CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

╙							
Th	ne C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm		2 Total pages	filed: 52
╙		_		00084254			
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
l	NAME	The Honorable	Cody T.			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	07/15/2025	
			Vasut				
4	CANDIDATE /	ADDDECC / DO DOV. ADT	/ SUITE #; CIT	·V.	ZIP CODE	Date Hand-delivered	or Date Postmarked
*	OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #, CIT	Ι,	ZIP CODE	Bate Hand delivered	or Bate i ostinarited
	MAILING	P O BOX 2724				December 11	Amount
	ADDRESS					Receipt #	Amount
	Change of Address	ANGLETON, TX 77516					
l		,				Date Processed	
l							
l						Date Imaged	
_							
5	CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
l	NAME	Mr.	Cody Thane				
l		NICKNAME	LAST		SUFFIX		
l			Vasut				
6	CAMPAIGN	STREET ADDRESS (NO PO	DOV DI EASE):	Λ.	T / SUITE #; CIT	V· CT	TATE; ZIP CODE
ľ	TREASURER	· ·	BOX FLEASE),	AF	1 / 3011E #, CIT	1, 31	ATE, ZIF CODE
l	ADDRESS	P.O. Box 2724					
l	(Residence or Business)						
l	,	Angleton, TX 77516					
7	CAMPAIGN	AREA CODE PHON	IE NUMBER I	EXTENSION			
l	TREASURER PHONE	(979) 481-0715					
8	REPORT						
	TYPE	January 15	30th day before	e election	Runoff		ampaign treasurer
			7 045 45555	-1	Formandad and different	appointment (of	
l		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
L							
9	PERIOD	Month Day Year			Month Day		
l	COVERED	01/01/2025	TH	HROUGH	06/30/20	025	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
l		Month Day Year		rimary	Runoff	Other	
l		11/03/2026		Seneral	☐ Cnooled	<u>—</u>	
l				beneral	Special		
$ldsymbol{f eta}$					_		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
l		State Representative Distr	rict 25 Brazoria		State Represe	ntative District 25	
\vdash		!			ı		
			GO T	ΓΟ PAGE 2			
I			GU	O FAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 52

13 C / OH NAME	Vasut, Cody T. (The	Honorable)	14 Filer ID 00084254	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendi These expenditures may have been made withou officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
ш°	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 18,775.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00					
	4. TOTAL POLITIC		\$ 55,474.27					
CONTRIBUTION BALANCE	•	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	S OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t					
		The Ho	norable Cody T. Vasu	ıt				
		Signature	of Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath				

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 52
_	ER NAM	(Ethi	cs Commission Filers)		
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,775.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	33,746.99	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	21,426.14
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	301.14
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	101.62

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/52			
2	FILER NAME Vasut, Cody	T. (The Honorable)		3	Filer ID (Ethics Commission 00084254	on Filers)	
4	Date 06/27/2025			7	Amount of Contribution (\$)	\$1,000.00	
_	Deinsinal	Austin, TX 78701	O Frankrica (Con Instruction				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Howard, Jay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Partner		Hillco				
	Date Full name of contributor out-of-state PAC (ID#: 06/30/2025 Koebele, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Law Office of Steve Koe	le			
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Russo, Christopher Contributor address; City; State; Zip Code El Lago, TX 77586			Amount of Contribution (\$)	\$25.00	
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Strong Borders Foundat		ı		

