CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00080440		2 Total pages filed: 51	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable	Regina			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	07/15/2025	
	Gina	Hinojosa		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
MAILING ADDRESS	P.O. Box 300095				Receipt # Amount	
Change of Address	Austin, TX 78703				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Janis				
	NICKNAME	LAST		SUFFIX		•••••
		Pinnelli				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	T / SUITE #; CITY	STATE; ZIP CO	ODE
ADDRESS	1507 West 6th					
(Residence or Business)						
	Austin, TX 78703					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 478-7816					
PHONE						
8 REPORT					-	
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	X July 15	8th day before e	election	Exceeded modified	Final Report (Attach C/OH-FR)	
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/03/2026	[X]Pi	rimary	Runoff	Other	
	03/03/2020	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distr	ict 49		State Represent	tative District 49	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 51

13 C / OH NAME	(Ethics Commission File	rs)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTRIBUTION TOTALS		AN PLEDGES, LOANS, ECTRONICALLY)		.00			
	\$ 4,366	.00					
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 24,234	.84		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 87,000	.00		
17 AFFIDAVIT				·			
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.					
		The Hon	orable Regina Hinojo	ısa			
			of Candidate or Officeho				
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me. by the s	aid	. this the	day			
of	, 20, to co	ertify which, witness my hand and seal of office.	·				
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			JV LN	3 of 51
18 FILER		19 Filer ID	(Ethics	Commission Filers)
	a, Regina (The Honorable)	00080440		
	JLE SUBTOTALS OF SCHEDULE		SI	UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,366.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	\$			
4.	\$			
5.	\$	50,759.47		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	216.00
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	216.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIC	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/51	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/26/2025	5 Full name of contributor Agnew, Virginia	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-4126					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Date 06/26/2025	Full name of contributor Barker, Martha Contributor address; City; S				Amount of Contribution (\$)	\$25.00
	Deire sin al acces	Kyle, TX 78640-2016	->	Formlesson (One backwarting	Ţ		
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor Beardall Jr., Bill H Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
		Austin, TX 78704-3152					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 06/28/2025	Full name of contributor Burnham, Barbara Contributor address; City; S Austin, TX 78748-6120				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor Butts, Edna Contributor address; City; S Austin, TX 78731-5337	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/51	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4		5 Full name of contributor Cartwright, Mary Dorsey6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78704-2807			Ĺ		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor Cofer, George Contributor address; City; S				Amount of Contribution (\$)	\$49.00
		Austin, TX 78746-5507					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 06/25/2025	Full name of contributor Conyngham, Karen Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Austin, TX 78746-4115					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 06/26/2025	Full name of contributor Curry, Michael Contributor address; City; S Austin, TX 78703-1331			-	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 06/26/2025	Full name of contributor Dancy, Blair B. Contributor address; City; S Austin, TX 78731-5627	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	<u>I</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/51	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	-	 Full name of contributor out-of-state PAC (ID#:_ Dignan, Kathleen Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_	Deireire de con	Austin, TX 78757	O Francis var (Cap Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_Ellinger, Hunter Dean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78703-3935 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_Fallahi, Pouneh Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		New York, NY 10011-8664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Gentry, Karen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78703-1962 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Goodfriend, Sarah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/51	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/26/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Austin, TX 78701-2853 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Hartman, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$49.00
