FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 30 00036573 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Kevin P. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Eltife CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 417 S. College MAILING Receipt # Amount **ADDRESS** Change of Address Tyler, TX 75702 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jim NAME NICKNAME LAST **SUFFIX** Mazzu STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3306 Fry **ADDRESS** (Residence or Business) Tyler, TX 75701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 520-0414 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 01/01/2025 **THROUGH** 06/30/2025

Month

None

ELECTION DATE

Year

Day

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

Primary

General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

Other

Runoff

Special

None

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Eltife, Kevin P. (Mr.)		14 Filer ID (00036573	(Ethics Comn	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's kno	wledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00				
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 69,507.63			
CONTRIBUTION BALANCE	REPORTING PE			\$	769,600.43		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mr	. Kevin P. Eltife				
		Signature of	Candidate or Officehole	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day		
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administerir	ng oath		

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 30 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00036573 Eltife, Kevin P. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 41,460.00 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 28,047.63 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 56,200.35 TO FILER

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 4/30	Eltife, Kevin P. (Mr.) 00036573
4	Date	5 Payee name
	01/06/2025	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25,000.00	P.O. Box 94014
		Palatine, IL 60094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment
		Great Gura Layment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	01/24/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$717.00	P.O. Box 94014
		Palatine, IL 60094
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment
		Great Gura Layment
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/28/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	P.O. Box 94014
	+_0,000.00	
		Palatine, IL 60094
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 2/3 Rpt: 5/30	Eltife, Kevin P. (Mr.)		00036573	
4 Date	5 Payee name		_	
03/21/2025	Chase Card Services			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$2,000.00	P.O. Box 94014			
·				
	Palatine, IL 60094			
8 PURPOSE		(b) December		
OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	1 ravel outside of Texas. Co	mplete Schedule T.
EXPENDITURE	Credit Card Payment		austin, TX, officeholder livi	
		Credit Ca	rd Payment	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office	held
expenditure to benefit C/O	H			
Date	Payee name			
04/22/2025	Chase Card Services			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$1,000.00	P.O. Box 94014			
Ψ1,000.00	1.0. 50% 34014			
	Palatine, IL 60094			
P. I. D. O. C.		las		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ገ ravel outside of Texas. Co	mnlete Schedule T
EXPENDITURE	Credit Card Payment		austin, TX, officeholder livi	
			rd Payment	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office	held
expenditure to benefit C/O	Н			
Date	Payee name			
05/30/2025	Chase Card Services			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$343.00	P.O. Box 94014	buc		
Ψ343.00	1.0. 60% 34014			
	Dalatina II COOOA			
	Palatine, IL 60094	•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		mulata Calcadula T
EXPENDITURE	Credit Card Payment		ravel outside of Texas. Co Austin, TX, officeholder livi	
			rd Payment	пу схропос
			,	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught	Office	held
expenditure to benefit C/O		•	230	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	nis form.	(* ** ** ******************************	,			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 1/18 Rpt: 7/30	Eltife, Kevin P. (Mr.)			00036573				
4	CREDIT CARD ISSUER		ncial institution ase	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$86.32	01/22/2025							
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code		
l		Uber		507 Calles	s St					
		Obei		#120						
L			Austin, TX 78702							
8	PURPOSE OF	(a) Category	of this cobodule)	(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	Travel						
l	X Political	Traver out or Biotriot								
l	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense				
9	9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held				
е	xpenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
		\$62.99	01/30/2025							
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code			
				1455 Marl	ket St					
		Uber Eats		#400						
				San Franc	cisco, CA 94103					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		Meal expe	ense					
	X Political	Food/Beverage Expe	iise							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense			
Г	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	(c) Date(s)	Credit Card Issue	r Paid				
		\$193.31	01/11/2025							
H	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
l				1501 Gay	lord Trail					
		Gaylord Texas								
l				Grapevine	e, TX 76051					
Г	PURPOSE OF	(a) Category		(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel Exp	ense					
1	X Political	Traver Out or District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	г	Check if Austin, TX,	officeholder living exp	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
⊢		I .								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica			aries/Wages/Contract Labor	OTHER (enter a cate	gory not listed ab	oove)
		ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 2/18 Rpt: 8/30	Eltife, Kevin P. (Mr.))		00036573		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	I .		
ISSUER	see previous		CHARGED TO A CREE) \$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$58.39	01/22/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			507 Calles St	-		·
	Uber		#120			
			Austin, TX 78702			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Travel			
Y Political	Travel Out of District					
l <u> </u>						
				TX, officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH		T # 2	1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$500.00	01/27/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The AMerican Co.		P.O. Box 132492			
	Lloyd Nichols for City Council					
			Tyler, TX 75713			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Campaign Donation			
X Political	Candidate/Officeholde					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living 6	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$43.84	02/10/2025				
	Ψ45.04	02/10/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) r ayee name		1455 Market St	Oity,	Otato,	Zip Couc
	Uber Eats		#400			
			San Francisco, CA 941	US		
PURPOSE OF	(a) Category		(b) Description	03		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Meal expense			
X Political	Food/Beverage Exper	nse	ou experied			
I =	<u> </u>		<u> </u>			
Non-Political	<u> </u>	of Texas. Complete Schedule T.		TX, officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 3/18 Rpt: 9/30	Eltife, Kevin P. (Mr.)		00036573		