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHED	ULE A1
	The Instru	ction Guide explains how to complete this for	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/52	
2	FILER NAME Vasut, Cody	T. (The Honorable)		3	Filer ID (Ethics Commis 00084254	sion Filers)
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$	\$10,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	i)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Texas REALTORS Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$5,000.00
		Austin, TX 78768-2246				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas BW-PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/14 Rpt: 6/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	06/27/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112-5204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Processing Fees
		Creak cara ricoccoming reco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/30/2025	Anedot, Inc.
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St., Suite 1770
	,	
		New Orleans, LA 70112-5204
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	02/21/2025	Angleton Athletic Boosters
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$400.00	1900 N. Downing Rd
l		
		Angleton, TX 77515
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchase of helmet for capitol office and donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
T		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		xpens Wages	e /Contract Labor		Travel in District Travel Out of Distric OTHER (enter a cat	t egory not listed above)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID (E	Ethics Commission Filers)
	Sch: 2/14 Rpt: 7/52	Vasut, Cod	y T. (The Honorable)					00084254	
4	Date	5 Payee name							
	01/13/2025	At Home							
6	Amount (\$)	7 Payee addre	ss; City; Sta	ate; Zip Co	ode				
	\$595.36	5151 US-2	90						
		Austin, TX	78735						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Furniture	ce categories listed at the top of this	<i>scriculicy</i>	<u> </u> `´	_ ·	outsic	le of Texas. Complet	e Schedule T.
	EXPENDITURE					—		officeholder living ex	pense
						Couch for cap	oito	l office	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office held	
	onpolicitate to beliefit 6/01	•							
	Date	Payee name							
	01/17/2025	At Home							
	Amount (\$)	Payee addre	ss; City; Sta	ate; Zip Co	ode				
	\$432.99	5151 US-2	90						
		Austin, TX	78735						
	PURPOSE		ee Categories listed at the top of this	schedule)	(b)	Description			
	OF	Furniture	ee Calegories listed at the top of this	scriedule)	<u> </u> `´	_ `	outsic	le of Texas. Complet	e Schedule T.
	EXPENDITURE					Check if Austin,	TX,	officeholder living ex	pense
						Chair for capi	tol	office	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office held	
L		1							
	Date	Payee name							
L	01/17/2025	At Home							
	Amount (\$)	Payee addre	ss; City; Sta	ate; Zip Co	ode				
	\$595.36	5151 US-2	90						
		Austin, TX	78735						
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Furniture		- ,		Check if travel of		le of Texas. Complet	
	LAFENDITURE					_		officeholder living ex	pense
						Couch for cap	oito	office	
					Ļ				
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office held	
	Superiorde to belieff 0/01	•							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 8/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	06/09/2025	Brazoria Heritage Foundation
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 202 W Smith St, Brazoria, TX 77422
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tickets to Santa Ana Ball
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,003.34	P.O. Box 15123
		Wilmington, DE 19850-5123
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment F4 this report and partial last
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2025	Chase Bank N.A.
	Amount (\$) \$4,375.20	Payee address; City; State; Zip Code P.O. Box 15123
		Wilmington, DE 19850-5123
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment F4 this report
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 9/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	02/16/2025	Chase Bank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,144.59	P.O. Box 15123
		Wilmington, DE 19850-5123
8	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 F4 this report
		Great early payment 1 4 this report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/22/2025	Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,004.74	P.O. Box 15123
		Wilmington, DE 19850-5123
	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 F4 this report
		Grout data paymont 1 tillo roport
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
F	Date	Payee name
	03/29/2025	Chase Bank N.A.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,604.17	P.O. Box 15123
		Wilmington, DE 19850-5123
Г	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.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Credit card payment F4 this report
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 10/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	05/03/2025	Chase Bank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,230.74	P.O. Box 15123
		Wilmington, DE 19850-5123
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 F4 this report
		Greate early payment 1 4 this report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	06/03/2025	Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,423.95	P.O. Box 15123
		Wilmington, DE 19850-5123
	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.
		Cradit cord nowment F4 this report
		Credit card payment F4 this report
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2025	Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,077.52	P.O. Box 15123
		Wilmington, DE 19850-5123
	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 F4 this report
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 6/14 Rpt: 11/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	06/14/2025	Chase Bank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$439.46	P.O. Box 15123
		Wilmington, DE 19850-5123
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.
		Credit card payment F4 this report
		Greate early payment 1 4 this report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/14/2025	Chipotle
_	Amount (\$)	Payee address; City; State; Zip Code
	\$33.94	801 Congress Avenue
	400.0 .	Suite 100
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/10/2025	Columbia Brazoria FFA Alumni
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO BOX 1354
		West Columbia, TX 77486
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee I	-ood/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)	
L	Sch: 7/14 Rpt: 12/52	V	asut, Cody	T. (The Honora	ble)					00084254		
4	Date	5 Pa	ayee name									
	01/03/2025	E:	xpress Self	Storage								
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	de					
	\$106.00	18	804 E Mulb	erry St								
		A	ngleton, Tኦ	(77515								
8	PURPOSE	(a) C	ategory (See	e Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	ı		ead/Rental Exp		,		=			plete Schedule T.	
	LA LIBITORE							—		officeholder living	expense	
								Campaign Sto	uid	ye		
_	Complete ONLY if direct		ndidata/Off:-	oholder name		office com	ah+			Office he	old	
9	Complete ONLY if direct expenditure to benefit C/Oh		ate/Offic	eholder name		office sou	igrit			Office ne	alu	
	Date	Pa	ayee name									
	02/02/2025	E:	xpress Self	Storage								
