FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065291 37 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Andrea D. NAME Date Received **ELECTRONICALLY FILED** 07/04/2025 NICKNAME LAST **SUFFIX** Plumlee CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Thomas C. NAME NICKNAME LAST **SUFFIX** Railsback **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 748-9211 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 330 Dallas District Judge District 330

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Plumlee, Andrea D. (The Honorable)		14 Filer ID 00065291	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or off	iceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	 E			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CO	ONTRIBUTIONS(OTHER THAN	 N PLEDGES, LOANS		
TOTALS	OR GUARANTE		CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBU [*] PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOAN	S)	\$	43,862.23
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	JRES		\$	8,592.50
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	106,717.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		1	swear, or affirm, under penalt rue and correct and includes a under Title 15, Election Code.	y of perjury, that the a Il information required	accompanying d to be report	g report is ed by me
			The Honor	able Andrea D. Plu	mlee	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	cer administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

C	OVER SHEET PG 3 3 of 37
18 FILER NAME19 Filer IDPlumlee, Andrea D. (The Honorable)00065291	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 43,862.23
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,592.50
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/37
2	FILER NAME Plumlee, An	drea D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065291
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Adam Seidel P.C. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$263.51		
Ļ		Dallas, TX 75206		In a		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	05/23/2025	Alexandra Geczi PLLC Contributor address; City; S	<u> </u>		•	\$250.00
		Dallas, TX 75248				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	05/21/2025	Aubrey M. Connatser, PL	_			\$5,000.00
		Contributor address; City; S Dallas, TX 75219-4931	tate; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL CO	ONTRIBUTIC	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to	o complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/37
2 FILER NAME Plumlee. And	drea D. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00065291
4 Date 06/04/2025	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$) \$1,000.00	
	Dallas, TX 75204			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any))		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Charles R. Hodges, Attorney Contributor address; City; State	at law		\$1,000.00
	Dallas, TX 75230			
Contributor's F	Principal Occupation		Contributor's Job Title	
Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any))		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/03/2025	Deal, Christopher (Mr.)	-		\$100.00
	Contributor address; City; State Hickory Creek, TX 75065	e; Zip Code		
Contributor's F	Principal Occupation		Contributor's Job Title	
Self			Drug Screening	
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
National Dru	g Screening		N/A	
If contributor is	s a child, law firm of parent(s) (if any))		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/37
2	FILER NAME Plumlee, An	drea D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065291
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Duffee + Eitzen Law Firm Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00		
Ļ	O a saturita da da la	Dallas, TX 75219		Occasionate de Leo Tible		
8	Contributors	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/03/2025	Epstein Family Law Contributor address; City;	<u> </u>			\$1,000.00
		Dallas, TX 75225				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/23/2025	Goranson Bain Ausley				\$1,000.00
		Contributor address; City; Dallas, TX 75206	State; Zip Code		•	
	0			I o		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/37
2	FILER NAME Plumlee, An	drea D. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00065291
4	Date 06/20/2025			7 Amount of Contribution (\$) \$5,000.00	
8	Contributor's I	Dallas, TX 75244 Principal Occupation		9 Contributor's Job Title	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)			
	Date 06/03/2025	Full name of contributor Isaacson Law, PLLC Contributor address; City; State; Dallas, TX 75203-4140	out-of-state PAC (ID#:_ Zip Code		Amount of Contribution (\$) \$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date 06/03/2025	Full name of contributor Jeffrey E. Cook, Attorney at L Contributor address; City; State; Irving, TX 75039-5699)	Amount of Contribution (\$) \$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	1
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/37	
2	FILER NAME Plumlee, An	drea D. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00065291	
4	Date 06/01/2025			7 Amount of Contribution (\$) \$100.	00	
8	Contributor's I	Dallas, TX 75252 Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if a	nny)	<u> </u>		
	Date 05/22/2025	Full name of contributor KB Family Law, PLLC Contributor address; City; Si	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$100.	00
	O - retaille retainle 1	Dallas, TX 75251		Contributorio Joh Tillo		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	nny)	<u> </u>		
	Date 05/29/2025	Full name of contributor Kala Arevalo Contributor address; City; Si Dallas, TX 75202	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$500.	00
	Contributor's I	I Principal Occupation		Contributor's Job Title	1	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	nny)			

MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/37
2 FILER NAME	dres D. (The Henerable)			3 Filer ID (Ethics Commission Filers)
	drea D. (The Honorable)	_		00065291
4 Date 05/21/2025			7 Amount of Contribution (\$) \$2,500.00	
	6 Contributor address; City; St	ate; Zip Code		
	Dallas, TX 75231			
8 Contributor's I	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if a	ny)		
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/27/2025	KoonsFuller P.C.	Out-of-state PAC (ID#)	\$2,500.00
00/2172023	Contributor address; City; St	ate; Zip Code		. \$\psi_2,500.00\$
	Dallas, TX 75202			
Contributor's I	Principal Occupation		Contributor's Job Title	
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/03/2025	Law Office of Cato-Miller I			\$250.00
	Contributor address; City; St			
	Dallas, TX 75254			
Contributor's I	Principal Occupation		Contributor's Job Title	
Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL CONTRIE	BUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complet	te this f	orm.	ı	Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/37	
2	FILER NAME Plumlee, An	drea D. (The Honorable)			ı	Filer ID (Ethics Commission File 00065291	ers)
4	Date 06/03/2025	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$2	263.51	
Ω	Contributor's I	Arlington, TX 76006 Principal Occupation		9 Contributor's Job Title			
0	Continuators	-ппсіраї Оссираціон		GONTINUTION S JOB TIME			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse	e (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2025	Law Office of John B. Polk Contributor address; City; State; Zip Code Dallas, TX 75219				\$:	100.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Continuators	-ппсіраї Оссираціон		Continuotor S Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ouse	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	06/04/2025	Law Office of John Nwosu, PLLC Contributor address; City; State; Zip Code Dallas, TX 75240				\$	500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTR	RIBUTIC	DNS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/37	
2	FILER NAME Plumlee, And	drea D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065291
4	Date 06/02/2025 5 Full name of contributor out-of-state PAC (ID#:) Law Office of Lynne Corsi 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
Ļ		Dallas, TX 75204		In a		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-s	tate PAC (ID#:_)	Π	Amount of Contribution (\$)
	05/21/2025	Law Office of Mark Cohan Contributor address; City; State; Zip Co				\$100.00
		Dallas, TX 75209				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-s	tate PAC (ID#:_)		Amount of Contribution (\$)
	06/03/2025	Law Office of Nancy E. Ridgway	` -	· · · · · · · · · · · · · · · · · · ·		\$105.71
		Contributor address; City; State; Zip Co Dallas, TX 75218-3514	de		•	
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/37	
2	FILER NAME Plumlee, And	drea D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065291
4	Date 06/03/2025			7 Amount of Contribution (\$) \$263.51
Ļ		Plano, TX 75024		
		Principal Occupation	9 Contributor's Job Title	
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#:	:	Amount of Contribution (\$)
	06/03/2025 Law Office of Tammy R. Cummings Contributor address; City; State; Zip Code			\$200.00
		Dallas, TX 75204		
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor uut-of-state PAC (ID#:	<u></u>	Amount of Contribution (\$)
	06/03/2025	McClure Law Group P.C. Contributor address; City; State; Zip Code		\$2,500.00
		Dallas, TX 75225		
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/37
2	FILER NAME Plumlee, An	drea D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065291
4	Date 06/03/2025	Meripolski, Michael (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
Ļ	O a materilla cota anta d	Dallas, TX 75238		O Contributanta Jak Titla		
8	Retired	Principal Occupation		9 Contributor's Job Title N/A		
10		employer/law firm		11 Law firm of contributor's sp	2011	se (if any)
"	N/A	employer/law lilli		N/A	pou.	se (ii diiy)
12		s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/03/2025	Newth, James (Mr.) Contributor address; City; Dallas, TX 75204	State; Zip Code			\$100.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai Goodpaion		Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Self			N/A		
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/03/2025	O'Neil Wysocki PC				\$5,000.00
		Contributor address; City; Dallas, TX 75254	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	pou	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	l		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/37		
2	FILER NAME Plumlee, An	drea D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065291		
4	Date 06/03/2025	 5 Full name of contributor out-of-state PAC (ID#: Olorunnisomo, Leora (Ms.) 6 Contributor address; City; State; Zip Code Rowlett, TX 75030)	7 Amount of Contribution (\$) \$750.00		
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title			
	Lawyer		Attorney			
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)	1			
_	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)		
	06/03/2025	Orsinger Nelson Downing & Anderson LLP Contributor address; City; State; Zip Code Dallas, TX 75225		\$2,500.00		
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	I			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)		
	05/29/2025	Orsinger Nelson Downing & Anderson LLP Contributor address; City; State; Zip Code Dallas, TX 75225		\$2,500.00		
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBU	JTIC	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete t	this 1	form.	1	Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/37			
2	FILER NAME Plumlee, An	drea D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065291			
4	Date 06/02/2025	6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1,052.48			
Ļ	Contributorio I	Dallas, TX 75225		O Contributorio Joh Title					
8	Contributors	Principal Occupation	9 Contributor's Job Title						
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (if any)							
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Г	Amount of Contribution (\$)			
06/27/2025 The Dunlop Law Firm, PLLC Contributor address; City; State; Zip Code						\$400.00			
		Dallas, TX 75201							
	Contributor's I	Principal Occupation		Contributor's Job Title					
	Contributor's	employer/law firm		Law firm of contributor's spouse (if any)					
	If contributor is	s a child, law firm of parent(s) (if any)							
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)			
	06/02/2025	The Keith Stone Real Estate Group				\$263.51			
		Contributor address; City; State; Zip Code DeSoto, TX 75115							
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)							