	Principal occu	Austin, TX 78703-3016 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation / 300 title (See manuellons)	Employer (See manucuons	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Hecker, Marvin L. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78746-6348				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Hendryx, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Verona, WI 53593-7973 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Hess, Myron Contributor address; City; State; Zip Code Austin, TX 78704-2121)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/51	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/26/2025)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78756-3210					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of Hunziker, J Emil Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78751-1325					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of Jackson, Dee Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78746-4640					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/27/2025	Johnson, James D				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/26/2025	Jolin, Becky	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ARY POLITICAL (CONTRIBUTIO)N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm	1.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/51	
2	FILER NAME Hinojosa, Re	egina (The Honorable)				3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/27/2025	5 Full name of contributor Kosobud, Terry6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78749-1161						
8	Principal occu	pation / Job title (See Instruction:	5)	9	Employer (See Instructions	s)		
	Date 06/26/2025	Full name of contributor Lorenz, Perry Howard Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Dringing Logg	Austin, TX 78702	2)		Employer (Cae Instructions	<u></u>		
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor Lowerre, Richard Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-4157						
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor Maldonado, Frank Contributor address; City; S Austin, TX 78745-4720	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor Miller, Cyral Contributor address; City; S Austin, TX 78756-3217	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$36.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
				1				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/51	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/28/2025				7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78746-2701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/26/2025	Moorhead, Barbara	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Delicalization	Austin, TX 78756-3222		Familiary (Carabastian			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of- Naishtat, Robert Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Pflugerville, TX 78660-3817					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/30/2025	Nokes, Jill)		Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/26/2025	Owen, Carolyn	state PAC (ID#:			Amount of Contribution (\$)	\$49.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/51	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/26/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
•	Dringing occur	Austin, TX 78735-6344 pation / Job title (See Instructions)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Reynolds, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78731-5636 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	,	. , (
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Ruby, Ramirez Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77005-3522				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Rutishauser, Robert G. Contributor address; City; State; Zip Code Austin, TX 78731-6060			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Stacey M Contributor address; City; State; Zip Code Austin, TX 78721-3406			Amount of Contribution (\$)	\$49.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/51	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 06/26/2025	 Full name of contributor out-of-state PAC (ID#: Smolen, Paul Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	5	Austin, TX 78722-1220	10 5 1 10 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Team, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78705-3112	1 - 1 - 1	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Weatherby, Cinde Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$49.00
		Austin, TX 78756-1308				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Weiser, David Contributor address; City; State; Zip Code Austin, TX 78703-1440			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Wilson, Ashley Contributor address; City; State; Zip Code Rule, TX 79547-2029			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/36 Rpt: 13/51	Hinojosa, F	Regina (The Honora	ble)				00080440		
4	Date	5 Payee name	;							
	01/09/2025	Amazon								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$6.48	410 Terry	Ave N							
		Seattle, W	A 98109-5210							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	se		=		de of Texas. Com officeholder living		
						office supplies		onicendaei iiving	схренас	
							-			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	Date	Payee name	<u> </u>							
	01/26/2025	Amazon	•							
			occ: City:	State: 7in C	odo					
	Amount (\$) \$35.70	Payee addre	-	State; Zip C	oue					
	φ33.70	410 Terry <i>i</i>	AVE IV							
		Seattle, W	A 98109-5210							
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se		_		de of Texas. Com		
								officeholder living	expense	
						office supplies	5			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/O		icenoider name	Office Sol	ugni			Office fie	eiu	
	Date	Payee name)							
	03/11/2025	Amazon								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$150.47	410 Terry	Ave N							
		Seattle, W	A 98109-5210							
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	se		<u></u>		de of Texas. Com		
						office supplies		officeholder living	expense	
						omee supplies	J			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ıabt			Office he	ald	
	expenditure to benefit C/O		ncentities name	Onice 50	agrit			Onice He	,iu	

