# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00087886		2 Total pages	filed: 19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Ms.	Averie Danielle	e		Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	<sub>07/15/2025</sub>	
		Bishop				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING	819 W Arapaho Road #23	33				
ADDRESS	Suite 24B				Receipt #	Amount
Change of Address	Richardson, TX 75080				Date Processed	
					Date 1 10003300	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	IWS / WRS / WR	Bernadette		IVII		
NAME		Demadelle				
	NICKNAME	LAST		CLIFFIX		
	NICKNAME	Bondoc		SUFFIX		
		Бопаос				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EVSE).	ΛD	Γ / SUITE #; CIT`	۸۰ ۵۰	TATE; ZIP CODE
TREASURER	2021 Burnside Drive	BOXT LLAGE),	Ai	173011E#, CIT	1, 3	TATE, ZII CODE
ADDRESS	Zozi Bamolae Bilve					
(Residence or Business)	Allen, TX 75013					
	Allen, 1X 75015					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(214) 973-9460					
8 REPORT TYPE						
ITPE	January 15	30th day before	election	Runoff		campaign treasurer fficeholder only)
	X July 15	8th day before 6	election	Exceeded modified		ttach C/OH-FR)
				reporting limit	Ш	
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	025	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pı	rimary	Runoff	Other	
		│ □G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	HT (if known)	
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	1			1		
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 19

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  S  O.  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 515.  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	13 C / OH NAME	Bishop, Averie Danie	lle (Ms.)	<b>14</b> Filer ID (	Ethics Commission Filers	)
COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS)  2. TOTAL POLITICAL CONTRIBUTIONS MADE ELECTRONICALLY)  3. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTALS  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  CONTRIBUTION BALANCE  CONTRIBUTION 1. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE LOAN TOTALS  OF THE REPORTING PERIOD  It swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  O, to certify which, witness my hand and seal of office.	FROM POLITICAL	candidate / officeholder.	These expenditures may have been made without	the candidate's or office	holder's knowledge or	
COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PEPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  1 SWEAR, OR Affirm, under penalty of periury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MS. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said  of, 20, to certify which, witness my hand and seal of office.		COMMITTEE TYPE	COMMITTEE NAME			_
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 0.  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 515.  4. TOTAL POLITICAL EXPENDITURES \$ 7,247.  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 13,043.  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Swom to and subscribed before me, by the said of, 20, to certify which, witness my hand and seal of office.		GENERAL				
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  CONTRIBUTION REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY  OF THE REPORTING PERIOD  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said			COMMITTEE ADDRESS			
COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. DOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL EXPENDITURES  7.247.  CONTRIBUTION BALANCE PREPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  1 Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Swom to and subscribed before me, by the said, to certify which, witness my hand and seal of office.		SPECIFIC				
16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MS. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.			COMMITTEE CAMPAIGN TREASURER NAME			
OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  7. AFFIDAVIT  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MS. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.			COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  7. AFFIDAVIT  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MS. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.						
EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day  of, 20, to certify which, witness my hand and seal of office.					\$ 0.0	0
TOTALS  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MS. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day  of, 20, to certify which, witness my hand and seal of office.				S)	\$ 0.0	0
CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.		3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 515.1	8
BALANCE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.		4. TOTAL POLITIC	AL EXPENDITURES		\$ 7,247.5	9
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.				AST DAY OF THE	\$ 13,043.0	8
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said				OF THE LAST DAY	\$ 0.0	0
true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Averie Danielle Bishop  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	17 AFFIDAVIT					_
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			true and correct and includes a			
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			Ms Av	erie Danielle Rishon		
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.					der	
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	DVE			
of, 20, to certify which, witness my hand and seal of office.	Sworn to and subs	crihed hefore me by the s	aid	this the	day	
Signature of officer administering Printed name of officer administering Title of officer administering oath				, and are		
Signature of officer administering Printed name of officer administering Title of officer administering oath						
	Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath	