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	action Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/37
2 FILER NAME Plumlee, Ar	endrea D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065291
4 Date 06/03/2025	 Full name of contributor		7 Amount of Contribution (\$) \$2,500.00
	Dallas, TX 75201		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 17/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	05/30/2025	Browning Trophies & Awards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,241.84	123 N 1st Street
		Garland, TX 75040-5479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Thank you gifts for 6/3 event
Ļ	2 2	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2025	Campisi's
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	1520 Elm Street
		Suite 111
		Dallas, TX 75201
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Luncheon for duffey b-day
	Computate ONLY if divert	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Dallas Black Dance Theatre
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2700 Ann Williams Way
L		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Advertising Expense
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser Candidate/Officeholder name Office sought Office held

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Legal Services					Travel Out of District OTHER (enter a category not listed above)			
L	•		The Instruction G	uide explains	how to con	nplete thi	is form.			
1	Total pages Schedule F1:	2 FILER	NAME					3 Filer ID	(Ethics	Commission Filers)
	Sch: 2/21 Rpt: 18/37		ee, Andrea D. (The H	onorable)				00065	291	
4	Date	5 Payee								
L	01/26/2025	Demo	ocracy Toolbox							
6	Amount (\$)	7 Payee	address; City;	State;	; Zip Cod	de				
	\$500.00	P.O. 1	Box 6250							
		McKii	nney, TX 75071							
8	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this sch	iedule)	(b) Des	cription			
	OF EXPENDITURE		ulting Expense				Check if travel o	outside of Texa	s. Complete Sche	edule T.
	LAFLINDITORE							TX, officeholde	er living expense	
						J. D	alton			
9	Complete ONLY if direct		ate/Officeholder name		Office soug	ht		Off	ice held	
L	expenditure to benefit C/OI	1 								
	Date	Payee	name							
	03/31/2025	Demo	ocracy Toolbox							
	Amount (\$)	Payee	address; City;	State;	; Zip Cod	de				
	\$300.00	P.O. 1	Box 6250							
		McKii	nney, TX 75071							
	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this sch	iedule)	(b) Des	cription			
	OF EXPENDITURE		Expense		·		Check if travel o		s. Complete Sche	edule T.
	LAFLINDITORE								er living expense	
						Jus	tice Tour	Invoice #1	.497	
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	C	Office soug	jht		Off	ice held	
	experience to belieff C/Of	1								
	Date	Payee	name							
	02/20/2025	Demo	ocracy Toolbox							
	Amount (\$)	Payee	address; City;	State;	; Zip Cod	de				
	\$375.00	P.O. 1	Box 6250							
		McKii	nney, TX 75071							
	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this sch	iedule)	(b) Des	cription			
	OF EXPENDITURE		Expense	•	•				s. Complete Sche	edule T.
	LAFENDITURE								er living expense	
						spo	nsor: big	blue barbe	eque	
	Complete ONLY if direct		ate/Officeholder name	C	Office soug	jht		Off	ice held	
L	expenditure to benefit C/O									

