# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	this form.	1 Filer ID (Ethics Commi 00080046		2 Total pages fi	led: 89
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	The Honorable J	ay			Date Received  ELECTRONIC	ALLY FILED
	NICKNAME L	AST		SUFFIX	07/15/2025	
	С	Dean				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3822 Holly Ridge				Receipt #	Amount
Change of Address	Longview, TX 75605					
Change of Address	Longview, 1x 75005				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FI	RST		MI		
TREASURER NAME	G	reg R.				
	NIO(4)4445					
		AST		SUFFIX		
	P	eeler				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	AP	T / SUITE #; CIT	Y; STA	ATE; ZIP CODE
TREASURER ADDRESS	3822 Holly Ridge					
(Residence or Business)	Longview, TX 75605					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(903) 720-8460					
8 REPORT TYPE						
'''-	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year				y Year	
COVERED	Month Day Year 01/01/2025	TH	ROUGH	Month Day 06/30/20		
	01/01/2025			00/30/20	J23	
10 ELECTION	ELECTION DATE			ELECTION TYPE	<u></u>	
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
				<u>.                                    </u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District	: 7		State Represe	ntative District 7	
				ı		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	Dean, Jay (The Hono	rable)	14 Filer ID 00080046	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this information	out the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM		
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 32,993.42
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 951.13
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 53,338.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 160,546.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		l swear, or affirm, under per true and correct and include under Title 15, Election Coc	s all information required t	
		The	Honorable Jay Dean	
		Signatur	e of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			C	JVLI	3 of 39
	ER NAM		19 Filer ID	(Ethic	s Commission Filers)
		/ (The Honorable)	00080046		
	ME OF	S	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				32,750.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	243.42
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				53,338.09
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/4 Rpt: 4/39			
2	FILER NAME Dean, Jay (The Honorable)				Filer ID (Ethics Commission 00080046	on Filers)		
4	<u> </u>		7	Amount of Contribution (\$)	\$500.00			
_	Dringing Lagra	Austin, TX 78701	O Francis var (Cap Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Incline P&C Group PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Insuring Texas PAC Contributor address; City; State; Zip Code Austin, TX 78735			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ John Buxie PLLC Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Manufacturers PAC of Texas  Contributor address; City; State; Zip Code  Austin, TX 78711	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/39	
2	FILER NAME Dean, Jay (T	he Honorable)		3	Filer ID (Ethics Commission 00080046	on Filers)
4	Date 06/24/2025  5 Full name of contributor  out-of-state PAC (ID#:)  Moak Casey PAC  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00		
_	Dringing! goog	Austin, TX 78701	6 Employer/Coc Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)  06/27/2025 PAC of the Independent Insurance Agents of Texas  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: Phenix, Billy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78746	T			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Shipton, Patricia  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
			1			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this form	ı <b>.</b>	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/39			
2	FILER NAME Dean, Jay (The Honorable)				3	Filer ID (Ethics Commission 00080046	on Filers)		
4	Date 06/24/2025  5 Full name of contributor out-of-state PAC (ID#:) Texas Assn of Life and Health Insurers Life Insurance PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00				
g	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)	la i	Employer (See Instructions					
_	T Illicipal occu	odion 7 500 tille (See Instructions)		imployer (See manachoris	,				
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Texas Association of Health Plans PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00				
	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	i illoipai occu	dation, god the (See Holidellons)		imployer (Gee mandadions	,				
	Date 06/27/2025	Full name of contributor	state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00		
		Austin, TX 78703							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 06/30/2025	Texas Optometric PAC	state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 06/24/2025	Tisdale, Ward	state PAC (ID#:			Amount of Contribution (\$)	\$250.00		
	Principal occu	oation / Job title (See Instructions)	1	Employer (See Instructions	)				
			l						

MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUI	LE <b>A1</b>	
The Instru	ction Guide explains how to complete this fo	1			
FILER NAME			nics Commission	on Filers)	
Date  Date  06/24/2025  5 Full name of contributor out-of-state PAC (ID#:)  Traylor, Douglas  6 Contributor address; City; State; Zip Code				entribution (\$)	\$1,000.00
	Austin, TX 78732				
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code		Amount of Co	ontribution (\$)	\$2,500.00
	Houston, TX 77055				
Principal occu Developer	upation / Job title (See Instructions)	Employer (See Instructions Self	s)		
Date 06/24/2025	Wholesale Beer Distributors of Texas PAC		Amount of Co	ontribution (\$)	\$1,500.00
Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	FILER NAME Dean, Jay (** Date 06/24/2025  Principal occu Date 06/27/2025  Principal occu Developer Date 06/24/2025	The Instruction Guide explains how to complete this formula for the Honorable Dean, Jay (The Honorable)  Date O6/24/2025	The Instruction Guide explains how to complete this form.  FILER NAME Dean, Jay (The Honorable)  Date 06/24/2025	The Instruction Guide explains how to complete this form.  1 Total pages S Sch: 4/4 Rp  FILER NAME Dean, Jay (The Honorable)  Date 06/24/2025  6 Contributor address; City; State; Zip Code  Austin, TX 78732  Principal occupation / Job title (See Instructions)  Date 06/27/2025  Weekley, Richard Contributor address; City; State; Zip Code  Houston, TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Self  Date O6/24/2025  Wholesale Beer Distributors of Texas PAC (ID#:  Contributor address; City; State; Zip Code  Austin, TX 78701	The Instruction Guide explains how to complete this form.    Total pages Schedule A1: Sch: 4/4 Rpt: 7/39   FileR NAME   Dean, Jay (The Honorable)   3 Filer ID (Ethics Commission 00080046   000800466   000800466   000800466   000800466   000800466   000800466   000800466   00

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dean, Jay (The Honorable) 00080046 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 Moak Casey LLC \$243.42 I Venue Rental and 7 Contributor address; City; State; Zip Code Refreshments for Campaign Event Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### 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	/ - al Committed	ee Legal Se	ards/Memorials Experiences struction Guide			/ages/C	Contract Labor		Travel Out of OTHER (ent		ict ategory not listed above)
1	Total pages Schedule F1:	2 ===							3	Filer ID		(Ethics Commission Filers)
_	Sch: 1/31 Rpt: 9/39	l	an, Jay (The H	onorable)					1	0008004		(_a.ioo Cominission Fileis)
4	Date	5 Paye	ree name									
	01/02/2025	AT8	&Т 									
6	Amount (\$) \$65.63	208	ree address; 3 S Akard St las, TX 75202	City;	State;	Zip Coo	de					
8	PURPOSE	(a) Cate	egory (See Categ	ories listed at the to	p of this sched	dule)	(b) [	Description				
	OF EXPENDITURE		ice Overhead/I				<u></u>	Check if travel				
	LA LIBITORE							Check if Austin, TX, officeholder living expense Utility Expense for Officeholder Austin Housing			·	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		lidate/Officehold	er name	Of	ffice soug	ght			Office	helo	d
	Date	Paye	ree name									
	02/03/2025	AT8	&Т									
	Amount (\$) \$65.63	208	ree address; 3 S Akard St las, TX 75202	City;	State;	Zip Coo	de					
$\vdash$	PURPOSE						(h) r	Description				
	OF		egory <sub>(See Categ</sub> ice Overhead/I			aule)	ري, <sub>د</sub>	Check if travel	outsio	de of Texas. C	Comple	ete Schedule T.
	EXPENDITURE		oc Overneau/	Toniai Expen	136		ļ.	X Check if Austin				
							Ī	Jtility Expens	se f	or Officel	nolde	er Austin Housing
	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officehold	er name	Of	ffice soug	ght			Office	hele	d
	Date	Paye	ree name						_			
	03/05/2025	AT8										
	Amount (\$)	Paye	ree address;	City;	State;	Zip Cod	de		_	_ <del>_</del>		
	\$65.63	208	3 S Akard St									
		Dall	las, TX 75202									
	PURPOSE OF	1	egory (See Categ			dule)	(b) [	Description				
	EXPENDITURE	Offic	ice Overhead/I	Rental Expen	ise		Ļ	Check if travel of X Check if Austin				
							_	_				er Austin Housing
	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officehold	er name	Of	ffice soug	ght	_		Office	e held	d
_									-			