	Amount (\$)	Pá	ayee addres	s; City;	State;	Zip Co	de					
	\$106.00	18	804 E Mulb	erry St								
		A	ngleton, Tኦ	77515								
	PURPOSE	(a) C	ategory (See	e Categories listed at the	e top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			ead/Rental Exp		•		—			plete Schedule T.	
	LA LIBITORE							—		officeholder living	expense	
								Campaign Sto	ura	ye		
_	Complete ONLY if direct		ndidato/Offic	eholder name		Office sou	aht			Office he	ald	_
	expenditure to benefit C/O		iiuiuale/UIII0	enoluel Hallie	C	mice Sou	ıyııl			Onice ne	สน	
_	Dete											_
	Date	l	ayee name	Ctorogo								
	03/04/2025		xpress Self									
	Amount (\$)	1	ayee addres		State;	Zip Co	ode					
	\$106.00	18	804 E Mulb	erry St								
		A	ngleton, T≻	(77515								
	PURPOSE OF	ı		e Categories listed at the		edule)	(b)	Description				
	EXPENDITURE	0	ffice Overh	ead/Rental Exp	ense					de of Texas. Com officeholder living	plete Schedule T.	
								Campaign Sto			, superior	
								1 3 2		_		
	Complete ONLY if direct	<u> </u>	ndidate/Offic	eholder name	0	Office sou	<u> </u>			Office he	eld	_
	expenditure to benefit C/OF	Н					-					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 8/14 Rpt: 13/52	Vasut, Cody T. (The Honorable) 00084254					
4	Date	5 Payee name					
	04/02/2025	Express Self Storage					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$106.00	1804 E Mulberry St					
		Angleton, TX 77515					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Campaign Storage					
		Campaigh Storage					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
\vdash	Data						
	Date	Payee name					
	05/02/2025	Express Self Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$106.00 1804 E Mulberry St						
		Angleton, TX 77515					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Compaign Storage					
		Campaign Storage					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·					
_	D :						
	Date	Payee name					
	06/03/2025	Express Self Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$106.00	1804 E Mulberry St					
		Angleton, TX 77515					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Compaign Storage					
		Campaign Storage					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment				/Contract Labor		OTHER (enter a	category not listed abo	ve)		
	Ordan dara r dyment		The Instruction Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 9/14 Rpt: 14/52	Vasut, Cody	y T. (The Honorable)					00084254		
4	Date	5 Payee name								
	06/03/2025	Friends of t	he River San Bernard							
6	Amount (\$)	7 Payee addre	ss; City; Stat	te; Zip Co	de					
	\$500.00	3199 Berna	rd Oaks St							
		Brazoria, T	X 77422							
8	PURPOSE		ee Categories listed at the top of this s	- l l - \	(b)	Description				
•	OF		ee Categories listed at the top of this s ns/Donations Made By	cneaule)	(~)		outsi	ide of Texas. Comp	plete Schedule T.	
	EXPENDITURE		Officeholder/Political Com	mittee		Check if Austin,	, TX	, officeholder living	expense	
						Sponsorship	for	fundraiser		
9	Complete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	05/11/2025	Holiday Inn	Express and Suites Austi	in Airport I	Eas	t				
	Amount (\$)	Payee addre	ss; City; Stat	te; Zip Co	de					
	\$924.42	3102 State	Hwy 71							
		Del Valle, T	X 78617							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of this s	chedule)	(b)	Description				
	OF		head/Rental Expense	onoudio,			outsi	ide of Texas. Comp	olete Schedule T.	
	EXPENDITURE		·					, officeholder living	expense	
						Hotel for sess	ioia	1		
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	05/17/2025	Holiday Inn	Express and Suites Austi	in Airport I	Eas	t				
	Amount (\$)	Payee addre	•	te; Zip Co	de					
	\$769.55	3102 State	Hwy 71							
		Del Valle, T	X 78617							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense					ide of Texas. Comp		
						X Check if Austin,		, officeholder living	expense	
						1 10161 101 5655	JUI	ı		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office he	7l4	
	expenditure to benefit C/OI		cenoluel name	Onice Sou	yııı			Office ne	iiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 15/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	05/20/2025	Martinez Fischer, Trey (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.25	104 Babcock Road
		Ste. 107
		San Antonio, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee Chair gift for Morgan Meyer
		Committee Chair girt for Morgan Weyer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/16/2025	On Target 4H
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	21017 CR 171
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Gp3.163.5p
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/29/2025	Orr, Angelia (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.62	PO Box 337
		Itasca, TX 76055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Committee Chair gift for Will Metcalf
		Committee Chair girt for vviii wetcan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/14 Rpt: 16/52	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	02/08/2025	Our Lady Queen of Peace Catholic School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1600 FM 2004
		Richwood, TX 77531
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation for fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┢	Date	Payee name
	02/08/2025	Sea Center Texas
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 302 Medical Dr
	φ230.00	SUZ MEGICAI DI
		Lake Jackson TV 77FCC
		Lake Jackson, TX 77566
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/14/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.45	901 E 5th Street
		Suite 140
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Baked goods for office for opening day
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 12/14 Rpt: 17/52	Vasut,	Cody T. (The Hon	orable)					00084254	
4	Date	5 Payee	name					•		
	01/15/2025	Target	t							
6	Amount (\$)	7 Payee	address; City;	State;	; Zip Co	ode				
	\$112.74		Guadalupe Street		•					
			01-100							
			, TX 78705							
8	PURPOSE					(h)	Description			
o	OF		Ory (See Categories listed	at the top of this sch	edule)	(D)	Description Check if travel (nutsi	de of Texas, Com	plete Schedule T.
	EXPENDITURE	Onice	Supplies				=		officeholder living	
										s for capitol office,
							including stor	age	e bins and b	atteries
9	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	(Office sou	ught			Office he	eld
	Date	Payee	name							
	01/19/2025		Conservative Coa	lition						
	Amount (\$)	Payee	address; City;	State:	; Zip Co	ode				
	\$2,000.00		3ox 2659	 :	,					
	,		-							
		Austin	, TX 78681							
	PURPOSE OF	(a) Catego	Ory (See Categories listed	at the top of this sch	edule)	(b)	Description			
	EXPENDITURE	Fees					—		de of Texas. Com officeholder living	plete Schedule T.
							Membership			,
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name		Office sou	<u>I</u> ught			Office he	eld
H	Date	Payee	name							
	03/16/2025	,	Freedom Caucus							
				Ctata	; Zip Co	ade				
	Amount (\$) \$1,000.00	,	address; City; OX 806	Sidle,	, Zip C(Jue				
	\$1,000.00	POBO	JA 000							
		Austin	, TX 78767-0806							
	PURPOSE OF	(a) Catego	Ory (See Categories listed	at the top of this sch	edule)	(b)	Description			
	EXPENDITURE	Fees					ш		de of Texas. Com officeholder living	plete Schedule T.
							Membership			
								c		
	Complete ONLY if direct	Candida	te/Officeholder name		Office sou	l Jaht			Office he	eld
	expenditure to benefit C/OI			`	550	J			233 110	