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 19/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	06/05/2025	Democracy Toolbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	P.O. Box 6250
		McKinney, TX 75071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		June installment: 1,400
		Elite News advertising 300.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	02/12/2025	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.25	8505 Lakeview Pkwy
		Suite 300
		Rowlett, TX 75088-9305
	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 water / drinks for "Just Desserts"
		water / drinks for busic besserts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/14/2025	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.45	8505 Lakeview Pkwy
		Suite 300
		Rowlett, TX 75088-9305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Creater for a lands
		Snacks for clerks
_	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

Event 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/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)			
Ļ		١.	EU EB:		ii Guide Expiailis	3 HOW TO CO	iiibie	ote tilis itilii.	-	F1		(Ethio Occupitation Ethio)
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
	Sch: 4/21 Rpt: 20/37	L	Plumlee, Ar	narea D. (The	e Honorable)					0006529	91	
4	Date	5	Payee name									
	05/21/2025		Donor Box	- Rebel Ideal	ist, Inc							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$73.75		1520 Belle	View Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
8	PURPOSE	(a)			d at the town of the	shoods (-)	(h)	Description				
ľ	OF	(۵)	Fees	ee Categories liste	d at the top of this so	chedule)	(5)	`	outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE		. 000					Check if Austin				
								Donor Box fe	es	associate	ed	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	9	Office sou	ght			Offic	e he	ld
L	expenditure to benefit C/OI	H 										
	Date		Payee name									
	05/21/2025		Donor Box	- Rebel Ideal	ist, Inc							
	Amount (\$)	Г	Payee addre	ss; City;	State	e; Zip Co	de					
	\$2.95		1520 Belle	View Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
_	PURPOSE	(a)				1	(h)	Description				
	OF	(۳)	Fees	ee Categories lister	d at the top of this so	cneaule)	(~)	_	outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE		1 663					Check if Austin				
								Donor Box fe	es	associate	ed v	v/ Mark Cohan donation
L												
	Complete ONLY if direct		Candidate/Offi	ceholder name	е	Office sou	ght			Offic	e he	ld
	expenditure to benefit C/OI	П										
	Date		Payee name									
	05/21/2025		Donor Box	- Rebel Ideal	ist, Inc							
	Amount (\$)	Г	Payee addre	ss; City;	State	e; Zip Co	de					
	\$7.77		1520 Belle	View Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
	PURPOSE	(a)			d at the top of this so	chedule)	(b)	Description				
	OF	<u> </u> ``	Fees	ce calegories iislel	2 at the top of this 50	nicuuic <i>j</i>	. ,		outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE							Check if Austin			-	•
									es	associate	ed w	vith Adam Seidel's
								donation				
	Complete ONLY if direct		Candidate/Offi	ceholder name	9	Office sou	ght			Offic	e he	ld
	expenditure to benefit C/OI	n										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction C			ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed abo	ove)
1	Total pages Schedule F1:	2	EII ED NIAME						3	Filer ID	(Ethics Commissi	on Filers)
•	Sch: 5/21 Rpt: 21/37	ı		drea D. (The H	Honorable)				,	00065291	(Eulius Commissi	on r licroj
4	Date	5	Payee name									
	05/22/2025		Donor Box -	Rebel Idealist								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$2.95		1520 Belle \	∕iew Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF	ı	Fees					Check if travel	outsio	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	ig expense	
									ed	with K. Ber	trand's campaig	n
								donation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	Office soug	ght			Office h	eld	
	Date		Payee name									
	05/23/2025		Donor Box -	Rebel Idealist	, Inc							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$73.75		1520 Belle \	/iew Blvd								
			Suite 4106									
		1	Alexandria,	VT 22307								
	DUDDOOF	١.,		V 1 22301		1.	/I- \					
	PURPOSE OF	ı	,	e Categories listed at	the top of this sche	edule)	(a)	Description Check if travel	outci	to of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Fees							officeholder livir	•	
								_			uffee + Eitzens	campaign
								contribution				. 3
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	Office soug	ght			Office h	eld	
	Date		Payee name									
	05/23/2025		Donor Box -	Rebel Idealist	, Inc							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$7.38		1520 Belle \	/iew Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
	PURPOSE	-					(h)	Description				
	OF		Fees	e Categories listed at	the top of this sche	edule)	(5)		outsio	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1-663					Check if Austin,				
											with Alexandra	Gezci's
								campaign cor	ntril	oution		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office soug	ght			Office h	ield	
	expenditure to benefit C/OI	Н										