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 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: 2/36 Rpt: 14/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	04/24/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	410 Terry Ave N
		Seattle, WA 98109-5210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office supplies
_	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
	Date	Payee name
L	05/19/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.12	410 Terry Ave N
l		
l		Seattle, WA 98109-5210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		office supplies
l		отпос варриев
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Pavee name
	06/26/2025	American Airlines
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$440.48	1 Skyview Drive

l		Fort Worth, TX 76115
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Airfare to attend conference in Philadelphia
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations N

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/36 Rpt: 15/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	03/28/2025	Clayton Spangler Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	235 Point Lick Drive
		Charleston, WV 25306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		House photograph
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Cyndi Hinojosa Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	864 Central Blvd
		Ste 2200
		Brownsville, TX 78520-7590
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	03/12/2025	Payee name DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.02	303 2nd Street, South Tower, Suite 800
		05
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for legislative staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 Committe

Fees Office C
Food/Beverage Expense Polling I
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 4/36 Rpt: 16/51	Hinojosa, Regina (The Honorable) 00080440	
4	Date	5 Payee name	
	06/03/2025	DoorDash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$306.95	303 2nd Street, South Tower, Suite 800	
		San Francisco, CA 94107	
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 food for legislative staff	
		1000 for legislative stail	
_	Complete ONLY if direct	Condidate Office helder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/20/2025	Fresa's Chicken al Carbon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$172.44	915 N Lamar Blvd	
		Austin, TX 78703-4946	
	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 food for legislative staff	
		lood for legislative stail	
	Computate ONLY if direct	Candidate (Office helder some	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
		<u> </u>	
	Date	Payee name	
	01/31/2025	Fresa's Chicken al Carbon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$161.34	915 N Lamar Blvd	
L		Austin, TX 78703-4946	
	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	
		food for legislative staff	
	Complete ONLY if alice at	Condidate/Officeholder name Office sought Office hald	
	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 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: 5/36 Rpt: 17/51	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	1
	03/11/2025	Fresa's Chicken al Carbon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
۱	\$44.76	915 N Lamar Blvd	
	, , , , ,		
		Austin, TX 78703-4946	
Ļ	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if train	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Cod/Beverage Expense	stin, TX, officeholder living expense
		food for leg	gislative staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
F	Date	Payee name	
	05/27/2025	Fresa's Chicken al Carbon	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$133.85	915 N Lamar Blvd	
	+200.00		
		Austin, TX 78703-4946	
L	DURDOSE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if train	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/beverage Expense	stin, TX, officeholder living expense
		food for leg	gislative staff
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	05/27/2025	Fresa's Chicken al Carbon	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.05	915 N Lamar Blvd	
		Austin, TX 78703-4946	
	PURPOSE	<u> </u>	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if trai	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/beverage Expense	stin, TX, officeholder living expense
		food for leg	gislative staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 6/36 Rpt: 18/51	2 FILER NAME Hinojosa, Regina (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080440
4	Date	5 Payee name
	01/02/2025	Gilberg, Julie Ann
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 109 W 32nd St
		Austin, TX 78705-2301
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Salary supplement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Gilberg, Julie Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Gilberg, Julie Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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
OTHER (orders extended that is a second or secon

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/36 Rpt: 19/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	03/31/2025	Gilberg, Julie Ann
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	Data	
	Date	Payee name
	04/30/2025	Gilberg, Julie Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	05/30/2025	Gilberg, Julie Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 8/36 Rpt: 20/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	06/30/2025	Gilberg, Julie Ann
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/31/2025	Greg Casar Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 301923
		Austin, TX 78703-0033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/13/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.74	2701 E 7th St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		supplies for office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 9/36 Rpt: 21/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	03/07/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.15	2701 E 7th St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		supplies for office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	04/23/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.22	2701 E 7th St
		Austin, TX 78702
	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
		supplies for office
	Complete ONLY if direct	Candidata/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.02	2701 E 7th St
		Austin, TX 78702
	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 supplies for office
		Supplies for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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: 10/36 Rpt: 22/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	05/20/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.55	2701 E 7th St
		Austin, TX 78702
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 supplies for office
		Supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	04/07/2025	Hilton Hotels Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$331.65	402 N High Street
		Columbus, OH 43215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense lodging during trip to attend conference
		loughing during trip to attend conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 01/01/2025	Payee name
		Hinojosa, Gina
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 300095
		Austin, TX 78703-0002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		loan repayment
_	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

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: 11/36 Rpt: 23/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	01/20/2025	Hinojosa, Gina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 300095
		Austin, TX 78703-0002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		loan repayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/23/2025	Hinojosa, Gina
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 300095
		Austin, TX 78703-0002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		loan repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/26/2025	Hinojosa, Gina
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 300095
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78703-0002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		loan repayment
	Complete ONLY if direct expenditure to benefit C/OI	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 Con