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	mplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Et	hics Commission Filers)
Sch: 13/14 Rpt: 18/52	Vasut, Cody T. (The Honorable)		00084254	
4 Date	5 Payee name			
01/17/2025	Texas House Republican Caucus PAC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,000.00	P.O. Box 13305			
	Austin, TX 78711			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on	
OF EXPENDITURE	Fees	Check	if travel outside of Texas. Complete	
LAFENDITORE			if Austin, TX, officeholder living expe	ense
		Membe	rship dues	
Complete CNII V if direct	Condidate/Officeholder name Office equ	a.b.t	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou OH	yııı	Office held	
Date	Payee name			
01/07/2025	Visionary Outreach			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$500.00	32 LAVIDA CT			
	Manvel, TX 77578			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<u> </u>	if travel outside of Texas. Complete if Austin, TX, officeholder living expe	
	Candidate/Officeriolder/Political Committee		rship for Martin Luther K	
		'	•	3
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/C	vH			
Date	Payee name			
04/25/2025	Visionary Outreach			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$500.00	32 LAVIDA CT			
	Manvel, TX 77578			
PURPOSE		(h) Docorinti	on	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b) Descripti	on if travel outside of Texas. Complete	Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check	if Austin, TX, officeholder living expe	ense
		Sponso	rship for Juneteenth eve	ent
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ght	Office held	
ехрениките ко вененк С/С	11			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide 6	Salaries/V	/ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 19/52		y T. (The Honorable))				00084254	·
4	Date	5 Payee name							
	02/08/2025		nbia Rotary						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de				
	\$100.00	512 East B	razos Ave						
		West Colur	nbia, TX 77486						
8	PURPOSE		ee Categories listed at the top		(b)	Description			
	OF EXPENDITURE		ns/Donations Made I					de of Texas. Com	
		Candidate/	Officeholder/Political	Committee		Donation for f		officeholder living	expense
						Donation for i	iuii	uiuisci	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	-1							
	Date	Payee name							
	05/11/2025	West Pearl	and Republican Wor	nen PAC					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de				
	\$1,000.00	8325 Broad	lway						
		Suite 202,	3ox 27						
		Pearland, 1	X 77581-5773						
	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE		ns/Donations Made I			=		de of Texas. Com officeholder living	
		Candidate/	Officeholder/Political	Committee		Sponsorship			
						Оропоотопър	.0.	r roddiy rec	a event
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld
	experialitate to beliefit 6/01	'							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 1/26 Rpt: 20/52	Vasut, Cody T. (The	e Honorable)		00084254					
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	<u></u>					
ISSUER	Chase E	Bank N.A.	EXPENDITURES CHARGED TO A CREDIT CARD	- \$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$125.00	01/07/2025	01/21/2025						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	Dirty South		116 N Velasco St.						
	Angleton, TX 77515								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Lunch with First State Bar charity	nk, who won lur	nch I don	ated to			
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	er Paid					
	\$6.33	01/11/2025	01/21/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
			215 S Lamar Blvd						
	AirGarage Parking								
			Austin, TX 78704						
PURPOSE OF	(a) Category	of this cahadula)	(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking in Austin for legislative meeting						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH		I	1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 01/12/2025	er Paid					
	\$154.50	01/12/2025	01/12/2025						
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code			
	The Park of the Forest		805 Neches Street						
	Holiday Inn Expres	s Austin							
			Austin, TX 78701						
PURPOSE OF (a) Category (See Categories listed at the tag of this schedule)		(b) Description							
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			Hotel for session						
X Political		•							
Non-Political	(7)	of Texas. Complete Schedule T.		, 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Carididate/Officeriolder/Folitica		ruction Guide explains how	· ·	THER (enter a category r	ioi iisteu ai	oove)
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 2/26 Rpt: 21/52	Vasut, Cody T. (The	e Honorable)		00084254		,
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$51.96	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issue 01/21/2025	er Paid		
7 PAYEE	(a) Payee name 823 Congress Park	ing	(b) Payee address; 823 Congress Ave. Austin, TX 78701	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for first day of se	ssion		
Non-Political	(*)	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	se	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issue 02/08/2025	er Paid		
PAYEE	(a) Payee name Pregnancy Help Center of		(b) Payee address; City, State, Zip 327 Garland D Lake Jackson, TX 77566			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Donation			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issue 02/08/2025	er Paid		
PAYEE (a) Payee name Bullock Texas State History PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Payee address; 1800 Congress Ave. Austin, TX 78701	City,	State,	Zip Code	
		(b) Description Parking for legislative meeting				
Non-Political	(*) —	of Texas. Complete Schedule T.		x, officeholder living expen	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense 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	s Commiss	sion Filers)				
Sch: 3/26 Rpt: 22/52	Vasut, Cody T. (The	e Honorable)		00084254						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$566.20	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issuer 02/08/2025	r Paid						
7 PAYEE	(a) Payee name Holiday Inn Express	s and Suites	(b) Payee address; 3102 State Hwy 71	102 State Hwy 71						
0. DUDDOOF OF	(a) Catagony		Del Valle, TX 78617							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X 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 \$1,000.00	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuer 01/21/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Angleton Rotary Cl	ub	2909 N Velasco St							
			Angleton, TX 77515							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Description Donation							
X Political	Candidate/Officeholde		<u> </u>							
Non-Political	(*) —	of Texas. Complete Schedule T.		officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held						
PAYMENT	(a) Amount Charged \$437.76	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issuer 01/21/2025	r Paid						
PAYEE	(a) Payee name Holiday Inn Express and Suites		(b) Payee address; 3102 State Hwy 71 Del Valle, TX 78617	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	NDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
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: 4/26 Rpt: 23/52	Vasut, Cody T. (The	e Honorable)		00084254			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	\$		
6 PAYMENT	(a) Amount Charged \$287.50	(b) Date of Charge 01/18/2025	(c) Date(s) Credit Card Issue 01/18/2025	r Paid			
7 PAYEE	(a) Payee name 100 Club of Brazori	a County	(b) Payee address; PO Box 1596	City,	State,	Zip Code	
	() -		Lake Jackson, TX 77566				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Donation				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$194.00	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issue 02/08/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Holiday Inn Expres	s and Suites	3102 State Hwy 71				
			Del Valle, TX 78617				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. X Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held			
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issue 02/08/2025	r Paid			
PAYEE	(a) Payee name Greater Angleton Chamber of		(b) Payee address; 222 N Velasco St Angleton, TX 77515	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Donation				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffic	e sought	Office held			

