CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		Filer ID (Ethics Commi 00042130		2 Total pages fi	led: 61
3 CANDIDATE /	MS / MRS / MR FI	IRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable D	onna S.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME LA	AST		SUFFIX	07/15/2025	
	н	loward				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	UITE#; CITY	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 5375				Receipt #	Amount
Change of Address	Austin, TX 78763					
	Austili, 17 10103				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FII	RST		MI	<u>I</u>	
TREASURER NAME	Ms. Do	onna				
	NICKNAME LA	 \ST		SUFFIX		
		oward		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO BC	X PLEASE);	AP ⁻	r / SUITE #; CIT	Y; ST.	ATE; ZIP CODE
TREASURER ADDRESS	P.O. Box 5375					
(Residence or Business)	Atir. TV 70700					
	Austin, TX 78763					
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(737) 231-0062					
8 REPORT TYPE	D 32000045	2046	alastian 🗖	D#	15th day offer as	
	January 15	30th day before	election	Runoff	appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TU	DOLICII	Month Day		
O V E NED	01/01/2025	IH	ROUGH	06/30/20	J25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPr	imary	Runoff	Other	
	03/03/2026	Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District	48		State Represe	ntative District 48	
				I		
		ഭവ T	O PAGE 2			
		GO	O FAGE Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 61

		he Honorable)		14 Filer ID 00042130	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS EES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				0.00
		CAL CONTRIBUTION PLEDGES, LOANS, O	IS DR GUARANTEES OF LOANS	5)	\$	5,217.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	47,410.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	129,479.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		t	swear, or affirm, under penalt rue and correct and includes a inder Title 15, Election Code.			
			The Hono	rable Donna S. How	ard	
		-		Candidate or Officeho		
AFFIX NC	OTARY STAMP / SEAL AB	OVE				
Sworn to and subs	scribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of off	icer administering	Printed name o	of officer administering	Title of office	er administer	ing oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 61						
	18 FILER NAME Howard, Donna S. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00042130									
20 SCHEDUL NAME OF	SUBTOTA	AL AMOUNT								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,217.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	47,410.00						
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 CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/61			
2	FILER NAME Howard, Dor	nna S. (The Honorable)				3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 06/29/2025 5 Full name of contributor out-of-state PAC (ID#:) Andrews, Kay 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00				
		Austin, TX 78746	,					
8	Not Employe	pation / Job title (See Instructions ed	(1)	9	Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Bryan, Helen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions)		 s)					
	Not Employe	ed			None			
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Bulla, Dale & Pat Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00			
		Austin, TX 78750						
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Choban, Gregory Contributor address; City; State; Zip Code Austin, TX 78731			•	Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions None	5)		
	Date 06/27/2025	Full name of contributor Garrett, Hugh Contributor address; City; St Alpine, TX 79830	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions None	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/61	
2	FILER NAME Howard, Donna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)			
4			Amount of Contribution (\$)	\$10.00				
8	Principal occu	Austin, TX 78758 pation / Job title (See Instruction:	5)	9	Employer (See Instructions	<u> </u>		
	Not Employe		,		None	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Heinen, Hubert Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Amount of Contribution (\$)	\$50.00			
			;) 					
	None None		"					
	Date 06/29/2025	Full name of contributor Hooks, Susan & Jim Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78731						
	Principal occu Not Employe	pation / Job title (See Instructional	s)		Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Jaffe, David Contributor address; City; State; Zip Code Austin, TX 78730		•	Amount of Contribution (\$)	\$250.00			
	Principal occupation / Job title (See Instructions) Not Employed Date O6/28/2025 Employer (See Instructions) None Pout-of-state PAC (ID#:		5)					
				Amount of Contribution (\$)	\$250.00			
	Principal occu Not Employe	pation / Job title (See Instructionated	5)		Employer (See Instructions None	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/61	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)
4			Amount of Contribution (\$)	\$12.00			
8	Principal occu Not employe	Austin, TX 78731 pation / Job title (See Instructions d	s)	Employer (See Instructions None	s)		
	Date 06/27/2025	O6/27/2025 Price, Rob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
	Austin, TX 78731 Principal occupation / Job title (See Instructions) Handy Factorum Employer (See Instructions) Apple		<u> </u> 				
	Date 06/27/2025	Full name of contributor Realini, Janet Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	•	San Antonio, TX 78255 pation / Job title (See Instructionsed	s)	Employer (See Instructions None	<u> </u> S)		
	Not Employed Date O6/30/2025 Rutishauser, Robert Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$250.00		
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions None	<u>1</u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Walker, Nancy Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$250.00		
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions None	5)		

TARY POLITICAL CONTRIBUTI	ON	S		SCHEDULE A1
uction Guide explains how to complete this	forn	m.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/61
E onna S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00042130
5 Full name of contributor out-of-state PAC (ID# Webber, Michael 6 Contributor address; City; State; Zip Code	:)	7	Amount of Contribution (\$) \$2,500.00
West Lake Hills, TX 78746 cupation / Job title (See Instructions)	9	Employer (See Instructions	 - s)	
		University of Texas		
	uction Guide explains how to complete this conna S. (The Honorable) 5 Full name of contributor out-of-state PAC (ID# Webber, Michael 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	uction Guide explains how to complete this form nona S. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: Webber, Michael 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Sonna S. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Webber, Michael 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746 Supation / Job title (See Instructions) 9 Employer (See Instructions)	Tuction Guide explains how to complete this form. 3 Sonna S. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:

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:	
Ļ	Sch: 1/54 Rpt: 8/61	Howard, Donna S. (The Honorable) 00042130
4	Date 04/11/2025	5 Payee name7-Eleven
6	Amount (\$) \$20.01	7 Payee address; City; State; Zip Code 613 Congress Ave.
		Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for Officeholder Vehicle
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/25/2025	7-Eleven
	Amount (\$) \$38.01	Payee address; City; State; Zip Code 613 Congress Ave.,
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for Officeholder Vehicle
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/30/2025	Payee name ActBlue
	Amount (\$) \$206.12	Payee address; City; State; Zip Code P.O. Box 441146
		Somerset, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
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1	Total pages Schedule F1: Sch: 2/54 Rpt: 9/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130	
ᆫ	3cm. 2/34 Kpt. 3/01		
4	Date	5 Payee name	
l	01/08/2025	Austin City Hall Garage	
F	Amount (ft)		_
ľ	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$15.00	63 Lavaca St,	
l			
		Austin, TX 78701	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T	
l	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Expense La Check if Austin, TX, officeholder living expense Parking for officeholder for event	
l		arking for officeriolder for event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
F	Date	Payee name	=
	06/02/2025	Campbell, Kayla	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1402 Meadowmear Dr	
		Austin, TX 78753	
_	DUDDOS.	1	
	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	
		Staff Pay	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	_
	05/12/2025	Campbell, Kayla	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1402 Meadowmear Dr	
		Austin, TX 78753	
\vdash	PURPOSE	I	_
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l			
1		Staff Pay	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
1	expenditure to benefit C/O	1	
Г			_
1			
ı			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Awards/Memorials Expense Printir	g Expense Travel in District gg Expense Travel Out of District es/Wages/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: Sch: 3/54 Rpt: 10/61	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4	Date 04/08/2025	5 Payee name Campbell, Kayla	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip 1402 Meadowmear Dr Austin, TX 78753	Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H	Sought Office held
	Date	Payee name	
	03/18/2025	Campbell, Kayla	
	Amount (\$) \$500.00	Payee address; City; State; Zip 1402 Meadowmear Dr	Code
	PURPOSE OF EXPENDITURE	Austin, TX 78753 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office : H	sought Office held
	Date 02/03/2025	Payee name Campbell, Kayla	
	Amount (\$) \$500.00	Payee address; City; State; Zip 1402 Meadowmear Dr	Code
		Austin, TX 78753	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H	sought Office held

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

	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:		
	Sch: 4/54 Rpt: 11/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
L	06/23/2025	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
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	
		Graphic Design Subscription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientale to beliefft G/Of		
	Date	Payee name	
	05/15/2025	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
	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 Graphic Design Subscription	
		Oraphile Design Subscription	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/O		
\vdash	Date	Payon namo	_
	04/15/2025	Payee name Canva	
		Canva	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
	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	
		Graphic Design Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ategory not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 5/54 Rpt: 12/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	03/17/2025	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
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 e	expense
		Graphic Design Subscription	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office hel	d
	Date	Payee name	
	02/18/2025	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
	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 a	expense
		Graphic Design Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d
	expenditure to benefit C/OI	3	u
	Date	Payee name	
	01/15/2025	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
	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 a Graphic Design Subscription	expense
		Stupine Design Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d
	expenditure to benefit C/OI	•	~

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Committee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1 Total pages Schedu	ule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Comr	nission Filers)
Sch: 6/54 Rpt: 1	.3/61	Howard, D	onna S. (The Hon	orable)				00042130		
4 Date		5 Payee name	9							
05/21/2025		Chevron								
6 Amount (\$)		7 Payee addre	ess; City;	State; Zip (Code					
	\$6.05	400 S Con	gress Ave							
		Austin, TX	78704							
8 PURPOSE OF			See Categories listed at the	top of this schedule)	(b)	Description				
EXPENDITURE		Travel Out	of District			<u>—</u>		de of Texas. Com , officeholder living		
						Gas for office				
Complete ONLY if continue to beneate the second state of the second			ficeholder name	Office so	<u>l</u> ought			Office he	eld	
Date		Payee name	<u> </u>							
02/28/2025		Chevron	-							
Amount (\$)		Payee addre	ess; City;	State; Zip (Codo					
· · ·	20.10	400 S Con		State, Zip C	Joue					
Φ,	20.10	400 S C011	gress Ave							
		Austin, TX	78704							
PURPOSE		(a) Category (S	See Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE		Travel Out	of District					de of Texas. Com		
						Gas for office		officeholder living		
						Oas for office	,110	idei veriidie	ioi tiavei	
Complete ONLY if of expenditure to bene			ficeholder name	Office so	l ought			Office he	eld	
Date	1	Dayoo name								
05/13/2025		Payee name	: ontemporary Indiar	n Cuisina						
					21-					
Amount (\$)	,, ,, l	Payee addre		State; Zip (Jode					
\$25	90.23	1601 Guad	lalupe St							
		Austin, TX	78701							
PURPOSE		(a) Category (S	See Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE		Food/Beve	rage Expense			ш		de of Texas. Com	•	
						Food for Cap		office Staff		
						rood for Cap	illoi	Onice Stan		
Complete <u>ONLY</u> if o	direct	Candidate/Of	ficeholder name	Office so	nught			Office he	alq.	
expenditure to bene			nocholaci Hailie	Office St	Jugiit			Office He	JIU.	
	_	h: C	•						.,	

