVICES                                 |                |                            |           |
|   |            |   |                |                            |           |
|   |            |   |                |                            |           |
|   |            |   |                |                            |           |
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