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 Cabadula F1.	
1 Total pages Schedule F1: Sch: 2/31 Rpt: 10/39	2 FILER NAME Dean, Jay (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080046
4 Date	5 Payee name
04/03/2025	AT&T
6 Amount (\$) \$65.63	7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202
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  Utility Expense for Officeholder Austin Housing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/12/2025	AT&T
Amount (\$) \$65.63	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202
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  Utility Expense for Officeholder Austin Housing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	AT&T
Amount (\$) \$65.63	Payee address; City; State; Zip Code 208 S Akard St
	Dallas, TX 75202
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 Utility Expense for Officeholder Austin Housing
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	1	ore)
1	Total pages Schedule F1: Sch: 3/31 Rpt: 11/39	2 FILER NAME Dean, Jay (The Honorable)  3 Filer ID (Ethics Commission File 00080046	315)
4	Date	5 Payee name	
	01/13/2025	Amazon	
6	Amount (\$) \$172.99	7 Payee address; City; State; Zip Code 410 Terry Avenue North	
		Seattle, WA 98109	
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 Capitol Office	
		Supplies for Eaption Office	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/27/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.08	410 Terry Avenue North	
		Seattle, WA 98109	
	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 Capitol Office	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	06/23/2025	Bamko LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,136.56	PO Box 749659	
		Atlanta , GA 30374	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		End of Session Gifts for Committee Members at	nd
		Staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

### 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 Frinting Expense Legal Services 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 com	ple	te this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 4/31 Rpt: 12/39	Dean, Jay (The Honorable)		00080046
4	Date	5 Payee name		
	01/14/2025	Bardwell Ink, LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$335.00	211 N Main St		
		Gladewater, TX 75647		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Compaign Nowspaper Advertisement
				Campaign Newspaper Advertisement
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		IL	Office field
	D :			
	Date	Payee name		
	06/09/2025	Bill Stoudt for County Judge		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1,000.00	3141 Sam Page Rd		
		Longview , TX 75605		
	PURPOSE	. (	b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee		Political Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	02/18/2025	Breed and Co.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$321.50	718 W. 29th St	C	
	Ψ021.30	710 W. 23th St		
		Auctin TV 7070E		
		Austin, TX 78705		
	PURPOSE OF	, , ,	b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/31 Rpt: 13/39	Dean, Jay (The Honorable)	00080046
4	Date	5 Payee name	
	02/03/2025	City of Austin Utilities	
6	Amount (\$) \$39.56	7 Payee address; City; State; Zip Code PO Box 2267  Austin, TX 78783	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense se for Officeholder Austin Housing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/01/2025	City of Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$157.90	PO Box 2267	
		Austin, TX 78783	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Toyon Complete Schodule T
	EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T. . TX, officeholder living expense
			se for Officeholder Austin Housing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/02/2025	City of Austin Utilities	
	Amount (\$) \$109.47	Payee address; City; State; Zip Code PO Box 2267	
		Austin, TX 78783	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertical Expense	outside of Texas. Complete Schedule T.
		l	TX, officeholder living expense se for Officeholder Austin Housing
		Ounty Expens	se for Officeriolael Austin Housing
-	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 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: 6/31 Rpt: 14/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	06/02/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.94	PO Box 2267
		Austin, TX 78783
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
		\[ \times
		Camity Expense for Ciniconology / tacain reading
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$429.00	235 Point Lick Dr
		Charleston, WV 25306
	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  Photograph for Capitol Office
		Thotograph for Suprior Singe
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	expenditure to benefit 6/01	<u>'</u>
	Date	Payee name
	02/03/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	890 Winter Street, Suite 300
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Marketing Expense
		Sampaigh Email Marketing Expense
	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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/31 Rpt: 15/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	02/10/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	890 Winter Street, Suite 300
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Marketing Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/10/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	890 Winter Street, Suite 300
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Marketing Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	890 Winter Street, Suite 300
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Marketing Expense
	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 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
Finding Expense
Salaries/Memorials Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			_
1	Total pages Schedule F1: Sch: 8/31 Rpt: 16/39	2 FILER NAME Dean, Jay (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080046	
4	Date	5 Payee name	
	05/10/2025	Constant Contact	
6	Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 890 Winter Street, Suite 300 Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Т
	OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Marketing Expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/10/2025	Constant Contact	
	Amount (\$) \$47.97	Payee address; City; State; Zip Code 890 Winter Street, Suite 300	
		Waltham, MA 02451	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Marketing Expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/08/2025	ETBU Gala	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code  One Tiger Dr	
		Marshall , TX 75670	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sponsorship of University Event	
	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 Committee
Condit Contributions