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	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: 12/36 Rpt: 24/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	04/14/2025	Hinojosa, Gina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 300095
		Austin, TX 78703-0002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		loan repayment
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/07/2025	Honest Mary's
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.59	2021 Aldrich St
		Austin, TX 78723-3793
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for legislative staff
		lood for regionality stati
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davis same
	Date 05/13/2025	Payee name
		Honest Mary's
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.94	2021 Aldrich St
		Austin, TX 78723-3793
	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
		food for legislative staff
L	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

l	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 13/36 Rpt: 25/51	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	•
l	05/16/2025	Honest Mary's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$139.06	2021 Aldrich St	
l			
		Austin, TX 78723-3793	
8	PURPOSE		Pescription
ľ	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		fo	ood for legislative staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/OI	'	
Г	Date	Payee name	
l	05/16/2025	Honest Mary's	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$99.68	2021 Aldrich St	
		Austin, TX 78723-3793	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
		10	ood for legislative staff
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	9	Office field
⊨	<u> </u>		
l	Date	Payee name	
	05/22/2025	Honest Mary's	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$137.37	2021 Aldrich St	
l			
		Austin, TX 78723-3793	
l	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription
l	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		L fo	ood for legislative staff
			.s. isgistativo stan
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Silios Hold
\vdash			
l			

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 Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/36 Rpt: 26/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	05/21/2025	Hopfields
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.86	3110 Guadalupe St #400
		Austin, TX 78705
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 food for legislative staff
		1000 101 legislative stati
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/OI	
H	Date	Payee name
	06/25/2025	Hopfields
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.91	3110 Guadalupe St #400
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food for legislative staff
		1000 for registative start
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	01/20/2025	Payee name Intuit
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.69	2700 Coast Ave
		Mountain View, CA 94043-1140
	PURPOSE	
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		accounting software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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: 15/36 Rpt: 27/51	Hinojosa, Regina (The Honorable)	00080440					
4	Date	5 Payee name						
	02/18/2025	Intuit						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$59.69	2700 Coast Ave						
		Mountain View, CA 94043-1140						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.					
	EXI ENDITORE	l — I —	n, TX, officeholder living expense					
		accounting so	Jilware					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
3	expenditure to benefit C/O		Office Held					
_	Date	Power name						
	03/18/2025	Payee name Intuit						
	Amount (\$) \$59.69	Payee address; City; State; Zip Code 2700 Coast Ave						
	\$59.09	2700 Coast Ave						
		M						
		Mountain View, CA 94043-1140						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Onice Overnead/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense					
		accounting so						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	04/21/2025	Intuit						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$59.69	2700 Coast Ave						
		Mountain View, CA 94043-1140						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin	ı, TX, officeholder living expense					
		accounting so	oftware					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held					
	experiorale to belief C/Of	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: 16/36 Rpt: 28/51	Hinojosa, Regina (The Honorable) 00080440
4 Date	5 Payee name
05/19/2025	Intuit
6 Amount (\$) \$59.69	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043-1140
8 PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense accounting software
	accounting software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/19/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$59.69	2700 Coast Ave
