

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00036573	2 Total pages filed: 30	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Kevin P.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025	
	NICKNAME LAST SUFFIX Eltime			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 417 S. College Tyler, TX 75702		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jim			
	NICKNAME LAST SUFFIX Mazzu			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3306 Fry Tyler, TX 75701			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 520-0414			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) None	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Eltife, Kevin P. (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00036573	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	69,507.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	769,600.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Kevin P. Eltife

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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18 FILER NAME Eltime, Kevin P. (Mr.)		19 Filer ID (Ethics Commission Filers) 00036573	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	41,460.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	28,047.63
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	56,200.35

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 4/30	2 FILER NAME Eltime, Kevin P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00036573
4 Date 01/06/2025	5 Payee name Chase Card Services	
6 Amount (\$) \$25,000.00	7 Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2025	Payee name Chase Card Services	
Amount (\$) \$717.00	Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Chase Card Services	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 5/30	2 FILER NAME Eltime, Kevin P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00036573
4 Date 03/21/2025	5 Payee name Chase Card Services	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2025	Payee name Chase Card Services	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2025	Payee name Chase Card Services	
Amount (\$) \$343.00	Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 6/30	2 FILER NAME Eltime, Kevin P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00036573
4 Date 04/11/2025	5 Payee name Clay White Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 7759 Tyler, TX 75711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name Prothro, Wilhelmi & Co. PLLC	
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 6855 Oak Hill Boulevard Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign report preparation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 1/18 Rpt: 7/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$86.32	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$62.99	(b) Date of Charge 01/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$193.31	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Gaylord Texas		(b) Payee address; City, State, Zip Code 1501 Gaylord Trail Grapevine, TX 76051
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 2/18 Rpt: 8/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$58.39	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Lloyd Nichols for City Council		(b) Payee address; City, State, Zip Code P.O. Box 132492 Tyler, TX 75713
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$43.84	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 3/18 Rpt: 9/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$3,000.00	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Catholic Diocese of Tyler		(b) Payee address; City, State, Zip Code 1015 E SE Loop 323 Tyler, TX 75701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charitable Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$717.22	(b) Date of Charge 02/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name J Carver		(b) Payee address; City, State, Zip Code 509 Rio Grande St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 02/22/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Avis Car Rental		(b) Payee address; City, State, Zip Code 1610 W 35th Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Car services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 4/18 Rpt: 10/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$59.23	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.37	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$136.43	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 5/18 Rpt: 11/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$59.09	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$55.96	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$62.86	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 6/18 Rpt: 12/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$56.21	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$106.24	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.66	(b) Date of Charge 03/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 7/18 Rpt: 13/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$72.01	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$58.63	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$67.81	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 8/18 Rpt: 14/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$61.81	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$66.08	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$26.00	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hotel ZAZA		(b) Payee address; City, State, Zip Code 400 Lavaca St. Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 9/18 Rpt: 15/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$75.47	(b) Date of Charge 05/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Hotel ZAZA		(b) Payee address; City, State, Zip Code 400 Lavaca St. Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hotel ZAZA		(b) Payee address; City, State, Zip Code 400 Lavaca St. Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$55.23	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 10/18 Rpt: 16/30		2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$62.50	(b) Date of Charge 04/05/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$42.13	(b) Date of Charge 04/13/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$458.60	(b) Date of Charge 05/30/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code 2702 Love Field Drive Dallas, TX 75235	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 11/18 Rpt: 17/30		2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$64.73	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$75.90	(b) Date of Charge 03/22/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$80.52	(b) Date of Charge 03/30/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Uber		(b) Payee address; City, State, Zip Code 507 Calles St #120 Austin, TX 78702	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 12/18 Rpt: 18/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$479.72	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name S1 Global		(b) Payee address; City, State, Zip Code 5050 Quorum Drive Suite 700 Dallas, TX 75254
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Car services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$533.03	(b) Date of Charge 04/22/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name S1 Global		(b) Payee address; City, State, Zip Code 5050 Quorum Drive Suite 700 Dallas, TX 75254
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Car services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$116.07	(b) Date of Charge 05/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hotel ZAZA		(b) Payee address; City, State, Zip Code 400 Lavaca St. Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 13/18 Rpt: 19/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$512.50	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Austin, John		(b) Payee address; City, State, Zip Code 210 W. 7th Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gift
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$19.29	(b) Date of Charge 06/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAL		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way Dallas, TX 75235
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Parking expense
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$58.38	(b) Date of Charge 06/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Royal Sonesta Hotel		(b) Payee address; City, State, Zip Code 300 Bourbon St New Orleans, LA 70130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 14/18 Rpt: 20/30	2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$58.38	(b) Date of Charge 06/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Royal Sonesta Hotel		(b) Payee address; City, State, Zip Code 300 Bourbon St New Orleans, LA 70130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 03/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Wade Washmon Campaign		(b) Payee address; City, State, Zip Code 1204 S. Donnybrook Tyler, TX 75701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.00	(b) Date of Charge 06/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name COD Aviation Pk Gar		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way Dallas, TX 75235
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Parking expense
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 15/18 Rpt: 21/30		2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 06/24/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Sara Maynard Campaign		(b) Payee address; City, State, Zip Code P.O. Box 1062 Tyler, TX 75710	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$5,000.00	(b) Date of Charge 06/24/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Kelly Hancock Campaign for		(b) Payee address; City, State, Zip Code P.O. Box 821349 North Richland Hills, TX 76182	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$5,000.00	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Joan Huffman Campaign for		(b) Payee address; City, State, Zip Code 3733-1 Westheimer #40 Houston, TX 77027	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 16/18 Rpt: 22/30		2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$149.08	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Clarks		(b) Payee address; City, State, Zip Code 1200 W. 6th Austin, TX 78703	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$345.30	(b) Date of Charge 02/16/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Aba		(b) Payee address; City, State, Zip Code 1011 S. Congress Austin, TX 78704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$75.62	(b) Date of Charge 05/08/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Polvos		(b) Payee address; City, State, Zip Code 2004 S. 1st Street Austin, TX 78704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 17/18 Rpt: 23/30		2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$2,336.66	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Royal Sonesta Hotel		(b) Payee address; City, State, Zip Code 300 Bourbon St New Orleans, LA 70130	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel expense	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.14	(b) Date of Charge 06/15/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Royal Sonesta Hotel		(b) Payee address; City, State, Zip Code 300 Bourbon St New Orleans, LA 70130	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$12.92	(b) Date of Charge 06/17/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MSY		(b) Payee address; City, State, Zip Code 1 Terminal Drive Kenner, LA 70062	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal expense	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