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		mmittee	Legal Services			se es/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gu	ide explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	rs)
	Sch: 7/54 Rpt: 14/61		Howard, Do	nna S. (The Hor	norable)				00042130		
4	Date	5	Payee name								
	05/12/2025		Dallas Morn	ning News							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$32.51		1954 Comm		·						
			Dallas, TX 7	75201							
8	PURPOSE	(a)				(h)	Description				
ľ	OF	(۳)		ee Categories listed at th head/Rental Exp		(5)	:	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Omoo Ovon	riodari torridi Exp	.01.00		Check if Austin	, TX,	, officeholder living	j expense	
							Newspaper S	Sub	scription		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office so	ught			Office he	eld	
	experialture to beriefft C/Oi	П									
	Date		Payee name								
	04/14/2025		Dallas Morn	ing News							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$32.51		1954 Comm	nerce St							
			Dallas, TX 7	75201							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			head/Rental Exp			<u> </u>		ide of Texas. Com		
	LAI LINDITORE						ш		, officeholder living	j expense	
							Newspaper S	oub	Scription		
	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name	Office so	uabt			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Oni	centiquei name	Office So	ugnt			Office fit	au	
		1									
	Date		Payee name	sing Nous							
	03/12/2025		Dallas Morn								
	Amount (\$)		Payee addres		State; Zip C	ode					
	\$32.51		1954 Comm	nerce St							
			Dallas, TX 7	75201							
	PURPOSE OF	(a)		ee Categories listed at th		(b)	Description				
	EXPENDITURE		Office Overl	head/Rental Exp	ense		ш		ide of Texas. Com , officeholder living	•	
							Newspaper S			у ехрепзе	
							- 11	3	1		
\vdash	Complete ONLY if direct	L(Candidate/Offi	ceholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI					5 -					
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/54 Rpt: 15/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/12/2025	Dallas Morning News
6	Amount (\$) \$32.51	7 Payee address; City; State; Zip Code 1954 Commerce St
	φ32.31	1934 Confinerce St
		Dallas, TX 75201
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
		Newspaper Subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
	Ψ32.31	1904 Confinence St
		Dallas, TX 75201
	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
		Newspaper Subscription
		толоророг Сиззоприон
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Davies same
	06/30/2025	Payee name Davis, Henry
		<u> </u>
	Amount (\$) \$1,900.00	Payee address; City; State; Zip Code
	\$1,900.00	2808 Kinney Oaks Ct
		Austin, TX 78704
	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
		Staff Pay
	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	Committee Legal Se	ervices struction Guide explains	-	es/Contract Labor	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 9/54 Rpt: 16/61	Howard, Donna S	. (The Honorable)			00042130	
4	Date	5 Payee name					
	06/02/2025	Davis, Henry					
6	Amount (\$)	7 Payee address;	•	; Zip Code	•		
	\$1,000.00	2808 Kinney Oak	s Ct				
		Austin, TX 78704					
8	PURPOSE	(a) Category (See Category	ories listed at the top of this sch	nedule) (k	Description		
	OF EXPENDITURE	Salaries/Wages/C	ontract Labor			outside of Texas. Com	
					Staff Pay	i, 17, onicendider living	ехрепзе
9	Complete ONLY if direct	Candidate/Officehold	er name (I Office sough	t	Office he	eld
	expenditure to benefit C/OI	l		· ·			
	Date	Payee name					
	06/02/2025	Davis, Henry					
	Amount (\$)	Payee address;	City; State	; Zip Code	<u>,</u>		
	\$1,900.00	2808 Kinney Oak	s Ct				
		Austin, TX 78704					
	PURPOSE OF	(a) Category (See Category		nedule) (k	Description		
	EXPENDITURE	Salaries/Wages/C	ontract Labor		=	outside of Texas. Com	
					Staff Pay	, , , , , , , , , , , , , , , , , , , ,	
	Complete ONLY if direct	Candidate/Officehold	er name (Office sough	t	Office he	eld
	expenditure to benefit C/O						
	Date	Payee name					
	05/02/2025	Davis, Henry					
	Amount (\$)	Payee address;	City; State	; Zip Code)		
	\$1,900.00	2808 Kinney Oak	s Ct				
		Austin, TX 78704					
	PURPOSE	(a) Category (See Category	ories listed at the top of this sch	nedule) (k	Description		
	OF EXPENDITURE	Salaries/Wages/C	ontract Labor		<u> </u>	outside of Texas. Com	
					Staff Pay	ı, TX, officeholder living	expense
					Ciaii i ay		
	Complete ONLY if direct	Candidate/Officehold	er name (Office sough	t	Office he	eld
	expenditure to benefit C/O			9-			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 10/54 Rpt: 17/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/31/2025	Davis, Henry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,900.00	2808 Kinney Oaks Ct
		Austin, TX 78704
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 Staff Pay
		Starr dy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	02/28/2025	Davis, Henry
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,900.00	2808 Kinney Oaks Ct
	+ =,000.00	
		Austin, TX 78704
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Pay
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experialiture to benefit C/O	
	Date	Payee name
	02/03/2025	Davis, Henry
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,900.00	2808 Kinney Oaks Ct
		Austin, TX 78704
	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
		Staff Pay
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
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/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/54 Rpt: 18/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/10/2025	Davis, Henry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
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
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	06/27/2025	De Luna Castro, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	8508 Spearman Dr
		Austin, TX 78757
	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
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	De Luna Castro, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	8508 Spearman Dr
		Austin, TX 78757
	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
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 12/54 Rpt: 19/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	05/27/2025	De Luna Castro, Eva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	8508 Spearman Dr	
		Austin, TX 78757	
8	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	
		Staff Pay	
		Starr dy	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
L			_
	Date	Payee name	
	05/27/2025	De Luna Castro, Eva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	8508 Spearman Dr	
		Austin, TX 78757	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Staff Pay	
		Jan Fay	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Data		_
	Date	Payee name	
	02/20/2025	De Luna Castro, Eva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$650.00	8508 Spearman Dr	
		Austin, TX 78757	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Cheff Day	
		Staff Pay	
	0 1 0 0 0 0 0 0		_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	onponditure to benefit 6/01		
			ſ