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 19 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087886 Bishop, Averie Danielle (Ms.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 7,247.59 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 4/19	Bishop, Averie Danielle (Ms.)  00087886
4	Date	5 Payee name
	01/14/2025	Gutierrez, Sarah
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Campaign operations consulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/12/2025	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	401 Middle Crk
	DUDDOOF	Buda, TX 78610-2765
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign operations consulting
		Campaign operations consulting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	675 Ponce De Leon Ave NE
		Ste 5000
		Atlanta, GA 30308-2172
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign email management software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Guide	Salaries	/Wage	es/Contract Labor		OTHER (enter a	strict a category not listed above)	
Ļ		-			e explains now to c	Onipi	lete tills form.	_		(E) 1	-: `
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission	Filers)
	Sch: 2/16 Rpt: 5/19		Bishop, Ave	rie Danielle (Ms.)					00087886		
4	Date	5	Payee name								
	02/18/2025		MailChimp								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
ľ	\$117.26	ľ	•	De Leon Ave NE	State, Zip C	ouc					
	Φ117.20	l		De Leon Ave NE							
		l	Ste 5000								
			Atlanta, GA	30308-2172							
8	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this schedule)	(b)	Description				
	OF	l	Advertising I		,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	l	_				$\Box$		officeholder livin		
		l					Campaign en	nail	manageme	ent software	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	experialitate to benefit 6/01										
	Date		Payee name								
	03/18/2025		MailChimp								
	Amount (\$)	H	Payee addres	ss; City;	State; Zip C	ode					
	\$117.26		675 Ponce [	De Leon Ave NE							
			Ste 5000								
		l		00000 0470							
			Atlanta, GA	30308-2172							
	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	l	Advertising I	Expense			<u> </u>			nplete Schedule T.	
		l					ш		officeholder livin		
							Campaign en	nan	manageme	ent sonware	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	experialitate to benefit 6/61										
	Date		Payee name								
	04/18/2025		MailChimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$117.26		675 Ponce I	De Leon Ave NE							
		l	Ste 5000								
		l		00000 0470							
			Atlanta, GA	30308-2172		_					
	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	l	Advertising I	Expense						nplete Schedule T.	
							_		officeholder livin		
							Campaign en	nan	manageme	eni sonware	
						1_					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
L											
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#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Out of District R (enter a category not listed above)
1	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer	D (Ethics Commission Filers)
	Sch: 3/16 Rpt: 6/19		7886
4	Date	5 Payee name	
	05/19/2025	MailChimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$117.26	675 Ponce De Leon Ave NE	
		Ste 5000	
		Atlanta, GA 30308-2172	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	xas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeho	
		Campaign email man	agement software
9	Complete ONLY if direct expenditure to benefit C/O		iffice held
	Date	Payee name	
	06/18/2025	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.26	675 Ponce De Leon Ave NE	
		Ste 5000	
		Atlanta, GA 30308-2172	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Te	xas Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Te	
		Campaign email man	agement software
	Complete ONLY if direct expenditure to benefit C/O		ffice held
	Date	Payee name	
	02/06/2025	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$266.50	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
	PURPOSE	1	
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	xas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeho	
		Campaign database s	ubscription
	Complete ONLY if direct		office held
	expenditure to benefit C/O	ОН	

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/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: 4/16 Rpt: 7/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	02/06/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.93	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
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.
		Check if Austin, TX, officeholder living expense  Campaign database subscription
	l	Campagn database subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign database subscription
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	01/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
	l	Washington, DC 20005-5738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	l	Campaign database subscription
	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

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/16 Rpt: 8/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	01/03/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.93	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign database subscription
0	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
y	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	04/02/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	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.
		Check if Austin, TX, officeholder living expense  Campaign database subscription
		Campaign database subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>v</b>
	Date	Payee name
	05/02/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
	Ψ200.30	Ste 650
		Washington, DC 20005-5738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign database subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 6/16 Rpt: 9/19	Bishop, Averie Danielle (Ms.)  00087886	
4	Date	5 Payee name	
	06/03/2025	NGP VAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$266.50	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	Campaign database subscription	
		Campaign database subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/14/2025	Notion Labs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$255.84	2300 Harrison St	
		FI 2	
		San Francisco, CA 94110-2013	
	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.	
		Check if Austin, TX, officeholder living expense Organizational software subscription	
		Organizational software subscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/14/2025	Notion Labs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$255.84	2300 Harrison St	
		FI 2	
L		San Francisco, CA 94110-2013	
	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.  Check if Austin, TX, officeholder living expense	
		Organizational software subscription	
		Organizational Solivare Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