	Mountain View, CA 94043-1140
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense accounting software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	Justine's Brasserie
Amount (\$) \$187.23	Payee address; City; State; Zip Code 4710 E 5th St
	Austin, TX 78702-5032
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Dinner meeting with legislative colleagues
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Pol Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 17/36 Rpt: 29/5					
4 Date	5 Payee name				
04/10/2025	Justine's Brasserie				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$306.4	7 4710 E 5th St				
	Austin, TX 78702-5032				
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 Dinner meeting with legislative colleagues				
	Diffiler frieeting with legislative colleagues				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9 Complete <u>ONLY</u> if direc expenditure to benefit C					
·					
Date	Payee name				
01/30/2025	Kabobzi				
Amount (\$)	Payee address; City; State; Zip Code				
\$74.54 2909 Guadalupe St suite B					
	Austin, TX 78705				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Lunch meeting with legislative colleagues				
	Euron meeting with regislative concagaes				
Complete ONLY if direc	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C					
Date	Payee name				
04/11/2025	Kabobzi				
Amount (\$)	Payee address; City; State; Zip Code				
\$98.5	2909 Guadalupe St suite B				
	Austin, TX 78705				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Food/Beverage Expense				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	food for legislative staff				
Complete <u>ONLY</u> if direc expenditure to benefit C					
experience to benefit o					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 18/36 Rpt: 30/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	05/14/2025	Kabobzi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.20	2909 Guadalupe St suite B
		Austin, TX 78705
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.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		food for legislative staff
_	Commiste ONII V if disent	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	
	Date 06/25/2025	Payee name Kabobzi
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.02	2909 Guadalupe St suite B
		Avetin TV 7070F
		Austin, TX 78705
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for legislative staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/15/2025	Men 4 Choice
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2460 Dundee Road
		#824
		Northbrook, IL 60065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	mittee	Gift/Awards/Memoria Legal Services The Instruction (·		/ages	/Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)	
Ļ	T.1 21 11 -	١.		ine meducuon (Juine exhibitis	1.00V 10 CO	iiipie	ins ioiiii.	_		(Ett.) 0	_
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)	
L	Sch: 19/36 Rpt: 31/51	<u> </u>	Hinojosa, Re	egina (The Ho	norable)					00080440		
4	Date	5	Payee name									1
	01/08/2025		Mexican Am	erican Legisla	tive Caucus							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					+
	\$750.00		PO Box 291									
	7.00.00			-								
			Austin TV 7	0700 2010								
		┝	Austin, TX 7									_
8	PURPOSE OF			e Categories listed at		nedule)	(b)	Description				
	EXPENDITURE			s/Donations M		.:		=			mplete Schedule T.	
		'	Candidate/C	fficeholder/Po	nilicai Comm	пиее		Dues Cneck if Austin,	, ιλ,	officeholder livir	ig experise	
								2400				
<u>_</u>	Complete ONII V if direct	<u> </u>	andidate (O.ee.	oboldor		Office seri	ab+			Office	aold	_
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office sou	ynt			Office h	ieiu	
												_
	Date	ı	Payee name									
	02/06/2025		NGP Van									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					٦
	\$279.83	(655 15th St	NW								
		;	Ste 650									
				DC 20005-57	'38							
_	DUDDOCE	├				Т	/b\	5 10				_
	PURPOSE OF			e Categories listed at		nedule)	(a)	Description Check if travel (nutei	de of Tovas Co	mplete Schedule T.	
	EXPENDITURE	'	Office Overh	ead/Rental E	kpense			=		officeholder livir		
								Database sof				
	Complete ONLY if direct	C	andidate/Offic	eholder name	(Office sou	ght			Office h	neld	+
	expenditure to benefit C/OI				·							
⊨	Data	Π.	Davis									╡
	Date	ı	Payee name									
	02/06/2025	-	NGP Van									┙
	Amount (\$)	ı	Payee addres		State	; Zip Co	de					
	\$279.83	'	655 15th St	NW								
		;	Ste 650									
		١ ١	Washington,	DC 20005-57	'38							
	PURPOSE	(a)	Category (Sa	e Categories listed at	the top of this sch	nedule)	(b)	Description				7
	OF			ead/Rental Ex		,	•		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE				•			ш		officeholder livir	ng expense	
								Database sof	twa	are		
	Complete ONLY if direct		andidate/Offic	eholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