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	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: 13/54 Rpt: 20/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/31/2025	De Luna Castro, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$650.00	8508 Spearman Dr
		Austin, TX 78757
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
		Stan Lay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/27/2025	Domino's Pizza
H	Amount (\$)	Payee address; City; State; Zip Code
	\$74.34	311 W 5th St
		Austin, TX 78701
	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 Capitol Office Staff
		1 odd for explicit entire dain
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	Date	Davies same
	02/28/2025	Payee name E3 Alliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,030.00	5930 Middle Fiskville Road Suite 414
		Austin, TX 78752
	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/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship of event
		Sponsorship of event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/54 Rpt: 21/61	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		
l	02/24/2025	Exxon		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$15.37	9401 N Interstate Hwy 35		
		•		
		Austin, TX 78753		
8	PURPOSE		b)	Description
	OF	Travel Out of District	,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Gas for officeholder vehicle for travel
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
L				
l	Date	Payee name		
L	06/10/2025	Flores, Karyme		
l	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$100.00	1004 Anezo Dr.		
l				
l		Eagle Pass, TX 78852		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Staff Pay
l				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
l	expenditure to benefit C/O			
F	Date	Payee name		
l	06/10/2025	Flores, Karyme		
⊢	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$500.00	1004 Anezo Dr.		
l				
l		Eagle Pass, TX 78852		
┝	PURPOSE		h)	Description
l	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.
l	EXPENDITURE	Salarios, Wagos, Sonilast Labor		Check if Austin, TX, officeholder living expense
l				Staff Pay
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
	experientare to beliefft G/O	,		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/54 Rpt: 22/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/06/2025	Flores, Karyme
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1004 Anezo Dr.
		Eagle Pass, TX 78852
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L	D-1-	
	Date	Payee name
	04/22/2025	Flores, Karyme
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1004 Anezo Dr.
		Eagle Pass, TX 78852
	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
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/11/2025	Flores, Karyme
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1004 Anezo Dr.
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
L	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/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: 16/54 Rpt: 23/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/11/2025	Flores, Karyme
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1004 Anezo Dr.
		Eagle Pass, TX 78852
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 Staff Pay
		Ciain r ay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/04/2025	GNI Consulting LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	P.O. Box 685008
		Austin, TX 78768
	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 Consultant
		Compliance Consultation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2025	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	7950 Jones Branch Drive
		McLean, VA 22107
	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 Newspaper Subscription
		Newspaper Subscription
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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	
_	T	
1	Total pages Schedule F1: Sch: 17/54 Rpt: 24/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
Ļ	·	
4	Date	5 Payee name
	05/08/2025	Gannet Co, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.31	7950 Jones Branch Drive
		McLean, VA 22107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	⊣
-	Data	
	Date	Payee name
	04/08/2025	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	7950 Jones Branch Drive
		M.L., 1/4 00407
		McLean, VA 22107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
		Payee name
	03/10/2025	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	7950 Jones Branch Drive
		McLean, VA 22107
		<u> </u>
	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
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/54 Rpt: 25/61	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		'
l	02/10/2025	Gannet Co, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Co.	de	
l	\$21.31	7950 Jones Branch Drive		
l				
l		McLean, VA 22107		
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				Check if Austin, TX, officeholder living expense Newspaper Subscription
l				Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
⊨	Date	Payee name		
l	01/08/2025	Gannet Co. Inc.		
┝	Amount (\$)	Payee address; City; State; Zip Co.	da	
l	\$21.31	7950 Jones Branch Drive	ue	
l	Ψ21.31	1930 Jones Branch Brive		
l		McLean, VA 22107		
┡	DUDDOCE		/l-\	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overflead/Reflial Expense		Check if Austin, TX, officeholder living expense
l				Newspaper Subscription
L				
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
L	experience to benefit Gree			
	Date	Payee name		
L	05/20/2025	Geren, Charlie		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$25.00	P.O. Box 1440		
l				
		Forth Worth, TX 76101		
	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				Food for Officeholder
l				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 19/54 Rpt: 26/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
L	02/18/2025	Guitar Center Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$63.82	5300 S MoPac Expy	
		Austin, TX 78749	
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 Microphones for Press Events for Officeholder	
		Wild opniones for Fless Events for Officeholder	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payon name	_
	04/15/2025	Payee name HEB	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.58	2301 Congress Ave.	
		Austin, TX 78704	
	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	
		Groceries for Capitol Office	
		Statistics for Suprior Smoot	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	•	
H	Date	Payee name	=
	02/19/2025	Happy Chicks	
-	Amount (\$)	Payee address; City; State; Zip Code	-
	\$152.74	214 E 6th St	
	4101 114		
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\dashv
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITURE	Check if Austin, TX, officeholder living expense	
		Food for Capitol Office Staff	
	Complete ONLY if direct	Condidate/Officeholder name Office county	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 20/54 Rpt: 27/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/23/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$148.64	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
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
		Water Delivery for Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	05/02/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.82	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	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
		Water Delivery for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.82	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	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
		Water Delivery for Office
	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 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	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: 21/54 Rpt: 28/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/04/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.82	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
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
		Water Delivery for Office
_	Complete ONLY if allower	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
L	02/04/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.81	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	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 Water Delivery for Office
		vvaici Delivery for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davisa nama
	Date 01/03/2025	Payee name Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.32	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	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 Water Delivery for Office
		water belivery for Office
	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 Committ

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: 22/54 Rpt: 29/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/17/2025	Hoboken Pie
6	Amount (\$) \$55.15	7 Payee address; City; State; Zip Code 718 Red River St,
	400.10	TECHOLITATION OC,
		Austin, TX 78701
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
		Food for Capitol Office Staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	Hoboken Pie
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.19	718 Red River St.
	Ψ01.120	
		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. Check if Austin, TX, officeholder living expense
		Food for Capitol Office Staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payeo namo
	06/24/2025	Payee name Houston Chronicle
	Amount (\$) \$35.96	Payee address; City; State; Zip Code 4747 Southwest Fwy
	ф33.90	4747 Southwest rwy
		Houston, TX 77027
	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
		Newspaper Subscription
	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 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/54 Rpt: 30/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	06/23/2025	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.96	4747 Southwest Fwy	
		Houston, TX 77027	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Newspaper Subscription
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	05/08/2025	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.96	4747 Southwest Fwy	
		Houston, TX 77027	
	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			Newspaper Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	04/29/2025	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.96	4747 Southwest Fwy	
		·	
		Houston, TX 77027	
	PURPOSE		Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cines overnous, remai Expense	Check if Austin, TX, officeholder living expense
			Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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 Filer	s)
	Sch: 24/54 Rpt: 31/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	04/10/2025	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.96	4747 Southwest Fwy	
		Houston, TX 77027	
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 Newspaper Subscription	
		Newspaper Substription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	04/01/2025	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
		Houston, TX 77027	
	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	
		Newspaper Subscription	
		Толорара одгости	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	03/13/2025	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.96	4747 Southwest Fwy	
		Houston, TX 77027	
	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	
		Newspaper Subscription	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
Eor	me provided by Tevas F	thice Commission was athics state ty us Varsion V/A 1.0 f10c	40 1 40

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/54 Rpt: 32/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/04/2025	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.72	4747 Southwest Fwy
		Houston, TX 77027
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 Newspaper Subscription
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	and the state of t
H	Date	Payee name
	02/13/2025	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
	Ψ23.90	4747 Southwest Pwy
		Houston TV 77027
		Houston, TX 77027
	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
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H .
	Date	Payee name
	02/04/2025	
	02/0 1/2020	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy
	Amount (\$) \$27.72 PURPOSE OF	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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.
	Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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
	Amount (\$) \$27.72 PURPOSE OF	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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.
	Amount (\$) \$27.72 PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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 Newspaper Subscription
	Amount (\$) \$27.72 PURPOSE OF	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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 Newspaper Subscription Candidate/Officeholder name Office sought Office held
	Amount (\$) \$27.72 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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 Newspaper Subscription Candidate/Officeholder name Office sought Office held
	Amount (\$) \$27.72 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 (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 Newspaper Subscription 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 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 c	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer	ID (Ethics Commission Filers)
Sch: 26/54 Rpt: 33/61	Howard, Donna S. (The Honorable)	0004	42130
4 Date	5 Payee name		
01/16/2025	Houston Chronicle		
6 Amount (\$)	7 Payee address; City; State; Zip C	de	
\$23.96	4747 Southwest Fwy		
	Houston, TX 77027		
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 T	exas. Complete Schedule T.
EXPENDITORE	•	Check if Austin, TX, officeh	
		Newspaper Subscrip	tion
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so	ght	Office held
Date	Payee name		
01/07/2025	Houston Chronicle		
Amount (\$)	Payee address; City; State; Zip C	de	
\$27.72	4747 Southwest Fwy		
	Houston, TX 77027		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	—	exas. Complete Schedule T.
		Check if Austin, TX, officeh Newspaper Subscrip	
		Newspaper Subscrip	uon
Complete ONLY if direct	Candidate/Officeholder name Office so	aht (Office held
expenditure to benefit C/OI		9	5.1105 116.td
Date	Payee name		
04/07/2025	Hyatt Regency Austin		
Amount (\$)	Payee address; City; State; Zip C	do o	
\$70.00	208 Barton Springs Rd	uc	
Ψ10.00	200 Barton Oprings Na		
	Austin, TX 78704		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of T	exas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeh	
		Cash for event	
Complete ONLY if direct	Candidate/Officeholder name Office so	ght	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	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: 27/54 Rpt: 34/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/07/2025	Hyatt Regency Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.50	208 Barton Springs Rd
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Parking for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/10/2025	IT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1108 Lavaca Street
		Austin, TX 78701
	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
		Caucus Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/12/2025	JPMorgan Chase
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	270 Park Ave.
	Ψ0.00	Zio i alkiito.
		New York, NY 10017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fee
_	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 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	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: 28/54 Rpt: 35/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	04/17/2025	Juliet Italian Kitchen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$289.57	1500 Barton Springs Rd	
		Austin, TX 78704	
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	
		Food for capitol office staff	
		1 ood for expiter effice stair	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OH		
L			
	Date	Payee name	
	03/05/2025	LGBTQ Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	PO Box 2960	
		Austin, TX 78769	
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Saada Baca	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	Dato	Dougo nama	
	Date	Payee name	
	02/07/2025	Legislative Study Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 12943	
L		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Caucus Dues	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct 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 Comn