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 Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	•	ruction Guide explains how	to complete t		HER (enter a catego	ory flot listed a	bove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 5/26 Rpt: 24/52	Vasut, Cody T. (The	e Honorable)			00084254		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 01/30/2025	(c) Date(s) 02/08/202	Credit Card Issuel 25	r Paid		
7 PAYEE	(a) Payee name IT Caucus		(b) Payee a 108 Lavad STE 110- Austin, TX	ca Street 701 (78701	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Members				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$1,136.60	(b) Date of Charge 01/10/2025	(c) Date(s) 01/21/202	Credit Card Issuel 25	r Paid		
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Best Buy	4970 US-	290				
		Austin, T	(78735				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Electronics	of this schedule)	(b) Descrip Television	tion I for capitol office	е		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held	·	
PAYMENT	(a) Amount Charged \$39.78	(b) Date of Charge 01/13/2025	(c) Date(s) 01/21/202	Credit Card Issuer 25	r Paid		
PAYEE	(a) Payee name Metropolis Parking		(b) Payee a 805 Nech	es Sreet	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Parking for legislative meetings				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	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 Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 6/26 Rpt: 25/52	Vasut, Cody T. (The	e Honorable)			00084254		
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 Issuer	Paid		
	\$10.76	01/14/2025	01/21/202	5			
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Uber		1515 Third	d Street			
			San Franc	isco, CA 94158			
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Transporta	ation for legislati	ve meetings		
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		Credit Card Issuer	Paid		
	\$18.03	01/14/2025	01/21/202	:5			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1515 Third	d Street			
			San Franc	isco, CA 94158			
PURPOSE OF	(a) Category	-# 4bibb-1-\	(b) Descript				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Transportation for legislative meetings				
X Political							
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	(b) Date of Charge	(c) Date(s) (02/08/202	Credit Card Issuer	Paid		
	\$2,500.00	02/03/2025	02/06/202	.5			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			135 Spani	sh Oak Circle			
	Brazoria County Re	epublican Party					
			Lake Jack	son, TX 77566			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descript	ion			
EXPENDITURE	Contributions/Donatio	,	Donation				
X Political	Candidate/Officeholde						
Non-Political	(*) —	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							

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 Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category no	ot listed ab	ove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics 0	Commiss	ion Filers)	
Sch: 7/26 Rpt: 26/52	Vasut, Cody T. (The	e Honorable)		00084254			
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$99.77	(b) Date of Charge 01/05/2025	(c) Date(s) Credit Card Issuel 06/14/2025	r Paid			
7 PAYEE	(a) Payee name The Facts		(b) Payee address; 720 S. Main St. Clute, TX 77531	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Ad for DD4 legislation				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$201.57	(b) Date of Charge 01/21/2025	(c) Date(s) Credit Card Issuer 01/21/2025	r Paid			
PAYEE	(a) Payee name Holiday Inn Express	s Austin	(b) Payee address; 805 Neches Street Austin, TX 78701	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expens	e		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$15.42	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issuer 01/21/2025	r Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1515 Third Street San Francisco, CA 94158	,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Transportation for legislative meetings				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
i							

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: 8/26 Rpt: 27/52	Vasut, Cody T. (The	e Honorable)		00084254		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$130.00	(b) Date of Charge 02/18/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Paid		
7 PAYEE	(a) Payee name State Preservation	Board	(b) Payee address; 201 E 14th St Suite 950 Austin, TX 78701	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Salaries/Wages/Contt		(b) Description Hanging of televisions in	capitol office		
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$570.95	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issue 02/16/2025	er Paid		
PAYEE	(a) Payee name Holiday Inn Express	s and Suites	(b) Payee address; 3102 State Hwy 71 Del Valle, TX 78617	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$60.49	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Paid		
PAYEE	(a) Payee name AirGarage Parking		(b) Payee address; 215 S Lamar Blvd Austin, TX 78704	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative me	eting		
Non-Political	(*) —	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category	not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 9/26 Rpt: 28/52	Vasut, Cody T. (Th	e Honorable)		00084254		,
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer 03/22/2025	Paid		
7 PAYEE	(a) Payee name City of Austin		(b) Payee address; 301 W. 2nd St. Austin, TX 78701	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative mee	eting		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer 03/22/2025	r Paid		
PAYEE	(a) Payee name City of Austin		(b) Payee address; 301 W. 2nd St. Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative meeting			
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 Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$8.47	(b) Date of Charge 02/11/2025	(c) Date(s) Credit Card Issuer 02/16/2025	r Paid		
PAYEE	(a) Payee name Uber		(b) Payee address; 1515 Third Street San Francisco, CA 94158	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Transportation to legislativ	ve meetings		
Non-Political	(7)	of Texas. Complete Schedule T.		officeholder living exper	nse	
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 Inst	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: 10/26 Rpt: 29/52	Vasut, Cody T. (The	e Honorable)		00084254		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issue 02/16/2025	er Paid		
7 PAYEE	(a) Payee name LAZ Parking		(b) Payee address; Cesar Chavez	City,	State,	Zip Code
a BURDOS 05	(a) Cataman		Austin, TX 78701			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative me	eting		
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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
· .	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid		
PAYMENT	(a) Amount Charged \$334.86	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Palu		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			3102 State Hwy 71			
			Del Valle, TX 78617			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Paid		
PAYEE	(a) Payee name Austin Convention	(a) Payee name Austin Convention Center Parking		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative me	eting		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense 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 (Eth	nics Commiss	sion Filers)
Sch: 11/26 Rpt: 30/52	Vasut, Cody T. (The	e Honorable)		00084254		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	 \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer Paid		
	\$525.00	03/06/2025	03/22/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Brazoria County Sh	neriff's	3602 County Road			
			Angleton, TX 77515	5		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Contributions/Donatio	ns Made By	Donation			
Non-Political		of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	xpense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	-	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$514.80	(b) Date of Charge 03/29/2025	(c) Date(s) Credit Card 03/29/2025	d Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			120 E. Hospital Dr.			
			Angleton, TX 77515	5		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Contributions/Donation	ns Made By	Donation			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$11.39	(b) Date of Charge 02/11/2025	(c) Date(s) Credit Card 02/16/2025	d Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) i ayee name		1515 Third Street	City,	Jiaie,	Zip Code
	Uber		1313 Tima Street			
			San Francisco, CA	94158		
PURPOSE OF	(a) Category	(1)	(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Transportation to le	gislative meetings		
X Political						
Non-Political	(1)	of Texas. Complete Schedule T.		ustin, TX, officeholder living ex	xpense	
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 Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 12/26 Rpt: 31/52	Vasut, Cody T. (The	e Honorable)			00084254		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$28.98	(b) Date of Charge 02/11/2025	(c) Date(s) 02/16/20	Credit Card Issu 25	er Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee 1515 Thi San Fran		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	K, officeholder living ex	rpense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$514.80	(b) Date of Charge 02/13/2025	(c) Date(s) 02/16/20	Credit Card Issu 25	er Paid		
	PAYEE	Brazoria County Association for			address; ospital Dr. , TX 77515	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descrip	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	K, officeholder living ex	rpense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$10.83	(b) Date of Charge 02/18/2025	(c) Date(s) 03/22/20	Credit Card Issu 25	er Paid		
	PAYEE	(a) Payee name Perry Brooks Gara	ge	(b) Payee address; 720 Brazos St Austin, TX 78701		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri Parking f	or legislative me			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	rpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