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/21 Rpt: 22/37 Plumlee, Andrea D. (The Honorable) 00065291 4 Date Payee name 05/29/2025 Donor Box - Rebel Idealist, Inc 6 Amount (\$) Payee address; City; State; Zip Code \$73.75 1520 Belle View Blvd Suite 4106 Alexandria, VT 22307 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense DB fee associated with ONDA's campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/29/2025 Donor Box - Rebel Idealist, Inc Amount (\$) Payee address; City; State; Zip Code \$14.74 1520 Belle View Blvd **Suite 4106** Alexandria, VT 22307 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense db fee associated with K. Arevalo's campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 Donor Box - Rebel Idealist, Inc Amount (\$) Payee address: City: State; Zip Code \$7.77 1520 Belle View Blvd Suite 4106 Alexandria, VT 22307 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense db fee associated with K. Stone's campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Legal Services Frinting Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction Gui	ide explains how	to com	ple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/21 Rpt: 23/37		Plumlee, An	ndrea D. (The Ho	norable)					00065291		
4	Date	5	Payee name									
	06/02/2025		Donor Box -	- Rebel Idealist, I	nc							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	le					
	\$29.50		1520 Belle \	View Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Fees					브			mplete Schedule T.	
								_		officeholder livin	orsi's campaign	
								contribution	iaco	.a 2. 0	oror o campaign	
9	Complete ONLY if direct		 Candidate/Offi	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									_
	06/02/2025		Donor Box -	- Rebel Idealist, I	nc							
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$31.05		1520 Belle \	View Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Fees					=			mplete Schedule T.	
								—		officeholder livin	rmstrong's campaign	
								contribution			g o capa.g	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	06/03/2025		Donor Box -	- Rebel Idealist, I	nc							
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$7.77		1520 Belle \	View Blvd								
			Suite 4106									
			Alexandria,	VT 22307								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Fees					ш			nplete Schedule T.	
										officeholder livin	ık Adler's campaign	
								contribution	iaco	a marria	in , talor o campaign	
	Complete ONLY if direct	Щ	 Candidate/Offi	ceholder name	Offic	e soug	ht			Office h	eld	_
	expenditure to benefit C/O					3						
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Polling Expense Travel in D
Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (er

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/21 Rpt: 24/37 Plumlee, Andrea D. (The Honorable) 00065291 4 Date Payee name 06/03/2025 Donor Box - Rebel Idealist, Inc 6 Amount (\$) Payee address; Citv: State; Zip Code \$7.38 1520 Belle View Blvd Suite 4106 Alexandria, VT 22307 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense db fee associated with T. Odum's campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2025 Donor Box - Rebel Idealist, Inc Amount (\$) Payee address; City; State; Zip Code \$14.75 1520 Belle View Blvd **Suite 4106** Alexandria, VT 22307 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense db fees associated with J. Nwosu's campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2025 Donor Box - Rebel Idealist, Inc Amount (\$) Payee address: City: State; Zip Code \$29.50 1520 Belle View Blvd Suite 4106 Alexandria, VT 22307 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense db fees associated with Balekian-Haye's campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/21 Rpt: 25/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	06/04/2025	Donor Box - Rebel Idealist, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.50	1520 Belle View Blvd
		Suite 4106
		Alexandria, VT 22307
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 db fees associated with b-hayes's campaign
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Power name
	06/07/2025	Payee name Donor Box - Rebel Idealist, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.53	1520 Belle View Blvd
		Suite 4106
		Alexandria, VT 22307
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		db fees associated with G. Worrell's campaign
		contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2025	Donor Box - Revel Idealist, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.12	1520 Belle View Blvd
	, -	Suite 4106
		Alexandra, VA 22307
	DUDDOCE	
	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
		db fees associated with N. Ridgway's campaign
		contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