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

Trave Trave act Labor OTH

	Candidate/Officeholder/Politica Credit Card Payment	al 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: 29/54 Rpt: 36/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/30/2025	Lopez-Resendez Cupero, Samantha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	12833 Withers Way
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
		Gian'i ay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/17/2025	Lopez-Resendez Cupero, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$594.09	12833 Withers Way
	Ψ004.00	12000 Whiteis Way
		Austin, TX 78727
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/09/2025	Lopez-Resendez Cupero, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	12833 Withers Way
		Austin, TX 78727
	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 Staff Pay
		Jian Fay
	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 Commi 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	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: 30/54 Rpt: 37/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/09/2025	Lopez-Resendez Cupero, Samantha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	12833 Withers Way
		Austin, TX 78727
		1
8	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
		Staff Pay
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	05/02/2025	Lopez-Resendez Cupero, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
	\$500.00	12833 Withers Way
		Austin, TX 78727
	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
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	05/02/2025	Lopez-Resendez Cupero, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	12833 Withers Way
		Austin, TX 78727
	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
		Staff Pay
	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/Officenoider/Politic 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: 31/54 Rpt: 38/61	Howard, Donna S. (The Honorable) 00042130						
4 Date	5 Payee name						
03/26/2025	Lopez-Resendez Cupero, Samantha						
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 12833 Withers Way						
4000.00	12000 William Way						
	Austin, TX 78727						
8 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						
	Staff Pay						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
02/05/2025	Lopez-Resendez Cupero, Samantha						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,025.00	12833 Withers Way						
Ψ2,020.00	12000 William Way						
	Austin, TX 78727						
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						
	Staff Pay						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	H						
Date	Payee name						
01/06/2025	Lopez-Resendez Cupero, Samantha						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,025.00	12833 Withers Way						
. ,							
	Austin, TX 78727						
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						
	Staff Pay						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
experientale to belieff C/O	··						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/54 Rpt: 39/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/27/2025	Lyft, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.52	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Officeholder Transportation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	'
	Date	Payee name
	05/23/2025	Lyft, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.19	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Expense Check if Austin, TX, officeholder living expense
l		Officeholder Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	D-4-	
	Date	Payee name
	05/22/2025	Lyft, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
Н	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/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: 33/54 Rpt: 40/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/21/2025	Lyft, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.89	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Officeholder Transportation
		Officeriolder Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	David and the second
		Payee name
	04/28/2025	Lyft, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.50	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Officeholder Transportation
		Officeriolder Transportation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davida marra
	04/25/2025	Payee name Lyft, Inc
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.95	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Officeholder Transportation
		Officeriolder Transportation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/54 Rpt: 41/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	04/08/2025	Lyft, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.00	185 Berry St #5000	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	outside of Texas. Complete Schedule T.
	_	- - - - - 	n, TX, officeholder living expense Transportation
		Officeriolider	Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinico Nola
_	Date	Payee name	
	03/31/2025	Lyft, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.79	185 Berry St #5000	
	φ30.79	103 Berry 31 #3000	
		Can Francisco CA 04107	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment / tha Related	n, TX, officeholder living expense
			Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	H	
	Date	Payee name	
	02/04/2025	Lyft, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.23	185 Berry St #5000	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Officeriolder	Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH		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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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:	
	Sch: 35/54 Rpt: 42/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
L	01/27/2025	Lyft, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.99	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense Check if Austin, TX, officeholder living expense Officeholder Transportation
		Onicendide: Hansportation
_	Complete ONLY if divert	Candidate/Officeholder name Office county
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/15/2025	Lyft, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.91	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Officeholder Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Data	
	Date	Payee name Modern Mom's Their
	05/12/2025	Madam Mam's Thai
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.71	510 W 26th St,
		Austin, TX 78705
	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 Capitol Office Staff
		1 ood for capitor office starr
	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 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		nittee I	-ood/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 36/54 Rpt: 43/61	H	loward, Doi	nna S. (The Hor	norable)				L	00042130	
4	Date	5 P	ayee name								
	01/09/2025	N	1en4Choice	Education							
6	Amount (\$)	7 P	ayee addres	s; City;	State;	Zip Co	ode				
	\$250.00	3	420 Whirla	way Dr							
		N	lorthbrook,	IL 60062							
8	PURPOSE	(a) C	ategory (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	ı		s/Donations Ma		,		=			plete Schedule T.
	EXPENDITORE	_ c	andidate/C	fficeholder/Polit	tical Comm	ittee		□		officeholder living	g expense
								Event Sponso	orsi	nıp	
<u>_</u>	Commission ONU V. if allows		odidet-10t"	ahaldan :						04 1	- Lal
9	Complete ONLY if direct expenditure to benefit C/OI		nuidate/Offic	eholder name		office sou	ignt			Office he	eiu
	Date	Р	ayee name								
	05/13/2025	M	licrosoft Co	rporation							
	Amount (\$)	Р	ayee addres	s; City;	State;	Zip Co	ode				
	\$108.24	1	0900-II Sto	nelake Blvd Sui	te 225						
		A	ustin, TX 7	8759							
	PURPOSE	(a) C	ategory (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	ı		ead/Rental Exp		,		□			plete Schedule T.
	EXI ENDITORE									officeholder living	
								Microsoft Offi	ce	Subscription	1
L	Complete ONLY if direct		ndidata/Offic	eholder name		Office sou	lap+			Office he	ald
	expenditure to benefit C/O		i iuiuale/OIIIC	enoluel Hallle	Ü	mice SUU	igiil			Onice ne	aiu .
\vdash	Data										
	Date	l	ayee name								
	05/23/2025		r.F. Changs								
	Amount (\$)	l	ayee addres		State;	Zip Co	ode				
	\$345.43	2	01 San Jac	into Blvd							
		A	ustin, TX 7	8701							
	PURPOSE OF	ı		e Categories listed at th	e top of this sche	edule)	(b)	Description			
	EXPENDITURE	F	ood/Bevera	ige Expense						de of Texas. Com officeholder living	plete Schedule T.
								Food for Cap			
								222.0. C ap			
	Complete ONLY if direct	Ca	ndidate/Offic	eholder name	C	Office sou	ıght			Office he	eld
	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 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: 37/54 Rpt: 44/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	02/06/2025	Pastors for Texas Children	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 471155	
		Forth Worth, TX 76147	
8	PURPOSE		
ľ	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Capitol Ever	nt Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/OI		
	Date	Payee name	
	05/16/2025	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	P.O. Box 2171	
		San Antonio, TX 78205	
	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.
		Check if Austi Newspaper	n, TX, officeholder living expense
		Νενισμαμεί	Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
H	Date	Payee name	
	04/18/2025	San Antonio Express News	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	P.O. Box 2171	
	Ψ21.12		
		San Antonio, TX 78205	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Northal Expense	n, TX, officeholder living expense
		Newspaper :	Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	п	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed abo	ove)
Credit Card Payment			The Instruction G	uide explains h	low to col	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 38/54 Rpt: 45/61		Howard, Do	nna S. (The Ho	norable)					00042130		
4	Date	5	Payee name									
	03/21/2025			Express News	6							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$27.72		P.O. Box 21			·						
			San Antonio	TY 78205								
Ļ	DUDDOOF	(-)					<i>(</i> 1-)					
8	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			=		officeholder living		
								Newspaper S			,	
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н					•					
\vdash	Date	Г	Payee name									
	02/21/2025		•	Express News	:							
		H	Payee addres	•		Zin Co	do					
	Amount (\$)		P.O. Box 21		Sidle,	Zip Co	ue					
	\$27.72		P.O. BOX 21	.71								
			San Antonio	o, TX 78205		_						
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			=		de of Texas. Com officeholder living	plete Schedule T.	
								Newspaper S			g expense	
								No Nopapor C		oonphon		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Ot	ffice sou	aht			Office he	əld	
	expenditure to benefit C/OI		Janara actor of me	seriolael Hame	0.		9			Omoc m	314	
_	Data											
	Date 01/24/2025		Payee name	- Everese Nove								
				Express News								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$27.72		P.O. Box 21	.71								
			San Antonio	, TX 78205		_						
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Ex	pense						plete Schedule T.	
								Newspaper S		officeholder living	j expense	
								. τοντοραροί Ο		Computer		
-	Complete ONLY if direct	Ц,		ceholder name	Ot	ffice sou	aht			Office he	ald.	
	expenditure to benefit C/OI		Januluale/Offic	ocholaci Hailie	O	moc sou	grit			Onice H	Jiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 39/54 Rpt: 46/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/17/2025	Shell Food Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.02	701 N Interstate Hwy 35
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	06/03/2025	Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.95	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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
		Video Conferencing Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	05/05/2025	Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.95	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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
		Video Conferencing Subscription
	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 B
Candidate/Officeholder/Politic