4 CREDIT CARD ISSUER		ncial institution 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 Issue	r Paid		
	\$3,000.00	02/12/2025				
7 PAYEE	(a) Payee name Catholic Diocese of	^f Tyler	(b) Payee address; 1015 E SE Loop 323	City,	State,	Zip Code
			Tyler, TX 75701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
l <u> </u>	Contributions/Donatio	ns Made By	Charitable Donation			
X Political	Candidate/Officeholde	Candidate/Officeholder/Political Committee				
Non-Political				, officeholder living exper	nse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officenoider	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Doid		
PATMENT	\$717.22	02/19/2025	(c) Date(s) Credit Card issue	i Palu		
PAYEE (a) Payee name (b) Payee		(b) Payee address;	City,	State,	Zip Code	
	J Carver		509 Rio Grande St			
			Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Meal expense			
X Political	Food/Beverage Expe	nse				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 02/22/2025	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
	Avia Car Dantal		1610 W 35th			
	Avis Car Rental					
			Austin, TX 78703			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Travel Out of District	of this soriedule)	Car services			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
21.50.10.10.10.10.10.10.10.10.10.10.10.10.10						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 4/18 Rpt: 10/30	Eltife, Kevin P. (Mr.)			00036573		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$59.23	02/24/2025					
7	PAYEE	(a) Payee name		(b) Payee address; City, State,			Zip Code	
l		Uber		507 Calles	St			
l		Obei		#120				
L				Austin, TX	78702			
8	PURPOSE OF	(a) Category	-f.4b-i	(b) Descripti	on			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Off			e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			Paid			
		\$56.37	02/24/2025					
r	PAYEE	(a) Payee name	l	(b) Payee address;		City,	State,	Zip Code
				507 Calles	St			
l		Uber		#120				
				Austin, TX	78702			
Г	PURPOSE OF	(a) Category		(b) Descripti	on			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel				
l	X Political	Traver Out or District						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	⁻ Paid		
		\$136.43	02/24/2025					
Г	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
				507 Calles	St			
		Uber		#120				
				Austin, TX	78702			
	PURPOSE OF	(a) Category		(b) Descripti	on			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel				
	X Political	Traver Out or District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Г	Check if Austin, TX,	officeholder living exp	ense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica			alaries/Wages/Co	ontract Labor	OTHER (enter a cate		bove)
	The Inst	ruction Guide explains how	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 5/18 Rpt: 11/30	Eltife, Kevin P. (Mr.)			00036573		
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZE	1.		
ISSUER	see pi	revious		IDITURES SED TO A CREE	_{ыт} \$		
			CARD	SED TO A CITEL	²¹¹		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$59.09	02/25/2025					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	_		507 Call	es St			
	Uber		#120				
			Austin, T	X 78702			
8 PURPOSE OF	(a) Category		(b) Descri	ption			
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	Travel				
X Political	Traver out or Biotriot						
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 Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$55.96	02/25/2025					
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Uber		507 Call	es St			
	Obei		#120				
	() 2 :		Austin, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption			
	Travel Out of District	,	Travel				
X Political							
Non-Political	·	of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought		Office held		
expenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Credit Card Iss	uor Doid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card iss	uei Paiu		
	\$62.86	02/25/2025					
PAYEE	(a) Payee name		(b) Payee	addrace:	City,	State,	Zip Code
TAILL	(a) Payee name		507 Call		City,	State,	Zip Code
	Uber		#120	es 31			
				X 78702			
PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Travel	•			
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin	TX, officeholder living	evnense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought	LI CHECK II AUSUII,	Office held	evhense	
expenditure to benefit C/OH			 9 · · ·		200010		
	<u> </u>						
Ī							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			;	3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 6/18 Rpt: 12/30	Eltife, Kevin P. (Mr.)			00036573				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s :	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid				
	\$56.21	02/26/2025							
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Uber		507 Calles St #120 Austin, TX 78702	2					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Travel						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, o	fficeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid				
	\$106.24	02/26/2025							
PAYEE	(a) Payee name	(b) Payee address;			City,	State,	Zip Code		
	Uber		507 Calles St #120						
	(a) Oatawari		Austin, TX 78702	<u>'</u>					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Travel						
X Political	Travel Out of District	,	Traver						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, o	fficeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid				
	\$56.66	03/14/2025							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Liber Fete		1455 Market St						
	Uber Eats		#400						
			San Francisco, C	A 94103					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
X Political	Food/Beverage Expe	•	Meal expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, o	fficeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Onicenoide//Folitica		ruction Guide explains how	to complete		TTIER (enter a categ	ory not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Etl	hics Commiss	sion Filers)
Sch: 7/18 Rpt: 13/30	Eltife, Kevin P. (Mr.)			00036573		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$72.01	03/16/2025	025				
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Liber Cata	1455 Market St					
	Uber Eats		#400				
			San Fran	cisco, CA 94103			
8 PURPOSE OF	(a) Category	-f.4b-illl)	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meal exp	ense			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	· · · · · · · · · · · · · · · · · · ·				Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$58.63	03/20/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			1455 Ma	rket St			
	Uber Eats		#400				
			San Francisco, CA 94103				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meal exp	ense			
X Political	Trood/Bovorago Expor						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$67.81	03/28/2025					
PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
			1455 Ma				
	Uber Eats		#400				
			San Francisco, CA 94103				
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	Meal exp	ense			
X Political	Food/beverage Exper	iise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH							
	1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Candidate/Officeholder/Politica			alaries/Wages/Co		OTHER (enter a cate	gory not listed at	oove)
	The Insti	ruction Guide explains hov	v to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 8/18 Rpt: 14/30	Eltife, Kevin P. (Mr.)			00036573		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL	OF UNITEMIZED)		