westien Ovide empleine hande enmolete ship forms

ordan dara r aymoni	The Instruction Guide explains how to co	mplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 20/36 Rpt: 32/51	Hinojosa, Regina (The Honorable)		00080440	
4 Date	5 Payee name			
03/05/2025	NGP Van			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$279.83	655 15th St NW			
	Ste 650			
	Washington, DC 20005-5738			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		loto Cobodulo T
EXPENDITURE	Office Overhead/Rental Expense	ı <u>—</u>	if travel outside of Texas. Compl if Austin, TX, officeholder living o	
			se software	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office hel	d
expenditure to benefit C/O	H			
Date	Payee name			
04/03/2025	NGP Van			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$279.83	655 15th St NW			
	Ste 650			
	Washington, DC 20005-5738			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti		
EXPENDITURE	Office Overhead/Rental Expense	. ⊔	if travel outside of Texas. Compl if Austin, TX, officeholder living o	
			se software	5,401.00
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office hel	d
expenditure to benefit C/O	H			
Date	Payee name			
05/05/2025	NGP Van			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$279.83	655 15th St NW			
	Ste 650			
	Washington, DC 20005-5738			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on	
OF EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Comp	
			if Austin, TX, officeholder living of Se software	expense
		2 414546		
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ıght	Office hel	d
expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 21/36 Rpt: 33/51	Hinojosa, Regina (The Honorable) 00080440
4	Date 06/04/2025	5 Payee name NGP Van
_		
6	Amount (\$) \$279.83	7 Payee address; City; State; Zip Code 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
		Database software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Pardo, Jovita
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	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
		Digital consulting
		Digital concatang
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Pardo, Jovita
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	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
		Digital consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 22/36 Rpt: 34/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	04/30/2025	Pardo, Jovita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
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
		Digital consulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	Pardo, Jovita
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Digital consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Pardo, Jovita
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	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
		Digital consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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		nmittee	Legal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed above)	
	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: 23/36 Rpt: 35/51		Hinojosa, R	egina (The Ho	norable)					00080440		
4	Date	5	Payee name					•	_			
	02/19/2025		Pastors for (Children								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$1,000.00	ı	PO Box 471			·						
			Fort Worth.	TX 76147-115	5							
8	PURPOSE	├					(h)	Description				
ľ	OF			e Categories listed a s/Donations M		nedule)	()	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Po		nittee		Check if Austin,	, TX,	officeholder living	g expense	
								Donation				
L												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
L	experioritire to beriefft C/O	1										
	Date		Payee name									
	01/02/2025		Pena, Brian									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$300.00		2400 San G	abriel St								
			Austin, TX 7	8705-4714								
H	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			.ges/Contract I		ŕ		=			plete Schedule T.	
	LAI LINDITORE							ш		officeholder living	g expense	
								Salary supple	eme	erit		
⊢	Complete ONLY if direct	<u> </u>	`andidata/Offic	ceholder name		Office sou	aht			Office h	ald	
	expenditure to benefit C/OI		anuluale/Om	Lenoluei name	,	Jilice Sou	gni			Office fi	eiu	
⊨	5.	1										
	Date	ı	Payee name									
L	01/31/2025		Pena, Brian									
	Amount (\$)	l	Payee addres		State	; Zip Co	de					
	\$500.00		2400 San G	abriei St								
L		_	Austin, TX 7			-						
	PURPOSE OF			e Categories listed a		nedule)	(b)	Description	outoi.	do of Toyon Com	inlata Cabadula T	
	EXPENDITURE		Salaries/Wa	ges/Contract I	₋abor					officeholder living	plete Schedule T. g expense	
								Salary supple				
	Complete ONLY if direct		andidate/Offic	ceholder name	(Office sou	ght			Office h	eld	\neg
	expenditure to benefit C/OI	Н										

SCHEDULE F1

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

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: 24/36 Rpt: 36/51	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	03/04/2025	Pena, Brian	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	2400 San Gabriel St	
		Austin, TX 78705-4714	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Odianos/ Wages/ Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Salary suppl	
		Cataly supp.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/31/2025	Pena, Brian	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	2400 San Gabriel St	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Austin, TX 78705-4714	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Salary suppl	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/30/2025	Pena, Brian	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	2400 San Gabriel St	
		Austin, TX 78705-4714	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
	EXI ENDITORE		in, TX, officeholder living expense
		Salary suppl	ement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field

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: 25/36 Rpt: 37/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	05/30/2025	Pena, Brian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	2400 San Gabriel St
		Austin, TX 78705-4714
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/30/2025	Pena, Brian
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2400 San Gabriel St
		Austin, TX 78705-4714
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary supplement
		Galary Supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/31/2025	Price, Zachary
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2401 Aldrich St
		Apt 410
		Austin, TX 78723-2123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary supplement
_	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 -Candidate/Officeholder/Political Cor 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: 26/36 Rpt: 38/51	Hinojosa, Regina (The Honorable) 00080440
4 Date	5 Payee name
03/04/2025	Price, Zachary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2401 Aldrich St
	Apt 410
	Austin, TX 78723-2123
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/31/2025	Payee name Price Zachany
	Price, Zachary
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2401 Aldrich St
Ψ300.00	Apt 410
	Austin, TX 78723-2123
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Salary supplement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/30/2025	Price, Zachary
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2401 Aldrich St
φ500.00	Apt 410
	Austin, TX 78723-2123
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense Salary supplement
	Salary supplement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/36 Rpt: 39/51		Hinojosa, Regina (The Honorable)		00080440
4	Date	5	Payee name		<u> </u>
	05/30/2025		Price, Zachary		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$500.00		2401 Aldrich St		
			Apt 410		
			Austin, TX 78723-2123		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE				Check if Austin, TX, officeholder living expense
					Salary supplement
_	Opening the ONE Wife disease		Oandidata (Office Includes a constitution of the constitution of t		Office held
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ugnt	Office held
		_			
	Date		Payee name		
	06/30/2025	L	Price, Zachary		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$500.00		2401 Aldrich St		
			Apt 410		
			Austin, TX 78723-2123		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Salary supplement
					Salary Supplement
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ıaht	Office held
	expenditure to benefit C/O				
	Date	Т	Davis name		
	01/26/2025		Payee name Sapori Italian Roots		
		┢	<u> </u>	o d o	
	Amount (\$) \$222.61		Payee address; City; State; Zip Co 800 Brazos St	bue	
	ΦΖΖΖ.01				
			Ste 215		
			Austin, TX 78701-0077		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Staff birthday
	Complete ONLY if direct	1	Candidate/Officeholder name Office sou	<u>l</u> uaht	Office held
	expenditure to benefit C/O			9,11	23 11010
i					