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			Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 9/31 Rpt: 17/39		Dean, Jay (1	The Honorable	)					00080046		
4	Date	5	Payee name									
	01/03/2025		Ely Propertie	es Managemer	nt Company							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$3,127.11		2813 Rio Gr	ande St								
			Austin, TX 7	8705								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,					nplete Schedule T.	
	2/11/2/10/12							<b>—</b>		officeholder livin		
								Rentai Expen	ise	ior Oniceni	older Austin Housing	
Ļ	Commiste ONII V if disent	<u> </u>	Condidate/Offic			M:				Office le	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	Ü	office sou	gnı			Office h	eid	
_		_										
	Date		Payee name		ot Commons.							
	02/03/2025			es Managemer								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$3,126.79		2813 Rio Gr	ande St								
			Austin, TX 7	8705								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			<b>=</b>		de of Texas. Cor officeholder livin	nplete Schedule T.	
								ш			older Austin Housing	
								,			J	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H	Date	Π	Payee name									
	03/03/2025		•	es Managemer	nt Company							
	Amount (\$)		Payee addres			Zip Co	de					
	\$3,135.76		2813 Rio Gr	•	,	_,,						
			Austin, TX 7	8705								
	PURPOSE	(a)		e Categories listed at			(h)	Description				
	OF	(۳)		e Categories listed at nead/Rental Ex		eaule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		011100 01011	ioda/i toritai Ex	porioo					officeholder livin		
								Rental Expen	ıse	for Officeho	older Austin Housing	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	О	office sou	ght			Office h	eld	
	experialitate to benefit 0/011											

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 10/31 Rpt: 18/39	2 FILER NAME Dean, Jay (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080046
4	Date	5 Payee name
	04/03/2025	Ely Properties Management Company
6	Amount (\$)	7 Payee address; City; State; Zip Code 2813 Rio Grande St
	\$2,983.49	2813 RIO Granue Si
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Rental Expense for Officeholder Austin Housing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Ely Properties Management Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,983.49	2813 Rio Grande St
		Austin, TX 78705
	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.
		X Check if Austin, TX, officeholder living expense
		Rental Expense for Officeholder Austin Housing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Ely Properties Management Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,983.27	2813 Rio Grande St
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Rental Expense for Officeholder Austin Housing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)		
	Sch: 11/31 Rpt: 19/39	Dean, Jay (The Honorable) 00080046			
4	Date	5 Payee name			
	01/14/2025	HEB			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$288.81	701 S Capital of Texas Hwy, Bldg C			
		Austin, TX 78746			
8	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			
		Refreshments for Capitol Office Staff and Visitors	s		
		The section of the se			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
_	Date	Davos nama			
	01/24/2025	Payee name HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$84.73	701 S Capital of Texas Hwy, Bldg C			
		Austin, TX 78746			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
		Check if Austin, TX, officeholder living expense	_		
		Refreshments for Capitol Office Staff and Visitors	5		
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	02/03/2025	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.05	701 S Capital of Texas Hwy, Bldg C			
		Austin, TX 78746			
	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.			
	<b></b>	Check if Austin, TX, officeholder living expense	_		
		Refreshments for Capitol Office Staff and Visitors	5		
	Commission ONE V. C. P.	Condidate/Officeholder page			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H			
	oxponditure to belieff O/OTI				

### 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

	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: 12/31 Rpt: 20/39	Dean, Jay (The Honorable) 00080046			
4	Date	5 Payee name			
	02/12/2025	HEB			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$17.80	701 S Capital of Texas Hwy, Bldg C			
		Austin, TX 78746			
8	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			
		Refreshments for Capitol Office Staff and Visitors			
		Troiled interest of Capitol Chief Call and Violence			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/03/2025	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$193.26	701 S Capital of Texas Hwy, Bldg C			
		Austin, TX 78746			
	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  Refreshments for Capitol Office Staff and Visitors			
		refreshments for capitor office stair and visitors			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	03/05/2025	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$64.89	701 S Capital of Texas Hwy, Bldg C			
		Austin, TX 78746			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
		Check if Austin, TX, officeholder living expense			
		Refreshments for Capitol Office Staff and Visitors			
_	Commission ONU Wife allows	Condidate/Officeholder name Office county			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