ISSUER	see ni	revious		DITURES	_ \$		
	J 555 p.	01.000	CHARG	ED TO A CREDI	'		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$61.81	03/31/2025					
	φ01.61	03/31/2023					
7 PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
	(a) r ayou name		507 Calle		Oity,	Otato,	Zip Code
	Uber		#120	.3 31			
			Austin, T	X 78702			
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Meal exp				
X Political	Food/Beverage Expe	nse	I Would oxp	01100			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought		Office held		
expenditure to benefit C/OH	()	[() =	145 = 45	- " 11			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$66.08	04/08/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Uber Eats		1455 Ma	rket St			
	Obel Lais		#400				
				cisco, CA 9410	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Food/Beverage Exper		Meal expense				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$26.00	05/09/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			400 Lava	ca St.			
	Hotel ZAZA						
			Austin, T	X 78701			
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel exp	ense			
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought	<u> </u>	Office held	-	
expenditure to benefit C/OH			,				
Ī							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete t	his form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 9/18 Rpt: 15/30	Eltife, Kevin P. (Mr.)			00036573			
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED				
	ISSUER	see pi	revious		DITURES ED TO A CREDI	T \$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid			
		\$75.47	05/11/2025						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Hotel ZAZA		400 Lava	ca St.				
				Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip					
	X Political	Travel Out of District	or this serieutic)	Hotel exp	ense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living ex	pense		
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	(c) Date(s)	Credit Card Issu	er Paid			
		\$5.00	05/12/2025						
	PAYEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code		
		Hotel ZAZA		400 Lava	ca St.				
				Austin, T	X 78701				
Г	PURPOSE OF	(a) Category		(b) Descrip	tion				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel expense					
	X Political	Traver out or District							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living ex	pense		
	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	(c) Date(s)	Credit Card Issu	er Paid			
		\$55.23	02/26/2025						
Г	PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code	
				507 Calle	s St				
		Uber		#120					
				Austin, T					
	PURPOSE OF	(a) Category	-f.4b-i	(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this scriedule)	Travel					
	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
	Sch: 10/18 Rpt: 16/30	Eltife, Kevin P. (Mr.)			00036573				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$62.50	04/05/2025							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Uber Eats		1455 Mark #400 San Franc	et St isco, CA 94103					
8	PURPOSE OF	(a) Category		(b) Descripti						
ľ	EXPENDITURE	(See Categories listed at the top		Meal expe						
	X Political	Food/Beverage Expe	nse							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TX	, TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
	expenditure to benefit C/OH			-						
r	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$42.13	04/13/2025							
r	PAYEE	(a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code		
				1455 Mark	et St					
		Uber Eats		#400						
L					isco, CA 94103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti						
		Food/Beverage Exper	*	Meal expe	nse					
l	X Political									
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
١.	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
F	expenditure to benefit C/OH	(a) A	(h) Data at Ohama	(-) D-+-(-) (Out die Outed In tour	. D - !-!				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$458.60	05/30/2025							
┡	PAYEE	(a) Dayoo nama		(b) Payee a	ddroco	City	State,	Zip Code		
	TAILL	(a) Payee name		()	Field Drive	City,	State,	Zip Code		
		Southwest Airlines		2702 LOVE	rieiu Diive					
				Dallas, TX	75235					
H	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	Travel						
	X Political	Travel Out of District								
	Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
E	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 11/18 Rpt: 17/30	Eltife, Kevin P. (Mr.)		00036573				
4 CREDIT CARD ISSUER		ncial institution 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 Issue	er Paid				
	\$64.73	03/18/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Uber Eats		1455 Market St #400 San Francisco, CA 94103	3				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Meal expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$75.90	03/22/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Uber Eats		1455 Market St #400					
DUDDOOF OF	(a) Category		San Francisco, CA 94103 (b) Description					
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Meal expense					
X Political	Food/Beverage Expe	nse	Wedi expense					
Non-Political		of Towns Committee Colombia	Charak if Asseting TV	Cofficient China Communication				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense ffice sought Office held					
expenditure to benefit C/OH	Carididate/Officeriolder	maric Office	c sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$80.52	03/30/2025						
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code				
	Uber		507 Calles St					
			#120 Austin, TX 78702					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Travel					
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX	c, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH			-					
	ı							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 12/18 Rpt: 18/30	Eltife, Kevin P. (Mr.)		00036573		
4 CREDIT CARD ISSUER		ncial institution 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 Issue	r Paid		
	\$479.72	04/16/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	S1 Clobal		5050 Quorum Drive			
	S1 Global		Suite 700			
			Dallas, TX 75254			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Car services			
X Political	Traver Out of District					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$533.03	04/22/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			5050 Quorum Drive			
	S1 Global		Suite 700			
			Dallas, TX 75254			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Car services			
X Political	Travel Out of District					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$116.07	05/08/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			400 Lavaca St.			
	Hotel ZAZA					
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Hotel expense			
X Political	X Political Travel Out of District					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete tl	nis form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 13/18 Rpt: 19/30	Eltife, Kevin P. (Mr.)			00036573		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$512.50	03/01/2025					
7 PAYEE	(a) Payee name Austin, John		(b) Payee a 210 W. 7t		City,	State,	Zip Code
			Austin, TX				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript	tion			
EXPENDITURE	Gift/Awards/Memorial	•	Gift				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct Candidate/Officeholder name			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$19.29	06/15/2025					