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

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

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

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

	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: 7/16 Rpt: 10/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	03/14/2025	Notion Labs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.84	2300 Harrison St
		FI 2
		San Francisco, CA 94110-2013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Organizational software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	04/14/2025	Notion Labs
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.84	2300 Harrison St
		FI 2
		San Francisco, CA 94110-2013
	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.  Check if Austin, TX, officeholder living expense
		Organizational software subscription
		Grigarii Zational Gottmaro Gubestipuon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/14/2025	Notion Labs
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.84	2300 Harrison St
		FI 2
		San Francisco, CA 94110-2013
	PURPOSE	I a c
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Organizational software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

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

	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: 8/16 Rpt: 11/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	06/16/2025	Notion Labs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.84	2300 Harrison St
		Fl 2
		San Francisco, CA 94110-2013
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.
		Check if Austin, TX, officeholder living expense Organizational software subscription
		Organizational software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/10/2025	QuickBooks
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.59	2700 Coast Ave
		Mountain View, CA 94043-1140
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting software subscription
		, issue it in the second part of
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	02/10/2025	QuickBooks
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.59	2700 Coast Ave
		Mountain View, CA 94043-1140
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting software subscription
		7.000unting Sollware Subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	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: 9/16 Rpt: 12/19	Bishop, Averie Danielle (Ms.) 00087886	
4	Date	5 Payee name	
	03/10/2025	QuickBooks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
٠	\$126.85	2700 Coast Ave	
	Ψ120.03	2100 000317100	
		Mountain View, CA 94043-1140	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Accounting software subscription	
		Accounting software subscription	
_	Operation ONLY if dispert	Our did at 10% as halden years Office a south	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/10/2025	QuickBooks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.31	2700 Coast Ave	
		Mountain View, CA 94043-1140	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Accounting software subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<del>1</del>	
	Date	Payee name	
	05/12/2025	Payee name  QuickBooks	
		-	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.31	2700 Coast Ave	
		Mountain View, CA 94043-1140	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Accounting software subscription	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/OI		

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/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: 10/16 Rpt: 13/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	06/10/2025	QuickBooks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.31	2700 Coast Ave
		Mountain View, CA 94043-1140
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/22/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.38	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign website hosting and development
		Campaign website hosting and development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/27/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.97	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign website hosting and development
_	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 Legal Services 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: 11/16 Rpt: 14/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	01/29/2025	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.37	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign website hosting and development
		Campaign website nosting and development
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	02/24/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.38	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign website hosting and development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	02/27/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.97	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	_	Campaign website hosting and development
		Campaign website nosting and development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
-	Sch: 12/16 Rpt: 15/19	Bishop, Averie Danielle (Ms.)  00087886	
1	Date	5 Payee name	
-	03/04/2025	Wix.com	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$162.37	500 Terry A Francois Blvd	
		FI 6	
		San Francisco, CA 94158-2354	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Campaign website hosting and development	
		Campaign website nosting and development	
_	Operation ONLY if allowed	Out in the 10ff calculation are as a constant of the constant	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/24/2025	Wix.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.27	500 Terry A Francois Blvd	
		FI 6	
		San Francisco, CA 94158-2354	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign website hosting and development	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/27/2025	Wix.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.97	500 Terry A Francois Blvd	
	755.5	F16	
		San Francisco, CA 94158-2354	
	DUDD 005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign website hosting and development	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	