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			Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above	·)
	Credit Card Payment			The Instruction Gu	ide explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 40/54 Rpt: 47/61		Howard, Do	nna S. (The Hor	orable)				00042130		
4	Date	5	Payee name								
	04/03/2025			nologies, LLC							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$83.95		Salesforce 7	Tower, 415 Miss	ion St						
			San Francis	co, CA 94105							
8	PURPOSE	(a)		e Categories listed at th	a top of this sahadula)	(b)	Description				
	OF	(-,		nead/Rental Exp		(~)	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		000 0.0		000		Check if Austin	, TX,	officeholder living	expense	
							Video Confer	end	cing Subscri	ption	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	experiorare to benefit C/O										
	Date		Payee name								
	03/03/2025		Slack Techr	nologies, LLC							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$92.28		Salesforce 7	Tower, 415 Miss	ion St						
			San Francis	co, CA 94105							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp			<u> </u>		de of Texas. Com		
							Check if Austin		officeholder living		
							video Comer	CIIC	ung Subscri	puon	
	Complete ONLY if direct	<u> </u>		ceholder name	Office so	liaht			Office he	7ld	
	expenditure to benefit C/OI		Januluale/Onic	centidei name	Office 30	ugnt			Office file	au	
	Data										
	Date 02/03/2025		Payee name	oologios IIC							
				nologies, LLC	0 7. 0						
	Amount (\$)		Payee address	•	State; Zip C	ode					
	\$90.27		Salesione	Fower, 415 Miss	1011 51						
			0 - 5	04.044.05							
				co, CA 94105							
	PURPOSE OF	(a)		e Categories listed at th		(b)	Description Check if travel	outci	de of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Office Overh	nead/Rental Exp	ense		ш		officeholder living		
							Video Confer				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н									
ı											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	elete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/54 Rpt: 48/61		Howard, Donna S. (The Honorable)		00042130
4	Date	5	Payee name		
	01/03/2025		Slack Technologies, LLC		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$46.64		Salesforce Tower, 415 Mission St		
			San Francisco, CA 94105		
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
					Video Conferencing Subscription
					The second second
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>I</u> ught	t Office held
	expenditure to benefit C/OI	Н			
F	Date	Π	Payee name		
	02/21/2025		Squarespace		
	Amount (\$)	H	Payee address; City; State; Zip Co	ode	F.
	\$294.22		225 Varick Street, 12th Floor		
			New York, NY 10014		
	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
					Website Subscription Renewal
					·
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	02/07/2025		Squarespace		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$389.70		225 Varick Street, 12th Floor		
			New York, NY 10014		
	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 Website Subscription Renewal
					Website Subscription Renewal
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	l ught	t Office held
	expenditure to benefit C/OI			J	