#### 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 Committ

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: 13/31 Rpt: 21/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	03/31/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.73	701 S Capital of Texas Hwy, Bldg C
		Austin, TX 78746
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
		Refreshments for Capitol Office Staff and Visitors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/07/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.30	701 S Capital of Texas Hwy, Bldg C
		Austin, TX 78746
	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
		Refreshments for Capitol Office Staff and Visitors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<b>U</b>
_	Date	Davies same
	04/23/2025	Payee name   HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$181.33	701 S Capital of Texas Hwy, Bldg C
	Ψ101.33	701 3 Capital of Texas Tiwy, Blug C
		Austin, TX 78746
	PURPOSE	T
	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
		Refreshments for Capitol Office Staff and Visitors
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	ponditare to benefit 0/01	

### 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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/31 Rpt: 22/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	05/09/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.02	701 S Capital of Texas Hwy, Bldg C
		Austin, TX 78746
8	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
		Refreshments for Capitol Office Staff and Visitors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/12/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.08	701 S Capital of Texas Hwy, Bldg C
		Austin, TX 78746
	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  Refreshments for Capitol Office Staff and Visitors
		Tellesimisms is explicit emissional rishers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/23/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.33	701 S Capital of Texas Hwy, Bldg C
		Austin, TX 78746
	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  Refreshments for Capitol Office Staff and Visitors
		Refrestifients for Capitor Office Staff and Visitors
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1:	
	Sch: 15/31 Rpt: 23/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	02/04/2025	Heart of Harleton School Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	17000 State Highway 154
	• •	,
		Harlatan TV 7E6E1
		Harleton , TX 75651
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Charitable Contribution
		Chantable Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	
	Date	Payee name
	01/06/2025	Hightower Clean
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	13201 Lamplight Village Ave
	Ψ123.00	19291 Editiplight Village / WC
		Austin, TX 78727
	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.
		X Check if Austin, TX, officeholder living expense
		Cleaning Fee for Officeholder Austin Housing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit eyer	
	Date	Payee name
	03/13/2025	Hightower Clean
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	13201 Lamplight Village Ave
		Austin, TX 78727
	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
		Cleaning Fee for Officeholder Austin Housing
		Siedning Fee for Officeriolder Adolff Flousing
_	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 Office held

### 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 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 complete this form.	
1	Total pages Schedule F1: Sch: 16/31 Rpt: 24/39	2 FILER NAME Dean, Jay (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080046
4	Date 02/10/2025	5 Payee name Hill, Terri	0000040
6	Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 323 Private Road 3446	
		Hallsville, TX 75650	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ontract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/17/2025	Payee name Hill, Terri	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 323 Private Road 3446	
		Hallsville, TX 75650	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense  ontract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/09/2025	Payee name Hill, Terri	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 323 Private Road 3446	
		Hallsville, TX 75650	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontract Labor
	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 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 complete this form.
1	Total pages Schedule F1:	
	Sch: 17/31 Rpt: 25/39	Dean, Jay (The Honorable) 00080046
4	Date 05/06/2025	5 Payee name
_		Hill, Terri
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 323 Private Road 3446
	Ψ1,500.00	323 i iivate Nodu 3440
		Hallsville, TX 75650
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  Campaign Contract Labor
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	06/03/2025	Hill, Terri
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	323 Private Road 3446
		Hallsville, TX 75650
	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
		Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/17/2025	Payee name Kolar, Amberley
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2910
	Ψ1,000.00	1 O BOX 2010
		Austin, TX 78768
	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  Campaign Contract Labor
		<del></del>
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
l		

#### SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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		mmittee	Legal Services	·		Vages	s/Contract Labor		OTHER (enter	a category not listed a	above)
				The Instruction	Guide explai	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 18/31 Rpt: 26/39		Dean, Jay (7	Γhe Honorabl	e)					00080046		
4	Date	5	Payee name									
	02/24/2025		Kolar, Ambe	erley								
6	Amount (\$)	7	Payee addres	s; City;	Sta	ate; Zip Co	de					
	\$30.00	l	PO Box 291	0								
		l										
			Austin, TX 7	8768								
8	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this	schedule)	(b)	Description				
	OF	l		ges/Contract		,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE	l						Check if Austin,	, TX,	officeholder livin	ng expense	
		l						Campaign Co	ontr	act Labor		
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/03/2025		Kolar, Ambe	erley								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$1,000.00		PO Box 291	0								
			Austin, TX 7	8768								
	PURPOSE	(a)					(h)	Description				
	OF	``'		e Categories listed a ges/Contract		scredule)	(~,		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Jaianes/ Wa	ges/contract	Laboi					officeholder livin		
								Campaign Co	ontr	act Labor		
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/09/2025		Lamar Little	League								
	Amount (\$)	H	Payee addres		Sta	ate; Zip Co	nde					
	\$500.00		P.O. Box 11	-	Sit	ito, zip oo	uc					
	φ300.00		F.O. DOX 11	OI								
			5.1	EV 100								
			Richmond, 1									
	PURPOSE OF	(a)		e Categories listed a		schedule)	(b)	Description				
	EXPENDITURE	l		s/Donations N		amittaa				officeholder livin	mplete Schedule T.	
			Candidate/C	Officeholder/P	onlicai Con	nmillee		Charitable Co			ig experise	
								Shantable Of	J. 1U	.500011		
-	Complete ONLY if direct	Ц,	Candidate/Offic	reholder name		Office sou	l Iaht			Office h	neld	
	expenditure to benefit C/OI		Jananaate/OIII	choluci Haille		Onice Sou	grit			Onice	iciu	

#### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/A

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

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

Labor OTHER (enter a category not listed above)

Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above the Credit Card Payment The Instruction Guide explains how to complete this form.	e)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	- Filore)
1 Total pages Schedule F1:2 FILER NAME3 Filer ID(Ethics Commission 00080046)Sch: 19/31 Rpt: 27/39Dean, Jay (The Honorable)00080046	i Fileis)
4 Date 5 Payee name	
02/12/2025 Marshall Lions Club	
6 Amount (\$) 7 Payee address; City; State; Zip Code \$250.00 PO Box 596	
Marshall, TX 75671	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By	
Candidate/Officeholder/Political Committee	
Charitable Contribution	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/13/2025 Mr. Inflatable Bounce House	
Amount (\$) Payee address; City; State; Zip Code	
\$345.00 US-259	
Ore City, TX 75683	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OE	
EXPENDITURE  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Bounce House for Town Hall Event	
Outside ONLY if allow the Constitute Office health and a second of the constitute of	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
01/03/2025 National Write Your Congressman	
\$515.00 2435 N. Central Expressway, Ste. 300	
Richardson, TX 75080	
1 1.,	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Officeholder Subscription Expense	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Officeholder Subscription Expense	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Officeholder Subscription Expense  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held	
Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Officeholder Subscription Expense  Complete ONLY if direct  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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

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: 20/31 Rpt: 28/39	Dean, Jay (The Honorable) 00080046	
4	Date	5 Payee name	
	01/06/2025	Ready Refresh - Nestle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$14.39	PO Box 856680	
l			
l		Louisville, KY 40285	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Refreshments for Capitol Office Staff and Visitors	
		'	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	01/13/2025	Ready Refresh - Nestle	
H	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$84.74	PO Box 856680	
l			
		Louisville, KY 40285	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense  Refreshments for Capitol Office Staff and Visitors	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	02/10/2025	Ready Refresh - Nestle	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$83.35	PO Box 856680	
l			
l		Louisville, KY 40285	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense  Refreshments for Capitol Office Staff and Visitors	
		included in the control of the contr	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
ı			

#### 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/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: 21/31 Rpt: 29/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	02/28/2025	Ready Refresh - Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.96	PO Box 856680
		Louisville, KY 40285
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  Refreshments for Capitol Office Staff and Visitors
		Treffestiments for capitor cinice stair and visitors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/17/2025	Ready Refresh - Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.03	PO Box 856680
	7200.00	
		Louisville, KY 40285
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Refreshments for Capitol Office Staff and Visitors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Davisa nama
	04/10/2025	Payee name Ready Refresh - Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.09	PO Box 856680
	Ψ17.09	1 O BOX 030000
		Louisville, KY 40285
	DUDDOCE	To a
	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
		Refreshments for Capitol Office Staff and Visitors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 22/31 Rpt: 30/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	04/14/2025	Ready Refresh - Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.56	PO Box 856680
		Louisville, KY 40285
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  Refreshments for Capitol Office Staff and Visitors
		Neiresimients for Capitor Office Stall and Visitors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/19/2025	Ready Refresh - Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.65	PO Box 856680
		Louisville, KY 40285
	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  Refreshments for Capitol Office Staff and Visitors
		Tronostimento foi Capitoi Citto Catan and Victore
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/18/2025	Ready Refresh - Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.74	PO Box 856680
		Louisville, KY 40285
	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
		Refreshments for Capitol Office Staff and Visitors
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