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 (Ethics Commission Filers)
	Sch: 10/21 Rpt: 26/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	02/17/2025	Donut Palace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.25	9400 Lakeview Pkwy
		Suite 105
Ļ		Rowlett, TX 75088
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pres/s Day - donuts for clerks office
Ļ		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date 02/14/2025	Payee name Eatizi's
	Amount (\$) \$114.12	Payee address; City; State; Zip Code 3403 Oak Lawn Avenue
	Ψ114.12	5455 Our Edwit / Wellac
		Dallas, TX 75219
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Just Desserts Valentines Pty pies / cakes / brownies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	04/11/2025	Election Connection
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	297 School House Lane
		Philadelphis, PA 19144-5401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		website update for paypal / donorbox
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 27/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
l	04/04/2025	Hodge, Terri (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	7106 Abrams Rd
l		
l		Dallas, TX 75231
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		signature collection
Ļ	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	· 	
l	Date	Payee name
ᆫ	06/02/2025	McShan Florist
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$156.00	10311 Garland Road
l		
L		Dallas, TX 75218
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Flowers for 6/3 fundraiser
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	02/13/2025	McShan Florist
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$114.00	10311 Garland Road
l		
l		Dallas, TX 75218
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Centerpiece for valentines "just desserts" party for
L		family bar
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

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

	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: 12/21 Rpt: 28/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	06/27/2025	Pappadeaux #06
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	3520 Oak Lawn
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Happy B-day lunch for aj diaz
		Stan Happy B-day functi for all diaz
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	05/21/2025	Paypal
H	Amount (\$)	Payee address; City; State; Zip Code
	\$149.50	2211 N. 1st Street
	Ψ143.30	2211 N. 13t Street
		San Jaco CA 0F121
L		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for Connatser Donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/21/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.74	2211 N. 1st Street
		San Jose, CA 95131
Г	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		fees associated with Katie Lewis donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		
ĺ		

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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAMI	Ē				3	Filer ID	(Ethics Commission Filers)	
	Sch: 13/21 Rpt: 29/37	Plumlee, A	ndrea D. (The Honor	able)				00065291		
4	Date	5 Payee name								
	05/21/2025	Paypal								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$3.38	2211 N. 1s	t Street							
		San Jose, (CA 95131							
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						officeholder livin	mplete Schedule T.	
						paypal exp as				
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office so	ught			Office h	eld	
_	Data									
	Date	Payee name								
	05/21/2025	Paypal								
	Amount (\$)	Payee addre	•	State; Zip C	ode					
	\$7.91	2211 N. 1s	Street							
		San Jose, (CA 95131							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees				=		de of Texas. Con officeholder livin	nplete Schedule T.	
						ш			Adam Seidel's donation	
						-91				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u>			Office h	eld	
	expenditure to benefit C/O	Н			J					
	Date	Payee name								
	05/22/2025	Paypal								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$3.18	2211 N. 1s	t Street							
		San Jose, (CA 95131							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Con officeholder livin	nplete Schedule T.	
						ш			trand campaign donation	
						0.0000101		201		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/O				5					

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	orean out a tyment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/21 Rpt: 30/37	2 FILER NAME Plumlee, Andrea D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065291
_	•	
4	Date 05/23/2025	5 Payee name Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.54	2211 N. 1st Street San Jose, CA 95131
_	PURPOSE	
8	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pp fees associated with Duffee +Eitzen's campaign donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.52	2211 N. 1st Street San Jose, CA 95131
	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 Paypal fees associated with A. Gezci's campaign donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/29/2025	Paypal
	Amount (\$) \$72.54	Payee address; City; State; Zip Code 2211 N. 1st Street
		San Jose, CA 95131
	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 paypal fees associated with ONDA's campaign contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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 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: 15/21 Rpt: 31/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	05/29/2025	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.74	2211 N. 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PP fee associated with ONDA's campaign
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	05/29/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.74	2211 N. 1st Street
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense pp fee associated with K. Arevalo's campaign
		contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/30/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.39	2211 N. 1st Street
		San Jose, CA 95131
	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
		pp fee associated with Charlie Hodge's campaign contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

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 (Ethics Commission Filers)
	Sch: 16/21 Rpt: 32/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	06/01/2025	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.38	2211 N. 1st Street
		San Jose, CA 95131
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.
	EM EMBITE.	Check if Austin, TX, officeholder living expense
		pp fee associated with Jeff Siegal's campaign contribution
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/61	<u> </u>
	Date	Payee name
	06/02/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.91	2211 N. 1st Street
	,	
		San Jose, CA 95131
	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
		pp fee associated with K. Stone's campaign contribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.19	2211 N. 1st Street
		San Jose, CA 95131
	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 pp fee associated with L. Corsi's campaign
		contribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	·