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: Sch: 18/18 Rpt: 24/30	2 FILER NAME Eltife, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$5,000.00	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Mayes Middleton Campaign for		(b) Payee address; City, State, Zip Code P.O. Box 1526 Galveston, TX 77553
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign donation
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 25/30
2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 Date 01/02/2025	5 Name of person from whom amount is received Energy Transfer LP	8 Amount (\$) \$29,201.18
	6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75225	
	7 Purpose for which amount is received Proceeds from sale <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/19/2025	Name of person from whom amount is received Energy Transfer LP	Amount (\$) \$13,020.80
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75225	
	Purpose for which amount is received Partnership distribution <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/20/2025	Name of person from whom amount is received Energy Transfer LP	Amount (\$) \$13,120.96
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75225	
	Purpose for which amount is received Partnership distribution <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/14/2025	Name of person from whom amount is received Enterprise Products Partner LP MLP	Amount (\$) \$428.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002	
	Purpose for which amount is received Partnership distribution <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/14/2025	Name of person from whom amount is received Enterprise Products Partner LP MLP	Amount (\$) \$428.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002	
	Purpose for which amount is received Partnership distribution <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 26/30
2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 Date 01/08/2025	5 Name of person from whom amount is received UBS Financial Services	8 Amount (\$) \$0.11
	6 Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest income	
Date 02/07/2025	Name of person from whom amount is received UBS Financial Services	Amount (\$) \$0.20
	Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest income	
Date 03/07/2025	Name of person from whom amount is received UBS Financial Services	Amount (\$) \$0.23
	Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest income	
Date 04/07/2025	Name of person from whom amount is received UBS Financial Services	Amount (\$) \$0.18
	Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest income	
Date 05/07/2025	Name of person from whom amount is received UBS Financial Services	Amount (\$) \$0.19
	Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest income	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 3/3 Rpt: 27/30

2 FILER NAME
Eltife, Kevin P. (Mr.)

3 Filer ID (Ethics Commission Filers)
00036573

4 Date
06/06/2025

5 Name of person from whom amount is received
UBS Financial Services

8 Amount (\$)
\$0.50

6 Address of person from whom amount is received; City; State; Zip Code

Tyler, TX 75703-4400

7 Purpose for which amount is received
Interest income

☐ Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/3 Rpt: 28/30
2 FILER NAME Eltime, Kevin P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00036573
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee COD Aviation Pk Gar		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div></div>		
6 Dates of Travel 06/15/2025 06/17/2025	7 Name of person(s) traveling Eltime, Kevin	
	8 Departure city or name of departure location Dallas	
	9 Destination city or name of destination location New Orleans	
10 Means of transportation Commercial Airplane		11 Purpose of travel (including name of conference, seminar, or other event) UT Business
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee DAL		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div></div>		
Dates of Travel 06/15/2025 06/17/2025	Name of person(s) traveling Eltime, Kevin	
	Departure city or name of departure location Dallas	
	Destination city or name of destination location New Orleans	
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) UT Business
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee MSY		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div></div>		
Dates of Travel 06/15/2025 06/17/2025	Name of person(s) traveling Eltime, Kevin	
	Departure city or name of departure location Dallas	
	Destination city or name of destination location New Orleans	
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) UT Business

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Royal Sonesta Hotel

5 Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

06/15/2025

06/17/2025

7 Name of person(s) traveling

Eltife, Kevin

8 Departure city or name of departure location

Dallas

9 Destination city or name of destination location

New Orleans

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

UT Business

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Royal Sonesta Hotel

Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

Dates of Travel

06/15/2025

06/17/2025

Name of person(s) traveling

Eltife, Kevin

Departure city or name of departure location

Dallas

Destination city or name of destination location

New Orleans

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

UT Business

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Royal Sonesta Hotel

Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

Dates of Travel

06/15/2025

06/17/2025

Name of person(s) traveling

Eltife, Kevin

Departure city or name of departure location

Dallas

Destination city or name of destination location

New Orleans

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

UT Business

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Royal Sonesta Hotel

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

06/15/2025

06/17/2025

7 Name of person(s) traveling

Eltife, Kevin

8 Departure city or name of departure location

Dallas

9 Destination city or name of destination location

New Orleans

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

UT Business

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Southwest Airlines

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

06/15/2025

06/17/2025

Name of person(s) traveling

Eltife, Kevin

Departure city or name of departure location

Dallas

Destination city or name of destination location

New Orleans

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

UT Business