### SCHEDULE F1

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

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

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

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

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: 23/31 Rpt: 31/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	01/16/2025	Rogers, Emma
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$250.00	PO Box 2910
l		
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit c/of	
	Date	Payee name
l	03/05/2025	Rogers, Emma
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$2,000.00	PO Box 2910
l		
		Austin, TX 78768
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
┝	Date	Davida marra
l	04/08/2025	Payee name Rogers, Emma
┝		
l	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2910
l	\$1,000.00	FO B0X 2910
l		Auglia TV 70700
L		Austin, TX 78768
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Campaign Contract Labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ĺ		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 24/31 Rpt: 32/39	Dean, Jay (The Honorable)    3 Filer ID (Ethics Commission Filers)   00080046	
4	Date	5 Payee name	_
	05/30/2025	Rogers, Emma	
L		-	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	PO Box 2910	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
$\vdash$	Data		_
	Date	Payee name	
	06/03/2025	Rogers, Emma	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	06/03/2025	Smith, Ruben	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 2910	
		Austin, TX 78768	
	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.	
	LAF LINDI I URE	Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 25/31 Rpt: 33/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	01/29/2025	Spring Hill Baseball
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$262.50	2700 Spring Hill Rd
		Longview, TX 75605
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  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/02/2025	Spring Hill Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.00	4805 Gilmer Rd
	Ψ30.00	4003 Gillier Nu
		Longview, TX 75604
	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  Storage Expense for Campaign Materials
		Storage Expense for Campaign Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Dougo nama
	02/03/2025	Payee name Spring Hill Self Storage
_		
	Amount (\$) \$98.00	Payee address; City; State; Zip Code 4805 Gilmer Rd
	\$98.00	4805 Girner Ru
		Longvious TV 75604
		Longview, TX 75604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental 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
		Storage Expense for Campaign Materials
	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 Committ

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: 26/31 Rpt: 34/39	Dean, Jay (The Honorable) 00080046
4	Date	5 Payee name
	03/03/2025	Spring Hill Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.00	4805 Gilmer Rd
		Longview, TX 75604
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
		Storage Expense for Campaign Materials
		Storage Expense for Campaign Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	04/02/2025	Spring Hill Self Storage
	Amount (\$)	
	\$98.00	4805 Gilmer Rd
		Longview, TX 75604
	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
		Storage Expense for Campaign Materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	05/02/2025	Spring Hill Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.00	4805 Gilmer Rd
		Longview, TX 75604
	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
		Storage Expense for Campaign Materials
	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

	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: 27/31 Rpt: 35/39	Dean, Jay (The Honorable)  00080046
4	Date	5 Payee name
	06/02/2025	Spring Hill Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.00	4805 Gilmer Rd
		Longview, TX 75604
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Storage Expense for Campaign Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/05/2025	State Farm Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$286.00	PO Box 660309
		Dallas , TX 75266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Insurance Expense for Officeholder Austin Housing
	Operation ONLY if allowed	On didn't lot for a bald on a superior of the same of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.09	1301 S Mopac Expwy, Ste 400
		Austin, TX 78746
	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.
	LAI LINDITORE	X Check if Austin, TX, officeholder living expense
		Utility Expense for Officeholder Austin Housing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