### 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	com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 13/16 Rpt: 16/19		Bishop, Averie Danielle (Ms.)				00087886	
4	Date	5	Payee name					
	03/31/2025		Wix.com					
6	Amount (\$)	7	Payee address; City; State; Zip	Code	е			
	\$162.37		500 Terry A Francois Blvd					
			FI 6					
			San Francisco, CA 94158-2354					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	Description			
	OF EXPENDITURE		Advertising Expense		ш			plete Schedule T.
					_		, officeholder living tite hosting a	and development
					Campaign W	CDC	nte riostirig e	and development
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	souah	nt		Office he	eld
	expenditure to benefit C/O			Joug.			J5	
_	Date	Т	Payee name					
	04/28/2025		Wix.com					
_	Amount (\$)	┢	Payee address; City; State; Zip	Code	<u> </u>			
	\$38.97		500 Terry A Francois Blvd	Out				
	400.01		FI 6					
			San Francisco, CA 94158-2354					
	PURPOSE	(2)		1/1	Description			
	OF	الم	Category (See Categories listed at the top of this schedule) Advertising Expense	1,	_	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Advertising Expense				, officeholder living	
					Campaign w	ebs	ite hosting a	and development
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office s	sough	nt		Office he	eld
	experiditure to benefit C/Oi	''						
	Date		Payee name					
	04/28/2025		Wix.com					
	Amount (\$)		Payee address; City; State; Zip	Code	е			
	\$162.37		500 Terry A Francois Blvd					
			FI 6					
			San Francisco, CA 94158-2354					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	Description			
	OF EXPENDITURE		Advertising Expense		ш		ide of Texas. Com , officeholder living	plete Schedule T.
							-	and development
					Campaign W	0.00	nto riootii ig c	and development
_	Complete ONLY if direct	Ь,	Candidate/Officeholder name Office s	L sough	nt		Office he	eld
	expenditure to benefit C/OI			3.				
1								

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 14/16 Rpt: 17/19	Bishop, Averie Danielle (Ms.) 00087886
4	Date	5 Payee name
	04/22/2025	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.27	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign website hosting and development
		Campaign website nosting and development
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/22/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.27	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign website hosting and development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.97	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158-2354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign website hosting and development
		Campaign website nosting and development
	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 Legal Services

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 15/16 Rpt: 18/19	FILER NAME Bishop, Averie Danielle (Ms.)			er ID 0087886	(Ethics Commission Filers)		
4	Date 05/29/2025	Payee name Wix.com						
6	Amount (\$) \$162.37	Payee address; City; 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	State; Zip Code					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Advertising Expense	,	Description  Check if travel outside of Check if Austin, TX, office Campaign website	ceholder living e	expense		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office hel	d		
	Date 06/23/2025	Payee name Wix.com						
	Amount (\$) \$27.27	Payee address; City; 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	State; Zip Code					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Advertising Expense		Description  Check if travel outside of the Check if Austin, TX, office Campaign website	ceholder living e	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office sought		Office hel	d		
	Date 06/27/2025	Payee name Wix.com						
	Amount (\$) \$38.97	Payee address; City; 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	State; Zip Code					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Advertising Expense		Description  Check if travel outside of Check if Austin, TX, office Campaign website	ceholder living e	expense		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office hel	d		

### SCHEDULE F1

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

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Et	hics Commission Filers)			
	Sch: 16/16 Rpt: 19/19	Bishop, Averie Danielle (Ms.)		00087886				
4	Date	5 Payee name						
	06/27/2025	Wix.com						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le					
	\$23.11	500 Terry A Francois Blvd						
		FI 6						
		San Francisco, CA 94158-2354						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription				
	OF	Advertising Expense		Check if travel outside of Texas. Complete	Schedule T.			
	EXPENDITURE	3 p		Check if Austin, TX, officeholder living expe				
			Cai	mpaign website hosting and	development			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ht	Office held				
	experiulture to beliefit C/Oi	1						
	Date	Payee name						
	06/30/2025	Wix.com						
	Amount (\$)	Payee address; City; State; Zip Coo	le					
	\$162.37	500 Terry A Francois Blvd						
		FI 6						
		San Francisco, CA 94158-2354						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription				
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete				
	EXPENDITORE	-		Check if Austin, TX, officeholder living expe				
			Cai	mpaign website hosting and	development			
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ınt	Office held				
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