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 Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a categor	y not listed al	pove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 13/26 Rpt: 32/52	Vasut, Cody T. (Th	e Honorable)		00084254		,
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$457.47	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issue 03/22/2025	r Paid		
7 PAYEE	(a) Payee name Holiday Inn Expres	s and Suites	(b) Payee address; 3102 State Hwy 71 Del Valle, TX 78617	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Reni		Hotel for session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$4.50	02/25/2025	03/22/2025	. r alu		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Texas Capitol Park	Texas Capitol Parking Meters				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative med	eting		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$18.41	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer 03/22/2025	r Paid		
PAYEE	(a) Payee name Parking Manageme	ent Company	(b) Payee address; 583 W 6th St Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for legislative med	eting		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense	
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 (Ethic	s Commiss	sion Filers)			
Sch: 14/26 Rpt: 33/52	Vasut, Cody T. (The	e Honorable)		00084254					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 02/27/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Paid					
7 PAYEE	(a) Payee name Angleton Rotary Cli	ub	(b) Payee address; 2909 N Velasco St Angleton, TX 77515	City,	State,	Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Donation						
Non-Political	_	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$185.36	(b) Date of Charge 02/27/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Paid					
PAYEE	(a) Payee name Holiday Inn Express	(a) Payee name (b) Holiday Inn Express and Suites D		City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Hotel for session						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$728.02	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 03/22/2025	er Paid					
PAYEE	Holiday Inn Express and Suites		(b) Payee address; 3102 State Hwy 71 Del Valle, TX 78617	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session						
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
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 (Ethic	cs Commiss	sion Filers)
Sch: 15/26 Rpt: 34/52	Vasut, Cody T. (The	e Honorable)		00084254		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$570.95	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer 03/29/2025	Paid		
7 PAYEE	(a) Payee name Holiday Inn Expres:	s and Suites	(b) Payee address; 3102 State Hwy 71 Del Valle, TX 78617	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Hotel for session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$141.68	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issuel 05/04/2025	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Holiday Inn Express and Suites		3102 State Hwy 71			
			Del Valle, TX 78617			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session			
Non-Political	() []					
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		Office hold	ense	
Complete ONLY if direct expenditure to benefit C/OH			e sought	Office held		
PAYMENT	(a) Amount Charged \$622.58	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issuer 05/04/2025	r Paid		
PAYEE	(a) Payee name Holiday Inn Express	Holiday Inn Express and Suites		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Del Valle, TX 78617 (b) Description Hotel for session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense	
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 To	otal pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)			
S	ch: 16/26 Rpt: 35/52	Vasut, Cody T. (The	e Honorable)		00084254					
	REDIT CARD SSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 P.	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$324.17	04/03/2025	05/04/2025						
7 P.	AYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Holiday Inn Express	s and Suites	3102 State Hwy 71						
				Del Valle, TX 78617						
-	URPOSE OF XPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
١.,	X Political	Office Overhead/Rent		Hotel for session						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense				
9 C	omplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Office held					
ехре	enditure to benefit C/OH									
P.	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$137.38	04/09/2025	05/04/2025						
P.	AYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				3102 State Hwy 71						
				Del Valle, TX 78617						
	URPOSE OF	(a) Category		(b) Description						
Ι.	XPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Hotel for session						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense				
C	omplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Office held					
ехре	enditure to benefit C/OH									
P.	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$248.72	02/13/2025	03/22/2025						
P.	AYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Holiday Inn Eynraa	a and Cuitas	3102 State Hwy 71						
		Holiday Inn Express	s and Suites							
				Del Valle, TX 78617						
	URPOSE OF XPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Ι.	X Political	Office Overhead/Rent		Hotel for session						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense				
	omplete ONLY if direct enditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
expe	enditure to benefit C/OH	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/Onicendiden/Folitica		ıction Guide explains how		•	TIEN (enter a categor)	not listeu at	oove)
1 Total pages Schedule F4:	2 FILER NAME	·		-	3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 17/26 Rpt: 36/52	Vasut, Cody T. (The	Honorable)			00084254		
4 CREDIT CARD ISSUER	Name of finance see pre		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		c) Date(s) Credit Card Issuer	Paid		
	\$100.00	03/16/2025		03/22/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Greater Angleton Ch	amber of	2	22 N Velasco St			
			_	angleton, TX 77515			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	f this schodula)	,	n) Description			
l <u> </u>	Fees	tilis scriedule)	I	Membership dues			
X Political							
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder n	name Office	e so	ought	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	١,	c) Date(s) Credit Card Issuer	Paid		
	\$8.47	03/20/2025		03/22/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber		1	515 Third Street			
			S	San Francisco, CA 94158			
PURPOSE OF	(a) Category	fabrica and and all all all all all all all all all al	(b) Description				
EXPENDITURE	(See Categories listed at the top of Travel Out of District	rtnis schedule)	Transportation for legislative meeting				
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder n		e so	ought	Office held		
PAYMENT	(a) Amount Charged \$7.83	(b) Date of Charge 03/25/2025		c) Date(s) Credit Card Issuer 03/29/2025	Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber		1	515 Third Street			
	Obei			0.00			
DUDDOCE OF	(a) Category		_	San Francisco, CA 94158 D) Description			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	f this schedule)	,		e meeting		
X Political	Travel Out of District		Transportation to legislativ		e meeting		
Non-Political	(7)	Texas. Complete Schedule T.			officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder n	name Office	e so	ought	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 Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 18/26 Rpt: 37/52	Vasut, Cody T. (The	e Honorable)			00084254		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$286.65	(b) Date of Charge 03/30/2025	(c) Date(s) 05/04/20	Credit Card Issuei 25	Paid		
7 PAYEE	(a) Payee name Holiday Inn Express	s and Suites		address; te Hwy 71 , TX 78617	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Hotel for				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	X 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 \$5.91	(b) Date of Charge 04/14/2025	(c) Date(s) 05/04/20	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name (b) Payee address; 1515 Third Street					State,	Zip Code
	Uber						
	(a) Oatawari			icisco, CA 94158			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	tation to legislativ	ve meeting		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TY	officeholder living exp	nense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	CHECK II Ausun, 1X,	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$885.66	(b) Date of Charge 05/23/2025	(c) Date(s) 06/03/20	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name Holiday Inn Express	s and Suites		address; te Hwy 71 , TX 78617	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Hotel for	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	(,
1 Total pages Schedule F4:		3 Filer ID (Ethics Co	ommission Filers)		
Sch: 19/26 Rpt: 38/52	Vasut, Cody T. (The	e Honorable)		00084254	
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	
	\$34.56	06/15/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City, S	State, Zip Code
			1355 Market St		
	X		Suite 900		
			San Francisco, CA 94103		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Professional account for >	<	
X Political	Advertising Expense				
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 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	
	\$100.00	06/30/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, S	State, Zip Code
	Weber, Randy (Rep	o.)	133 N Friendswood Dr. Suite 353 Friendswood, TX 77546		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		Campaign contribution		
X Political	Contributions/Donatio		The party of the same		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name 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	
	\$500.00	06/30/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, S	State, Zip Code
			15703 Firthridge Ct.		
	Bowen, Scott				
			Webster, TX 77598		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	,	Campaign contribution		
X Political	Contributions/Donation Candidate/Officeholde				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	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 Insti	ruction Guide explains how	to complete t	his form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 20/26 Rpt: 39/52	Vasut, Cody T. (The	e Honorable)			00084254		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$48.51	(b) Date of Charge 03/10/2025	(c) Date(s) 03/22/202	Credit Card Issuer 25	Paid		
7 PAYEE	(a) Payee name Texas Chili Parlor		(b) Payee a	aca St.	City,	State,	Zip Code
0 DUDDOCE OF	(a) Category		Austin, T>				
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Staff lunci				
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 \$904.10	(b) Date of Charge 03/14/2025	(c) Date(s) 03/22/202	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Holiday Inn Express	s and Suites	3102 Stat	-			
	() 2 :			TX 78617			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Hotel for s				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	X Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 03/17/2025	(c) Date(s) 03/22/202	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name Austin Convention (Center Parking	(b) Payee a	address; razos Street	City,	State,	Zip Code
		-	Austin, T	(78701			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		eting		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense 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 (Ethio	cs Commiss	sion Filers)
	Sch: 21/26 Rpt: 40/52	Vasut, Cody T. (The	e Honorable)			00084254		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 03/22/2025	(c) Date(s) 0 03/29/202	Credit Card Issue 5	r Paid		
7	PAYEE	(a) Payee name Junior Achievemen	t of Brazoria	(b) Payee a	33	City,	State,	Zip Code
Ļ	DUDDOOF OF	(a) Category		(b) Descript	son, TX 77566			
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio		Donation	IOII			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,						ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought							
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$10.59	(b) Date of Charge 03/25/2025	03/29/202				
	PAYEE	(a) Payee name Uber		(b) Payee a 1515 Third		City,	State,	Zip Code
L					isco, CA 94158			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript Transporta	ion ation for legislati	ive meeting		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		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		
	PAYMENT	(a) Amount Charged \$26.25	(b) Date of Charge 04/02/2025	(c) Date(s) (05/04/202	Credit Card Issuel 5	r Paid		
	PAYEE	(a) Payee name Metropolis Parking		(b) Payee a 805 Neche Austin, TX	es Sreet	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript Parking fo	ion r legislative mee	eting		
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		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		
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 Instruction Guide explains how to complete this form.												
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Con	nmiss	ion Filers)						
	Sch: 22/26 Rpt: 41/52	Vasut, Cody T. (The	e Honorable)		00084254								
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$								
6	PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 04/05/2025	(c) Date(s) Credit Card Issue 05/04/2025	r Paid								
7	PAYEE	(a) Payee name Brazosport Area Ch	namber of	(b) Payee address; 300 Abner Jackson Pkwy	City, Sta	ite,	Zip Code						
Ļ	DUDDOOF OF	(a) Catagony		Lake Jackson, TX 77566									
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership dues									
	Non-Political	(c) Check if travel outside	Check if Austin, TX,	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 \$13.99	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issue 05/04/2025	r Paid								
	PAYEE	(a) Payee name	(b) Payee address;	City, Sta	ite,	Zip Code							
		Uber		1515 Third Street									
L				San Francisco, CA 94158	}								
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Transportation for legislat	ive meeting								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense								
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held								
6	expenditure to benefit C/OH												
	PAYMENT	(a) Amount Charged \$502.49	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issue 05/04/2025	r Paid								
	PAYEE	(a) Payee name Holiday Inn Express	s and Suites	(b) Payee address; 3102 State Hwy 71 Del Valle, TX 78617	City, Sta	ate,	Zip Code						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Hotel for session									
L	Non-Political	(c) Check if travel outside	X Check if Austin, TX, officeholder living expense										
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held								