#### SCHEDULE F1

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

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

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		
<u>_</u>	Tatalmana C.I. III Tr	<u> </u>	_
1	Total pages Schedule F1:		
L	Sch: 28/31 Rpt: 36/39	Dean, Jay (The Honorable) 00080046	
4	Date	5 Payee name	
	02/27/2025	Texas Gas Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$30.35	1301 S Mopac Expwy, Ste 400	
	Ψ00.00	1001 3 Mopac Expwy, Sic 400	
		Austin, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		Utility Expense for Officeholder Austin Housing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	n	
	Date	Payee name	
	03/27/2025	Texas Gas Service	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.41	1301 S Mopac Expwy, Ste 400	
	Ψ55.41	1001 5 Mopac Expwy, Sie 400	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORE	X Check if Austin, TX, officeholder living expense	
		Utility Expense for Officeholder Austin Housing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O		
	Date	Payee name	
	04/28/2025	Texas Gas Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.32	1301 S Mopac Expwy, Ste 400	
	Ψ32.32	1001 O Mopao Expwy, Ole 400	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		Utility Expense for Officeholder Austin Housing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	n	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T. 1 0 1 1 54	<u> </u>	_
1	Total pages Schedule F1:		
	Sch: 29/31 Rpt: 37/39	Dean, Jay (The Honorable) 00080046	
4	Date	5 Payee name	
	05/28/2025	Texas Gas Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$29.95	1301 S Mopac Expwy, Ste 400	
	,		
		Austin TV 7074C	
		Austin, TX 78746	
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.	
		X Check if Austin, TX, officeholder living expense	
		Utility Expense for Officeholder Austin Housing	
<u> </u>			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft C/OI	··	
	Date	Payee name	
	06/26/2025	Texas Gas Service	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$31.03	1301 S Mopac Expwy, Ste 400	
	7		
		A	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
		Othing Expense for Officeriolder Adstitr Flousing	
_	Operation ONLY if allowed	Out tilet to (Office helden neares Office except	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/04/2025	Texas House Republican Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 13305	
		Austin, TX 78711	
H	PURPOSE	<u> </u>	_
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Caucus Membership Dues	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		ĺ
			_

### 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 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 complete this for	m.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
l	Sch: 30/31 Rpt: 38/39	Dean, Jay (The Honorable)	00080046							
4	Date	5 Payee name	•							
l	02/25/2025	Troy, Ashley								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
l	\$1,000.00	PO Box 2910								
l										
l		Austin, TX 78768								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on							
l	OF	· · · · · · · · · · · · · · · · · · ·	f travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check	f Austin, TX, officeholder living expense							
		Campai	gn Contract Labor							
Ļ										
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
L	'									
l	Date	Payee name								
L	06/02/2025	Troy, Ashley								
l	Amount (\$)	Payee address; City; State; Zip Code								
l	\$2,000.00	PO Box 2910								
l										
		Austin, TX 78768								
	PURPOSE	on								
l	OF EXPENDITURE	Salaries/Wages/Cortifact Eabor	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense							
l			gn Contract Labor							
		- Campai	g.,							
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI									
F	Date	Payee name								
	05/14/2025	Volt 31								
⊢	Amount (\$)	Payee address; City; State; Zip Code								
l	\$299.96	5524 Bee Caves Rd								
l										
		Austin , TX 78746								
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on.							
l	OF	, <u> </u>	f travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE	Check	f Austin, TX, officeholder living expense							
		Staff Git	its							
L										
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
L										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment			mittee	Legal Services  The Instruction G	·		ages/	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	<b>2</b> F	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 31/31 Rpt: 39/39			Γhe Honorable	)					00080046		
4	Date	5 F	Payee name									
	01/22/2025	١	Williamson,	Sharon								
6	Amount (\$)	Amount (\$) 7 Payee address; City; State; Zip Code										
	\$1,000.00	3	3718 Bill Owens Parkway									
		L	_ongview, T	X 75605								
8	PURPOSE OF			e Categories listed at		edule)	(b)	Description				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedul										
		Check if Austin, TX, officeholder living expense  Campaign Contract Labor					expense					
								Campaign	JI 101	act Labor		
_												
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	0	Office soug	ght			Office he	eld	
	Date	F	Payee name									
	06/05/2025	١	Williamson,	Sharon								
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Cod	de					
	\$500.00	3	3718 Bill Ov	vens Parkway								
				,								
		L	_ongview, T	X 75605								
	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
OF EXPENDITURE		Salaries/Wages/Contract Labor				Check if travel outside of Texas. Complete Schedule T.						
								Check if Austin, TX, officeholder living expense  Campaign Contract Labor				
								Campaign Co	ווווו	aci Labui		
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:		1.1							0,50		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	O	Office soug	ght			Office he	eld	