SCHEDULE F1

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

	Candidate/Officeholder/Politica		mmittee Legal Services Salaries/Wages/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: 42/54 Rpt: 49/61		Howard, Donna S. (The Honorable)		00042130			
4	Date	5	Payee name					
	01/21/2025		Squarespace					
6	Amount (\$)	17	Payee address; City; State; Zip Code					
٠	\$20.00	ľ	225 Varick Street, 12th Floor					
	Ψ20.00		220 Varion Guest, 12th Floor					
			Navy Varily NIV 10014					
		L	New York, NY 10014					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		Since evernedari teritar Expense		de of Texas. Com officeholder living			
					iption Renev			
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought		Office he	ald.		
·	expenditure to benefit C/OI		zanadator emocnotaer name		Omoo no	, i		
	Date	Т	Davis vers					
	04/11/2025		Payee name Strength Through Strides					
		┞						
	Amount (\$)		Payee address; City; State; Zip Code					
	\$500.00		432 Morningside Dr					
			Lexington, VA 24450					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		Contributions/Donations Made By	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
			Garrandate/Grinderioladi/i Giladat Geriminates			th Through Strides		
				/illis Marathon				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought		Office he	eld .		
	expenditure to benefit C/OI							
	Date	Г	Payee name					
	05/27/2025		Taco Palenque Braker Lane					
	Amount (\$)	┝	Payee address; City; State; Zip Code					
	\$158.69		4607 W Braker Ln					
	Ψ130.03		4007 W Blaket Ell					
			Austin TV 707F0					
		<u> </u>	Austin, TX 78759					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description	wal autai	de of Texas. Com	ploto Cohodulo T		
	EXPENDITURE		1 00d/Develage Expense		officeholder living			
					Office Staff			
				-				
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office he	eld		
	expenditure to benefit C/OI		Č					

SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	Ŭ	te this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 43/54 Rpt: 50/61	Howard, Donna S. (The Honorable) 00042130							
4 Date	5 Payee name		'					
05/22/2025	Texaco							
6 Amount (\$)	7 Payee address; City; State; Zip Co	de						
\$20.00	7110 Bee Cave Rd.							
	Austin, TX 78746							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
OF	Travel Out of District	(5)	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE			Check if Austin, TX, officeholder living expense					
			Gas for officeholder vehicle for travel					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ght	Office held					
experialitire to beliefit C/C	/n							
Date	Payee name							
04/24/2025	Texas Blue Action Democrats							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$500.00	PO Box 41424							
	Austin, TX 78704							
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.					
EXPENDITORE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense					
			Event Sponsorship					
0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			000					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sour PH	gnt	Office held					
Date	Payee name							
04/04/2025	Texas Blue Action Democrats							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$500.00	PO Box 41424							
	Austin, TX 78704							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense Event Sponsorship					
			Event Sponsorship					
Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/C		grit	Office field					

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

Texas Energy & Climate Caucus Amount (\$) PO Box 301074 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Caucus Dues		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a	strict a category not listed above)
Sch: 44/54 Rpt: 51/61 Howard, Donna S. (The Honorable) 00042130				
Date Date Date Separation Texas Energy & Climate Caucus	1	. 0		(Ethics Commission Filers)
Texas Energy & Climate Caucus 7 Payee address; City; State; Zip Code 8 200.00 8 PURPOSE OCINIBUTIONS (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code 8 500.00 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Amount (8) Payee address; City; State; Zip Code Amount (8) Purpose OCINIBUTIONS (a) Category (See Categories listed at the top of this schoolule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date OF EXPENDITURE Candidate/Officeholder name Office sought Office bought Office held Payee address; City; State; Zip Code Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Spirity in Check if traval outside of Texas. Complete Schedule T. Contributions/Donations Made By Candidate/Officeholder/Political Committee Office sought Office held Payee address; City; State; Zip Code Spirity in Check if traval outside of Texas. Complete Schedule T. Complete ONLY if direct Expenditure to benefit C/OH Payee address; City; State; Zip Code Spirity Code Spi		·	, , ,	
Amount (\$) \$200.00 PO Box 301074 Austin, TX 78703	4		1	
Section	L	01/30/2025	Texas Energy & Climate Caucus	
Austin, TX 78703 PURPOSE OF EXPENDITURE	6	Amount (\$)	7 Payee address; City; State; Zip Code	
Contributions/Donations Made By Candidate/Officeholder/Political Committee		\$200.00	PO Box 301074	
Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Contributions/Donations Made By Candidate/Officeholder/Political Committee			Austin, TX 78703	
Ontributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Justin, TX, officeholder in Augustin, TX, 78745 Purpose	8	PURPOSE		
Candidate/Officeholder/Political Committee Caucus Dues 3		OF		nplete Schedule T.
Payee name Office Sought Office held Payee name Office Sought Office held Office Overhead/Rental Expense Complete ONLY if direct Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Office held Office held Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Office held Office held Office Overhead/Rental Expense Office Sought Office held Office held Office held Office Overhead/Rental Expense Office Sought Office held Office held Office held Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Office held Office held Office held Office held Office held Office Overhead/Rental Expense		EXPENDITURE		g expense
Date			Caucus Dues	
Date				
Date 05/02/2025 Amount (\$) Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee Caucus Dues Complete ONLY if direct expenditure to benefit C/OH Date 05/19/2025 Amount (\$) Payee name 05/19/2025 The New York Times Company Amount (\$) Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Caucus Dues (b) Description Check if Austin, TX, officeholder living expense Caucus Dues (b) Description Check if Austin, TX, officeholder living expense Corporation Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office Sought Office Policy (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office Sought Office Policy if direct Candidate/Officeholder name Office Sought Office Policy if direct Office Policy if direct Candidate/Officeholder name Office Sought Office Policy if direct Office Policy if Office Policy if Office Policy in Office Policy if Office Policy in	9			eld
Amount (\$)	L	expenditure to benefit C/OI	UH	
Amount (\$)		Date	Payee name	
\$500.00 8004 Swindon Lane Austin, TX 78745 PURPOSE OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete QNLY if direct expenditure to benefit C/OH Date O5/19/2025 The New York Times Company Amount (\$) Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Date O5/19/2025 The New York Times Company Amount (\$) Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 PURPOSE OF CATEGORIES (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Complete QNLY if direct Candidate/Officeholder name Office sought Office held Office held		05/02/2025	Texas Women's Health Caucus	
Austin, TX 78745 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date 05/19/2025 Amount (\$) Payee name The New York Times Company Amount (\$) Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Sought (b) Description Check if Austin, TX, officeholder in X, officeholder i		Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held Date OS/19/2025 The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 Payee address; City; State; Zip Code New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held Office Overhead/Rental Expense		\$500.00	8004 Swindon Lane	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held Date OS/19/2025 The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 Payee address; City; State; Zip Code New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held Office Overhead/Rental Expense				
Complete ONLY if direct expenditure Complete ONLY if direct expenditure to benefit C/OH Date OS/19/2025 Payee name The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 Payee address; City; State; Zip Code New York, NY 10018 Purpose OF Expenditure Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Office sought Office held Office held (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Caucus Dues Office held			Austin, TX 78745	
Complete ONLY if direct expenditure to benefit C/OH Date OS/19/2025			, , , , , , , , , , , , , , , , , , ,	
Complete ONLY if direct expenditure to benefit C/OH Date			Contributions/Donations water by	
Complete ONLY if direct expenditure to benefit C/OH Date			Carranació en constituir en carranación con carranación carranación con carranación carranación carranación ca	у ехрепѕе
Date 05/19/2025 Payee name The New York Times Company Amount (\$) Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Caucus Dues	
Date 05/19/2025 Payee name The New York Times Company Amount (\$) Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 620 Eighth Avenue New York, NY 10018 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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		•	· · · · · · · · · · · · · · · · · · ·	
The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 620 Eighth Avenue New York, NY 10018 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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\vdash	Date	Payon namo	
Amount (\$) Payee address; City; State; Zip Code \$21.28 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
\$21.28 620 Eighth Avenue New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office Sought Office Sought Office held	_			
New York, NY 10018 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name New York, NY 10018 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$21.28	620 Eighth Avenue	
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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
OF EXPENDITURE Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held	L		New York, NY 10018	
EXPENDITURE Office Overnead/Rental Expense Check if Austin, TX, officeholder living expense Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overficad/Nertial Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				g expense
			ivewspaper Subscription	
		Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	ald
				ciu