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 (Ethics Commission Filers)							
Sch: 23/26 Rpt: 42/52	Vasut, Cody T. (The	e Honorable)		00084254							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$356.75	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issuer 05/04/2025	r Paid							
7 PAYEE	(a) Payee name Holiday Inn Express	s and Suites	(b) Payee address; 3102 State Hwy 71	City,	State,	Zip Code					
0 DUDDOOT 05	(a) Catamani		Del Valle, TX 78617								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X 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 \$134.69	(b) Date of Charge 06/04/2025	(c) Date(s) Credit Card Issuel 06/14/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Holiday Inn Expres	s and Suites									
			Del Valle, TX 78617								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Hotel for session								
Non-Political	(2) 🗖 (2) - 17(1) - 1 - 17(1)	(7. 0. 1. 0. 1. 7.									
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$12.97	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issuer 05/04/2025	r Paid							
PAYEE	(a) Payee name Uber		(b) Payee address; 1515 Third Street San Francisco, CA 94158	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Transportation for legislati	ive meeting							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	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 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: 24/26 Rpt: 43/52	Vasut, Cody T. (The	e Honorable)			00084254		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$16.24	(b) Date of Charge 05/27/2025	(c) Date(s) 06/03/20) Credit Card Issuer 125	Paid		
7	PAYEE	(a) Payee name LAZ Parking		(b) Payee Cesar Ch	navez	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Austin, T (b) Descrip Parking f		eting		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	sought		Office held		
	PAYMENT	(a) Amount Charged \$141.68	(b) Date of Charge 04/20/2025	(c) Date(s) 05/04/20) Credit Card Issuer 125	Paid		
	PAYEE	(a) Payee name Holiday Inn Express	s and Suites		address; te Hwy 71 e, TX 78617	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Hotel for	ption			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	X Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	sought		Office held		
	PAYMENT	(a) Amount Charged \$446.24	(b) Date of Charge 04/25/2025	(c) Date(s) 05/04/20) Credit Card Issuer 125	Paid		
	PAYEE	(a) Payee name Holiday Inn Express	s and Suites		address; te Hwy 71 e, TX 78617	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Hotel for				
	Non-Political	1	of Texas. Complete Schedule T.		X Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought		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 Sche	edule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 25/26 Rpt	: 44/52	Vasut, Cody T. (The	e Honorable)		00084254							
4 CREDIT CARD ISSUER			ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT		(a) Amount Charged \$137.00	(b) Date of Charge 04/26/2025	(c) Date(s) Credit Card Issue 05/04/2025	r Paid							
7 PAYEE		(a) Payee name Holiday Inn Expres:	s and Suites	(b) Payee address; 3102 State Hwy 71	City,	State,	Zip Code					
a purpose of		(a) Category		Del Valle, TX 78617 (b) Description								
8 PURPOSE OF EXPENDITURE X Political		(See Categories listed at the top Office Overhead/Reni		Hotel for session								
Non-Politica	al	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY	if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to bene	efit C/OH											
PAYMENT		(a) Amount Charged \$478.62	(b) Date of Charge 05/02/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid							
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
		Holiday Inn Expres	s and Suites	3102 State Hwy 71								
				Del Valle, TX 78617 (b) Description								
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top Office Overhead/Reni										
Non-Politica	al	() 🗖										
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY expenditure to bene		Candidate/Officeriolder	Tiame Office	e sought	Office field							
PAYMENT		(a) Amount Charged \$43.43	(b) Date of Charge 05/29/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid							
PAYEE		(a) Payee name Texas Chili Parlor		(b) Payee address; 1409 Lavaca St. Austin, TX 78701	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			*	(b) Description Staff lunch								
Non-Politica	al	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense						
Complete ONLY expenditure to bene		Candidate/Officeholder	name Office	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)					
	Sch: 26/26 Rpt: 45/52	Vasut, Cody T. (The	e Honorable)		00084254							
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	\$							
6	PAYMENT	(a) Amount Charged \$1,077.52	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Ca 06/07/2025	rd Issuer Paid							
7	PAYEE	(a) Payee name Holiday Inn Express	s and Suites	(b) Payee address; 3102 State Hwy 7:		State,	Zip Code					
Ļ	DUDDOCE OF	(a) Catagony		Del Valle, TX 7861 (b) Description	L <i>1</i>							
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Hotel for session								
	Non-Political	Austin, TX, officeholder living	expense									
9	Complete ONLY if direct	Candidate/Officeholder	e sought	Office held								
E	expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged \$205.00	(b) Date of Charge 06/06/2025	(c) Date(s) Credit Ca 06/14/2025	rd Issuer Paid							
	PAYEE	(a) Payee name United Way of Braz	oria County	(b) Payee address; 4005 Technology Suite 1020 Angleton, TX 7751		State,	Zip Code					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description	olf tournament fundr	aiser						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder living	expense						
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
	PAYMENT	(a) Amount Charged \$6.00	(b) Date of Charge 06/11/2025	(c) Date(s) Credit Ca	rd Issuer Paid							
	PAYEE	(a) Payee name UT PTS TSG Parki	ng	(b) Payee address; 1815 Trinity St Austin, TX 78701	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking for Boys S	State event							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.									
e	Complete ONLY if direct expenditure to benefit C/OH											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica		mmittee Legal Services	Salaries/	Wages/Contract Labor		OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	,
	Sch: 1/2 Rpt: 46/52		Vasut, Cody T. (The Honorable)				00084254	
4	Date	5	Payee name					
	06/25/2025		Vasut, Cody					
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode			
	\$13.09		4 Greystone Court					
	Reimbursement from							
	X political contributions intended		Angleton, TX 77515					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Description	7 c'	Check if travel outside of Texas. Complete Schedul	
Ŭ	OF	(")	Travel In District	cricualc)		=	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Travel in Bloanet		Roundtrip mileag	- је (.	(Angleton to OLQP Richwood) for	
					legislative update			
9	Complete ONLY if direct	Cai	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
	C/OH							
	Date		Payee name					
	06/26/2025		Vasut, Cody					
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode			
	\$15.54		4 Greystone Court					
	Reimbursement from political contributions							
	X political contributions intended		Angleton, TX 77515					
	PURPOSE		Category (See Categories listed at the top of this s	chedule)	Description	CI	check if travel outside of Texas. Complete Schedule	e T.
	OF EXPENDITURE		Travel In District			CI	check if Austin, TX, officeholder living expense	
							(Angleton to Bport College) for	
					legislative update) (Z —	22.20 x .70)	
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name		Office sought		Office held	
	C/OH							
	Date		Davis name			=		
	06/27/2025		Payee name Vasut, Cody					
		L		7in C	- d-	_		
	Amount (\$) \$126.00		Payee address; City; Stat 4 Greystone Court	e; Zip C	oue			
			4 Greystone Court					
	X political contributions		Application TV 77515					
	intended	L	Angleton, TX 77515		T -	_		
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	Description	=	Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	؛ T.
	EXPENDITURE		Travel Out of District		L Mileage (Angleto	_	o Austin) for fundraiser (180 x .70)	,
					Willeage (Angleto		o Austiny for fundraiser (100 x .70)	
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit	Jai	idiate/Onicerolaer Hame		Omee sought		Onice Held	
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift mmittee Leg	nt Expense s d/Beverage Expense /Awards/Memorials Expense al Services e Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 47/52		Vasut, Cody T.	. (The Honorable)				00084254
4	Date	5	Payee name					
	06/27/2025		Vasut, Cody					
6	Amount (\$)	7	Payee address;	• •	e; Zip C	ode		
	\$124.60		4 Greystone C	ourt				
	Reimbursement from political contributions intended		Angleton, TX 7	7515				
8	PURPOSE OF	(a)	Category (See C	ategories listed at the top of this s	chedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of D	District		L L	_	neck if Austin, TX, officeholder living expense
						Mileage (Austin t .70)	0 P	earland) for legislative dinner (178 x
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officehold	ler name		Office sought		Office held
	Date		Payee name					
	06/27/2025		Vasut, Cody					
	Amount (\$)		Payee address;	City; Stat	e; Zip C	ode		
	\$21.91		4 Greystone C	ourt				
	X Reimbursement from political contributions intended		Angleton, TX 7	7515				
	PURPOSE		Category (See Category	ategories listed at the top of this s	chedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of D	District			_	neck if Austin, TX, officeholder living expense
						Mileage (Pearlan	id to	o Angleton) to return (31.3 x .70)
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholo	ler name		Office sought		Office held