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 thi	is form.
1	Total pages Schedule F1: Sch: 17/21 Rpt: 33/37	FILER NAME Plumlee, Andrea D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065291
4	Date 06/02/2025	5 Payee name Paypal	I
6	Amount (\$) \$30.71	7 Payee address; City; State; Zip Code 2211 N. 1st Street San Jose, CA 95131	
8	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense See associated with R. Armstrong's campaign tribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 06/03/2025	Payee name Paypal	
	Amount (\$) \$7.91	Payee address; City; State; Zip Code 2211 N. 1st Street San Jose, CA 95131	
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee associated with Frank Adler's campaign tribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 06/03/2025	Payee name Paypal	
	Amount (\$) \$72.74	Payee address; City; State; Zip Code 2211 N. 1st Street	
		San Jose, CA 95131	
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense iee associated with the Webb Law firm's apaign contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

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 comp	lete this form.
1	Total pages Schedule F1: Sch: 18/21 Rpt: 34/37	2 FILER NAME Plumlee, Andrea D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065291
4	Date 06/03/2025	5 Payee name Paypal	<u>'</u>
6	Amount (\$) \$7.52	7 Payee address; City; State; Zip Code 2211 N. 1st Street San Jose, CA 95131	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pp fee associated with T. Odum's campaign contribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/03/2025	Payee name Paypal	
	Amount (\$) \$3.55	Payee address; City; State; Zip Code 2211 N. 1st Street San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pp fees associated with N. Ridgway's campaign contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/04/2025	Payee name Paypal	
	Amount (\$) \$14.74	Payee address; City; State; Zip Code 2211 N. 1st Street	
		San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pp fees associated with John Nwosu's campaign contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment		Legal Services Frinting Expense Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)					
	Credit Card Payment			The Instruction G	uide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 19/21 Rpt: 35/37		Plumlee, An	idrea D. (The H	onorable)					00065291		
4	Date	5	Payee name									
	06/04/2025		Paypal									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$29.39		2211 N. 1st	Street								
			San Jose, C	CA 95131								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the ton of this sche	dule)	(b)	Description				
	OF	 `´	Fees	e Calegories listed at t	tie top of this sche	idule)	` '	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							—		officeholder livin		
								pp fees associon contribution	ciat	ed with N.	Ridgway's campaig	n
								CONTINUUION				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	eld	
	experiantiale to belief of of											
	Date		Payee name									
	06/07/2025		Paypal									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$15.51		2211 N. 1st	Street								
			San Jose, C	CA 95131								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			nplete Schedule T.	
								—		officeholder livin		
								contribution	Jiai	eu wiin G.	Worrell's campaign	
	Complete ONLY if direct	<u> </u>	Candidata/Offic	noboldor namo		ffice cour	aht			Office h	old	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
_	D :	1										
	Date		Payee name									
	06/20/2025		Paypal									
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$144.99		2211 N. 1st	Street								
			San Jose, C	CA 95131								
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees							officeholder livin	nplete Schedule T. a expense	
								_			aidgway's campaig	n
								contribution				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OH											
I												

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/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: 20/21 Rpt: 36/37	Plumlee, Andrea D. (The Honorable) 00065291
4	Date	5 Payee name
	06/23/2025	Paypal
6	Amount (\$) \$29.39	7 Payee address; City; State; Zip Code 2211 N. 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		pp fees associated with Goranson Bain's campaign
		contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.74	2211 N. 1st Street
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		pp fees associated with KoonsFuller's campaign
		contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	06/27/2025	Paypal
	Amount (\$)	
	\$12.05	Payee address; City; State; Zip Code 2211 N. 1st Street
	Ψ12.03	2211 N. 13t Succt
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		pp fees associated with S. Dunlop's campaign
		contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
l		

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	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/21 Rpt: 37/37	Plumlee, Andrea D. (The Honorable) 00065291
4		5 Payee name
L	04/29/2025	Stonewall Democrats of Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 192305
		Dallas, TX 75219-2305
8	DUDDOCE	
ľ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		sponsor: viewing movie stonewall dems
Ļ		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡	D-4-	
	Date 02/14/2025	Payee name Tom Thumb Store
L		
	Amount (\$) \$88.78	Payee address; City; State; Zip Code 8805 Lakeview Pkwy
	Ψ00.70	5505 Lakeview I kwy
		Rowlett, TX 75089
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cakes for Just Desserts party
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	05/13/2025	USPS
H	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	2825 Oak Lawn Avenue
		Dallas, TX 75219-9998
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	P.O Box Rental Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		1 yr
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	