PAYEE	PAYEE (a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
	DAL		8008 Herl	Kelleher Way			
			Dallas, TX	(75235			
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Parking ex	xpense			
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	г	Check if Austin TY	officeholder living exp	nense	
Complete ONLY if direct	Candidate/Officeholder		<u> </u>	Check ii / tastiii, 1/x,	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$58.38	06/15/2025					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			300 Bourk	oon St			
	Royal Sonesta Hote	el					
			New Orlea	ans, LA 70130			
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meal expe	ense			
X Political	. Jour Develage Expen						
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 14/18 Rpt: 20/30	Eltife, Kevin P. (Mr.)			00036573				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$58.38	06/15/2025							
7	PAYEE	(a) Payee name Royal Sonesta Hote	el	(b) Payee 300 Bour		City,	State,	Zip Code		
L					ans, LA 70130					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip						
	EXPENDITURE	Food/Beverage Exper		Meal exp	ense					
	X Political									
	Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$1,000.00	03/08/2025							
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		Wade Washmon Ca	ampaign	1204 S. [Donnybrook					
				Tyler, TX	75701					
	PURPOSE OF	(a) Category		(b) Descrip	otion					
	EXPENDITURE Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Campaig	n donation					
	Non-Political	⊢	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living exp	onco			
┝	Complete ONLY if direct	Candidate/Officeholder		e sought	Crieck ii Austin, 17,	Office held	iciisc			
l e	expenditure to benefit C/OH			o ooug		000				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$56.00	06/17/2025							
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
l				8008 Her	b Kelleher Way					
l		COD Aviation Pk G	ar							
				Dallas, T	X 75235					
	PURPOSE OF	(a) Category	(II)	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking e	expense					
	X Political									
	Non-Political (c) X Check if travel outside of Texas. Complete Schedule T. Check				Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
4										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 15/18 Rpt: 21/30	Eltife, Kevin P. (Mr.)		00036573		
4 CREDIT CARD ISSUER		ncial institution 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 Issue	r Paid		
	\$500.00	06/24/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Sara Maynard Cam	paign	P.O. Box 1062			
			Tyler, TX 75710			
8 PURPOSE OF	(a) Category	-# Abib	(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Campaign donation			
X Political	Candidate/Officeholde					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$5,000.00	06/24/2025				
PAYEE	PAYEE (a) Payee name			City,	State,	Zip Code
	Kelly Hancock Cam	npaign for	P.O. Box 821349			
			North Richland Hills, TX 7	76182		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign donation			
X Political	Contributions/Donatio Candidate/Officeholde		Gampaign donation			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$5,000.00	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Issue	r Paid		
	\$5,000.00	00/20/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Joan Huffman Cam	unaign for	3733-1 Westheimer #40			
	Joan Huffman Cam	ipaigii ioi				
			Houston, TX 77027			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Contributions/Donatio	*	Campaign donation			
I <u>=</u>	X Political Candidate/Officeholder/Political Committee					
Non-Political	<u> </u>	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 16/18 Rpt: 22/30	Eltife, Kevin P. (Mr.)		c	00036573					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITI EXPENDITURES CHARGED TO A CARD	s \$	5					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer F	Paid					
	\$149.08	01/16/2025								
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
	Clarks		1200 W. 6th							
			Austin, TX 78703	}						
8 PURPOSE OF	(a) Category	7 11: 1 1 1 1	(b) Description							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meal expense							
X Political	T ood/Beverage Exper	1130								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	if Austin, TX, off	ficeholder living ex	pense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer F	Paid					
	\$345.30	02/16/2025								
PAYEE	PAYEE (a) Payee name				City,	State,	Zip Code			
	Aba		1011 S. Congress	S						
			Austin, TX 78704	ļ						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Meal expense							
X Political	Food/Beverage Expe	rise								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	if Austin, TX, off	ficeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer F	Paid					
	\$75.62	05/08/2025								
PAYEE	(a) Payee name	I	(b) Payee address;		City,	State,	Zip Code			
			2004 S. 1st Stree	et						
	Polvos									
			Austin, TX 78704							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	· ·	Meal expense							
X Political	Food/Beverage Expe	1130								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	if Austin, TX, off	ficeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Etl	nics Commiss	sion Filers)				
Sch: 17/18 Rpt: 23/30	Eltife, Kevin P. (Mr.)		00036573						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	\$2,336.66	06/02/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Royal Sonesta Hote	el	300 Bourbon St							
			New Orleans, LA 7013	30						
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel expense							
X Political	Traver out or District									
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	xpense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	\$61.14	06/15/2025								
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Royal Sonesta Hote	el	300 Bourbon St							
			New Orleans, LA 7013	30						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Meal expense							
X Political	Food/Beverage Expe	1156								
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	\$12.92	06/17/2025								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
			1 Terminal Drive							
	MSY									
			Kenner, LA 70062							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	,	Meal expense							
X Political	X Political Food/Beverage Expense									
Non-Political	n, TX, officeholder living ex	xpense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	/Memorials Expense P	rinting Expense Tra	avel in District avel Out of District THER (enter a category not listed above)	
		The Insti	uction Guide explains ho	w to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission I	-ilers)
	Sch: 18/18 Rpt: 24/30	Eltife, Kevin P. (Mr.)		00036573	
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED		
l	ISSUER	SAA NI	evious	EXPENDITURES	\$	
l		300 βι	cvious	CHARGED TO A CREDIT CARD		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	I r Paid	
ľ	. / ((b) Buto(b) Grount Gura Issuel		
		\$5,000.00	06/26/2025			
7	PAYEE	(a) Dayon name		(b) Payee address;	City State 7in	Codo
ľ	TAILL	(a) Payee name			City, State, Zip	Code
l		Mayes Middleton C	ampaign for	P.O. Box 1526		
			. •	Colvector TV 77EE2		
Ļ	DUDDOSE OF	(a) Category		Galveston, TX 77553 (b) Description		
8	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign donation		
		Contributions/Donatio	ns Made By			
	X Political	Candidate/Officeholde				
L	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held	
e	kpenditure to benefit C/OH					