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /5 Rpt: 48/52	
_			4_			<u> </u>	
	FILER NAME	T (The Hanayahla)	3			`	ılers)
		T. (The Honorable)		000			
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/31/2025	Texas Dow Employees Credit Union]		\$7.30
		6 Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		_	politi	ical co	ontr	ibution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	01/31/2025	Texas Dow Employees Credit Union					\$2.24
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received	politi	ical c	ontr	ibution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	01/31/2025	Texas Dow Employees Credit Union					\$0.06
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received	politi	ical c	ontr	ibution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2025	Texas Dow Employees Credit Union					\$5.72
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received	politi	ical c	ontr	ibution returned to filer	
		Interest					
_	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2025	Texas Dow Employees Credit Union				(·)	\$2.02
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received Check if	politi	ical co	ontr	ibution returned to filer	
		Interest					
		<u> </u>					

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K:	
					/5 Rpt: 49/52	
2	FILER NAME	T (The Heaven H.)	3		•	-ilers)
	Vasut, Cody	T. (The Honorable)		00084		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	02/28/2025	Texas Dow Employees Credit Union				\$0.05
		6 Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			k if politi	cal contr	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2025	Texas Dow Employees Credit Union				\$0.06
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received	k if politi	cal contr	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/01/2025	Texas Dow Employees Credit Union				\$5.83
		Address of person from whom amount is received; City; State; Zip Code				
		, autos of potestition mism amount is reactively entry, entry, entry				
		Lake Jackson, TX 77566				
		Purpose for which amount is received Chec	k if politi	cal contr	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/01/2025	Texas Dow Employees Credit Union			(,)	\$2.24
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is reserved, exp, state, zip esse				
		Lake Jackson, TX 77566				
		Purpose for which amount is received Chec	k if politi	cal contr	ribution returned to filer	
		Interest				
_	Date	Name of person from whom amount is received			Amount (\$)	
	04/27/2025	Texas Dow Employees Credit Union			Amount (ψ)	\$9.93
	0-1/21/2020					Ψ3.30
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			k if politi	cal contr	I ibution returned to filer	
		Interest	k ii politi	cai conti	ibution returned to mer	
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	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /5 Rpt: 50/52	
2	FILER NAME		3	Fi	iler ID	(Ethics Commission Fi	lers)
	Vasut, Cody T. (The Honorable)			0084	254		
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	04/30/2025	Texas Dow Employees Credit Union				(*)	\$2.16
		6 Address of person from whom amount is received; City; State; Zip Code					
		The second person from the second and the second an					
		Lake Jackson, TX 77566					
		7 Purpose for which amount is received Check if	oliti	ical	contr	ibution returned to filer	
		Interest					
_	Date	Name of parson from whom amount is received				Amount (\$)	
	04/30/2025	Name of person from whom amount is received Texas Dow Employees Credit Union				Amount (\$)	\$0.06
	04/30/2023	1 1					φυ.υυ
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
			o liti	iool	oontr	ibution returned to filer	
		Purpose for which amount is received	OIILI	icai	contr	ibution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	
	05/31/2025	Texas Dow Employees Credit Union					\$4.80
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson TV 77500					
		Lake Jackson, TX 77566					
		_	oliti	ical	contr	ibution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/31/2025	Texas Dow Employees Credit Union					\$2.24
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received	oliti	ical	contr	ibution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/31/2025	Texas Dow Employees Credit Union					\$0.06
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received	oliti	ical	contr	ibution returned to filer	
		Interest					

	The Instru	cti	on Guide explains how to complete this form.	1		l pages Schedule K:	
2	FILER NAME			ا		: 4/5 Rpt: 51/52	orc)
		/asut, Cody T. (The Honorable)			ID (Ethics Commission Files 194254	ers)	
	Date		Name of person from whom amount is received			8 Amount (\$)	
•	06/12/2025		Texas Dow Employees Credit Union				\$0.02
	00/12/2020		Address of person from whom amount is received; City; State; Zip Code				Ψ0.02
		ľ	Address of person from whom amount is received. City, State, 21p Code				
			Lake Jackson, TX 77566				
		7	Purpose for which amount is received	politi	cal co	ontribution returned to filer	
			Interest				
	Date	Ħ	Name of person from whom amount is received			Amount (\$)	
	06/30/2025		Texas Dow Employees Credit Union				\$4.48
			Address of person from whom amount is received; City; State; Zip Code				
			Lake Jackson, TX 77566				
				politi	cal co	ontribution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	06/30/2025	<u> </u>	Texas Dow Employees Credit Union				\$2.16
			Address of person from whom amount is received; City; State; Zip Code				
			Lake Jackson, TX 77566				
		⊢		noliti	cal co	ntribution returned to filer	
			Interest	ponti	cai cc	intribution retained to life	
	Data	<u> </u> -	Name of parcen from whom amount is received			Amount (\$)	
	Date 04/30/2025		Name of person from whom amount is received Texas Dow Employees Credit Union			Amount (\$)	\$5.07
	Date 04/30/2025	<u> </u> 	Texas Dow Employees Credit Union			.,	\$5.07
			Texas Dow Employees Credit Union			.,	\$5.07
			Texas Dow Employees Credit Union			.,	\$5.07
			Texas Dow Employees Credit Union			.,	\$5.07
			Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566			.,	\$5.07
			Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566				\$5.07
			Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received Check if				\$5.07
	04/30/2025		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received			ontribution returned to filer Amount (\$)	\$5.07
	04/30/2025 Date		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received Check if Interest Name of person from whom amount is received			ontribution returned to filer Amount (\$)	
	04/30/2025 Date		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received			ontribution returned to filer Amount (\$)	
	04/30/2025 Date		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received			ontribution returned to filer Amount (\$)	
	04/30/2025 Date		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received	politi	cal co	Amount (\$)	
	04/30/2025 Date		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received	politi	cal co	ontribution returned to filer Amount (\$)	
	04/30/2025 Date		Texas Dow Employees Credit Union Address of person from whom amount is received; City; State; Zip Code Lake Jackson, TX 77566 Purpose for which amount is received	politi	cal co	Amount (\$)	

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	The Instru	ction Guide explains how to complete this form.	l		ages Schedule K: /5 Rpt: 52/52	
2	FILER NAME		3 File	er ID	(Ethics Commission F	ilers)
l	Vasut, Cody T. (The Honorable) 0008			0842	254	
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
l	02/25/2025	Texas Gulf Bank			(· /	\$8.87
l		6 Address of person from whom amount is received; City; State; Zip Code				
l		7 Address of person from whom amount is received, Sity, State, 219 South				
l						
l		Angleton, TX 77515				
l			olitical o	ontr	ibution returned to filer	
l		Interest	ontiour	Jones	ibution returned to mer	
⊨						
l	Date	Name of person from whom amount is received			Amount (\$)	ΦO O 4
l	03/25/2025	Texas Gulf Bank				\$8.04
l		Address of person from whom amount is received; City; State; Zip Code				
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l		Augulates TV 77545				
l		Angleton, TX 77515				
l			olitical o	contr	ibution returned to filer	
L		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
l	05/26/2025	Texas Gulf Bank				\$9.61
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Angleton, TX 77515				
l			olitical o	contr	ibution returned to filer	
L		Interest				
Г	Date	Name of person from whom amount is received			Amount (\$)	
l	06/25/2025	Texas Gulf Bank				\$8.88
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Angleton, TX 77515				
l		Purpose for which amount is received	olitical o	contr	ibution returned to filer	
		Interest				
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