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/36 Rpt: 40/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	03/10/2025	Sapori Italian Roots
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$251.56	800 Brazos St
		Ste 215
		Austin, TX 78701-0077
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 birthday
		Star birtiday
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$886.97	2702 Love Field Dr
		Dallas, TX 75235-1908
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		airfare to attend conference in Ohio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2025	Susan Harry Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 301074
		Austin, TX 78703-0018
	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 Compliance consulting
		Compliance consulting
	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
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	The Instruction Guide explains how to con	-	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 29/36 Rpt: 41/51	Hinojosa, Regina (The Honorable)		00080440
4	Date	5 Payee name		
	02/12/2025	TacoDeli		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$152.10	301 Congress Ave.		
		Austin, TX 78701		
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
				food for legislative staff
_				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	04/04/2025	TacoDeli		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$84.97	301 Congress Ave.		
		Austin, TX 78701		
	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				food for legislative staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	04/30/2025	TacoDeli		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$95.36	301 Congress Ave.		
		Austin, TX 78701		
	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.
	EXPENDITURE	5 1		Check if Austin, TX, officeholder living expense
				food for legislative staff
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	<u> </u>		

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: 30/36 Rpt: 42/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	05/12/2025	TacoDeli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$157.11	301 Congress Ave.
		Averting TV 70704
_	DUDDOS.	Austin, TX 78701
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
		food for legislative staff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2025	TacoDeli
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.92	301 Congress Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for legislative staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	01/20/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.46	5621 N Interstate Hwy 35
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 31/36 Rpt: 43/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	02/03/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.04	5621 N Interstate Hwy 35
		Austin, TX 78723
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 supplies for office
		Supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	02/27/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.56	5621 N Interstate Hwy 35
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		supplies for office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	03/17/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	5621 N Interstate Hwy 35
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		supplies for office
_	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 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: 32/36 Rpt: 44/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	04/28/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.15	5621 N Interstate Hwy 35
		Austin, TX 78723
8	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
		supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/12/2025	Texas HDCC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	PO Box 1925
		Austin, TX 78767-1925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officerioider/Political Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/05/2025	Texas HDCC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 1925
		Austin, TX 78767-1925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Softa Baddon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		Travel Out of District OTHER (enter a category not listed above)
	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: 33/36 Rpt: 45/51	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	03/14/2025	Texas IT Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	PO Box 2910	
		Austin, TX 78768-2910	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Bonations Water By	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/12/2025	Thai Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$246.12	3009 Guadalupe St	
		Austin, TX 78705-2817	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
		food for legis	n, TX, officeholder living expense
		1000 101 10910	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/11/2025	Thundercloud Subs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$305.04	1608 Lavaca St	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Austin, TX 78701-1314	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	LA LIBITOIL	l —	n, TX, officeholder living expense
		food for legis	nauve Stati
	Complete ONLY if direct	Candidate/Officeholder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	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/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: 34/36 Rpt: 46/51	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	03/14/2025	Women's Health Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 2910
		Austin, TX 78768-2910
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davide name
	01/05/2025	Payee name Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	55 Almaden Blvd
		San Jose, CA 95113-1608
	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 virtual meeting software
		Virtual mooning contract
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 02/04/2025	Payee name
		Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	55 Almaden Blvd
		San Jose, CA 95113-1608
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense virtual meeting software
		Virtual meeting software
_	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 -