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/3 Rpt: 25/30	
2	FILER NAME		3	Filer I	D (Ethics Commission	n Filers)
	Eltife, Kevin	P. (Mr.)		0003	6573	
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
	01/02/2025	Energy Transfer LP				29,201.18
		6 Address of person from whom amount is received: City; State; Zip Code			-	,
		Address of person from whom amount is received, City, State, 21p Code				
		Dallas, TX 75225				
			olitic	ral con	<u> </u>	r
		Proceeds from sale	Ontic	ai con	inbution retained to me	'
					1	
	Date	Name of person from whom amount is received			Amount (\$)	
	02/19/2025	Energy Transfer LP			\$1	L3,020.80
		Address of person from whom amount is received; City; State; Zip Code				
		Dallas, TX 75225				
			olitic	cal con	tribution returned to file	r
		Partnership distribution				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/20/2025	Energy Transfer LP			\$1	L3,120.96
		Address of person from whom amount is received; City; State; Zip Code		•••••	1	
		Dallas, TX 75225				
		Purpose for which amount is received	olitic	cal con	tribution returned to file	r
		Partnership distribution				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/14/2025	Enterprise Products Partner LP MLP				\$428.00
		Address of person from whom amount is received; City; State; Zip Code			·	
		That see of person from more and and a received, easy, ease, and a received				
		Houston, TX 77002				
		Purpose for which amount is received Check if po	olitic	cal con	tribution returned to file	r
		Partnership distribution				
=	Date	Name of person from whom amount is received			Amount (\$)	
	05/14/2025	Enterprise Products Partner LP MLP			7 tinount (¢)	\$428.00
	00/1 1/2020	<u> </u>			.	Ψ120.00
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77002				
			olitic	cal con	<u> </u>	r
		Partnership distribution	Jiili	Jai 5011	ansation retained to me	•
		. a.				

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1	-	ages Schedule K: //3 Rpt: 26/30	
2	FILER NAME		3			-ilore)
	Eltife, Kevin	P (Mr)	3	00036	•	-ileis)
_		· · ·		00030		
4	Date 01/08/2025	Name of person from whom amount is received UBS Financial Services			8 Amount (\$)	\$0.11
	01/06/2025					Φ0.11
		6 Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75703-4400				
			if politi	ool oontr	ibution returned to filer	
		Interest income	п роши	cai conti	ribution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	#0.00
	02/07/2025	UBS Financial Services				\$0.20
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75703-4400				
		<u> </u>	if politi	aal aante	ibution returned to filer	
		Interest income	п рош	cai conti	ribution returned to filer	
					T	
	Date	Name of person from whom amount is received			Amount (\$)	ФО ОО
	03/07/2025 UBS Financial Services					\$0.23
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75703-4400				
			if politic	cal contr	I ibution returned to filer	
		Interest income	po	00	isation rotalinos to mo	
-	Date	Name of person from whom amount is received			Amount (\$)	
	04/07/2025	UBS Financial Services			Amount (ψ)	\$0.18
	0-10112020	Address of person from whom amount is received; City; State; Zip Code				Ψ0.10
		Address of person from whom amount is received. City, state, 2:p code				
		Tyler, TX 75703-4400				
		Purpose for which amount is received Check	if politi	cal contr	ribution returned to filer	
		Interest income	·			
_	Date	Name of person from whom amount is received			Amount (\$)	
	05/07/2025	UBS Financial Services			7 unount (ϕ)	\$0.19
		Address of person from whom amount is received; City; State; Zip Code				77.25
		Address of person from whom amount is received, Oity, State, 2:p code				
		Tyler, TX 75703-4400				
		Purpose for which amount is received	if politi	cal contr	ribution returned to filer	
		Interest income	•			
		I .				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 27/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eltife, Kevin P. (Mr.) 00036573 5 Name of person from whom amount is received 8 Amount (\$) Date 06/06/2025 **UBS Financial Services** \$0.50 6 Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400 Purpose for which amount is received Check if political contribution returned to filer Interest income