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: 35/36 Rpt: 47/51	Hinojosa, Regina (The Honorable) 00080440	
4	Date	5 Payee name	
	03/04/2025	Zoom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.35	55 Almaden Blvd	
		San Jose, CA 95113-1608	
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 virtual meeting software	
		viituai meeting sottware	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Data		
	Date	Payee name	
L	04/04/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.35	55 Almaden Blvd	
		San Jose, CA 95113-1608	
	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 virtual meeting software	
		viituai meeting soltware	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI		
⊨	Data		
	Date	Payee name	
	05/05/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.35	55 Almaden Blvd	
		San Jose, CA 95113-1608	
	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 virtual meeting software	
		viituai meeting soltware	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	Expense Wages/Contract Labor		District It of District enter a category not listed above)	
1	Total pages Schedule F1:	1				3 Filer ID		
	Sch: 36/36 Rpt: 48/51	Hinojosa,	Regina (The Honoral	ble)		08000	440	
4	Date	5 Payee nam	ne					
	06/04/2025	Zoom						
6	Amount (\$)	7 Payee add		State; Zip C	ode			
	\$71.42	55 Almad	en Blvd					
		San Jose,	, CA 95113-1608					
8	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b) Description			
	OF EXPENDITURE		erhead/Rental Expen		. –		s. Complete Schedule T.	
					virtual meet	tin, TX, officehold		
					Viitaai meet	ing sonward	•	
9	Complete ONLY if direct expenditure to benefit C/OI		officeholder name	Office so	ught	Off	ice held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		rage Expense s/Memorials Expense	Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)					
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 1/1 Rpt: 49/51	Hinojosa, Regina (1	The Honorable)		00080440					
4	CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$216.00	01/10/2025	02/28/2025						
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
		USPS		3507 North Lamar						
L				Austin, TX 78703						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description	1					
	X Political	Office Overhead/Rent		post office box rental	post office box rental					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	C, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
е	expenditure to benefit C/OH									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 50/51 Hinojosa, Regina (The Honorable) 00080440 Date Payee name 02/28/2025 Chase 6 Amount (\$) Payee address; City; State; Zip Code PO Box 6294 \$216.00 Reimbursement from political contributions intended Х Carol Stream, IL 60197 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card bill for campaign expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE T

The Inst	ruction (Guide explains	1 Total pages Schedule T: Sch: 1/1 Rpt: 51/51								
2 FILER NAME			3 Filer ID (Ethics Commission Filers)								
Hinojosa, Regina					00080440						
	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
American Airline	American Airlines										
5 Contribution / Expe	5 Contribution / Expenditure reported on:										
Schedule A2	:	Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedu	ule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel											
	Hinojosa, Gina (The Honorable)										
	· ·	ure city or name o									
07/08/2025	Austin										
			of destination location								
07/08/2025 Philadelphia											
10 Means of transportation											
Commercial Airp	olane 	Airfare to at	tend conference in Ph	iladelphia 							
	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
	Hilton Hotels Columbus										
Contribution / Expe	enditure rep	oorted on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedu	ule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Dates of Travel Name of person(s) traveling										
	Hinojosa, Gina (The Honorable)										
Departure city or name of departure location											
04/04/2025 Austin											
Destination city or name of destination location											
04/06/2025 Ohio											
Means of transportation Purpose of travel (including name of conference, seminar, or other event)											
Commercial Airp	Commercial Airplane lodging while attending conference										
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	ee							
Southwest Airlin	es										
Contribution / Expenditure reported on:											
Schedule A2 Schedule B Schedule B(J) Schedule C2				Schedule C2	Schedule D X Schedu	ule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel Name of person(s) traveling											
Hinojosa, Gina (The Honorable)											
	Depart	ure city or name o									
04/04/2025 Austin											
	Destina	ation city or name	of destination location								
04/06/2025 Ohio											
Means of transpor		· ·	rpose of travel (including name of conference, seminar, or other event)								
Commercial Airplane airfare to attend conference											