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

SCI		

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/3 Rpt: 28/30			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Eltife, Kevin P. (Mr.)				00036573			
4 Name of Contribut COD Aviation Pl		ation or Labor Orga	anization / Pledgor /Pay	ee				
5 Contribution / Expe	enditure rer	oorted on:						
Schedule A2								
Schedule F2								
				Scriedule 11	Schedule GOTT GO			
6 Dates of Travel	7 Name of person(s) traveling Eltife, Kevin							
	8 Depart	ure city or name of	departure location					
06/15/2025	5 Dallas							
	9 Destina	ation city or name o	of destination location					
06/17/2025	New C	Orleans						
10 Means of transpor	tation	11 Purpose of tra	vel (including name of c	onference, seminar, or	other event)			
Commercial Airp	lane	UT Business	i					
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Pay	 ee				
DAL								
Contribution / Expe	enditure reg	oorted 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			
				Scriedule 11	Scriedule COTT-OC			
Dates of Travel	l	of person(s) traveli	ng					
	Eltife,							
	Departure city or name of departure location							
06/15/2025	Dallas							
	Destina	ation city or name o	of destination location					
06/17/2025	New C	Orleans						
Means of transpor	tation	Purpose of tra	vel (including name of c	onference, seminar, or	other event)			
Commercial Airp	olane	UT Business	;					
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Pay	ee				
MSY								
Contribution / Expe	enditure rep	oorted on:						
Schedule A2								
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
			Ш					
Dates of Travel	Name of person(s) traveling Eltife, Kevin							
00/5=/22=	Departure city or name of departure location							
06/15/2025	i/2025 Dallas							
	Destination city or name of destination location							
06/17/2025	New Orleans							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					other event)			
Commercial Airplane UT Business								
1								

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 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	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC		
6 Dates of Travel	7 Name o	of person(s) traveli	ng				
	Eltife,	Kevin					
	8 Departi	ure city or name of	departure location				
06/15/2025	Dallas						
	9 Destina	tion city or name o	of destination location				
06/17/2025	New C	rleans					
10 Means of transpor	tation	11 Purpose of tra	vel (including name of c	onference, seminar, or of	ther event)		
Commercial Airp	olane	UT Business	i				
Name of Contribut	tor / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee			
Royal Sonesta F		_					
Contribution / Exp	enditure rep	orted on:					
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	XIS	Schedule F4	Schedule G	Schedule H	Schedule COH-UC		
Dates of Travel	. –		na				
Bates of Traver	Name of person(s) traveling Eltife, Kevin						
	Departure city or name of departure location						
06/15/2025	Dallas						
			of destination location				
06/17/2025	New C		or destination location				
Means of transpor	<u>tation</u>	Purpose of tra	vel (including name of c	onference, seminar, or of	ther event)		
Commercial Airp		UT Business			,		
Name of Contribut	tor / Corpora	ation or Labor Orga	anization / Pledgor /Paye				
Royal Sonesta F		· ·					
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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	Name o	of person(s) traveli	na	<u> </u>	<u> </u>		
	Eltife, Kevin						
	Departure city or name of departure location						
06/15/2025	Dallas						
	Destination city or name of destination location						
06/17/2025	New Orleans						
Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Commercial Airp	Commercial Airplane UT Business						
I							

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 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 COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Eltife, Kevin Departure city or name of departure location 06/15/2025 Destination city or name of destination location 06/17/2025 **New Orleans** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) **UT Business** Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Eltife, Kevin Departure city or name of departure location 06/15/2025 **Dallas** Destination city or name of destination location 06/17/2025 **New Orleans** Means of transportation Purpose of travel (including name of conference, seminar, or other event) **UT Business** Commercial Airplane