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/54 Rpt: 52/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	05/14/2025	The New York Times Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.47	620 Eighth Avenue	
		New York, NY 10018	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Newspaper Subscription
_	0 1: 0.11.7.7.1.		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	04/21/2025	The New York Times Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.28	620 Eighth Avenue	
		New York, NY 10018	
	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 Newspaper Subscription
			Trempaper Casconpact
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/16/2025	The New York Times Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.47	620 Eighth Avenue	
	+-		
		New York, NY 10018	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Netital Expense	Check if Austin, TX, officeholder living expense
			Newspaper Subscription
	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 Co 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: 46/54 Rpt: 53/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/24/2025	The New York Times Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue
L		New York, NY 10018
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
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.47	620 Eighth Avenue
		New York, NY 10018
	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
		Newspaper Subscription
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/24/2025	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue
		New York, NY 10018
	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 Newspaper Subscription
		Tonopapor Subscription
\vdash	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 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

Great Gara Layment	The Instruction Guide explains how to co	mplete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics	Commission Filers)				
Sch: 47/54 Rpt: 54/61	Howard, Donna S. (The Honorable) 00042130						
4 Date	5 Payee name		•				
02/19/2025	The New York Times Company						
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode					
\$24.47	620 Eighth Avenue						
	New York, NY 10018						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense	ı <u>—</u>	avel outside of Texas. Complete Sch	edule T.			
			ustin, TX, officeholder living expense er Subscription				
		rewspape	or education				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held				
expenditure to benefit C/OI		.9	GGG 1.G.G				
Date	Payee name						
01/27/2025	The New York Times Company						
Amount (\$)	Payee address; City; State; Zip Co	nde					
\$21.28	620 Eighth Avenue	,40					
¥==:==							
	New York, NY 10018						
PURPOSE		(b) Description					
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		avel outside of Texas. Complete Sch	edule T.			
EXPENDITURE	Cinico Ovornoudintental Expense	. —	ustin, TX, officeholder living expense				
		Newspape	er Subscription				
2 1 2 2 2 2 2 2 2							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held				
Date	Payee name						
01/22/2025	The New York Times Company						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$21.28	620 Eighth Avenue						
	New York, NY 10018						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Office Overhead/Rental Expense	I <u>—</u>	avel outside of Texas. Complete Schrustin, TX, officeholder living expense	edule 1.			
		_	er Subscription				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held				
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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee				Gitt/Awards/Memorials E Legal Services		g Expe es/Wag	nse es/Contract Labor		OTHER (enter	a category not listed above)
	Credit Card Payment			The Instruction Gui	ide explains how to					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 48/54 Rpt: 55/61		Howard, Do	nna S. (The Hon	iorable)				00042130	
4	Date	5	Payee name					_		
	06/06/2025			Science Group,	LLC					
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code				
	\$57.56		675 Ponce I	De Leon Ave NE	, Suite 5000					
			Atlanta, GA	30308						
8	PURPOSE	(a)	Category (se	e Categories listed at the	o top of this schodulo)	(b) Description			
	OF	 `		nead/Rental Exp		1		outsi	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE			•			ш		, officeholder livin	g expense
							Campaign Er	mai	ll Vendor	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ough	t		Office h	eld
		_								
	Date		Payee name							
	05/06/2025		The Rocket	Science Group,	LLC					
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	•			
	\$57.56		675 Ponce [De Leon Ave NE	, Suite 5000					
			Atlanta, GA	30308						
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b) Description			
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense		=		ide of Texas. Con , officeholder livin	nplete Schedule T.
							Campaign Er			g expense
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ough	t		Office h	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	04/07/2025		•	Science Group,	LLC					
	Amount (\$)		Payee addres		State; Zip	Code	<u> </u>			
	\$57.56		•	De Leon Ave NE	•					
			Atlanta, GA	30308						
	PURPOSE	(a)		e Categories listed at the	o top of this solvedule)	(b) Description			
	OF	(")		e calegories listed at the nead/Rental Exp		("		outsi	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE								, officeholder livin	g expense
							Campaign Er	mai	il Vendor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ough	t		Office h	eld
	onponditure to benefit 6/01									

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: 49/54 Rpt: 56/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/06/2025	The Rocket Science Group, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
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
		Campaign Email Vendor
		Sampaigh Email Vendor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	02/06/2025	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign Email Subscription
		Campaigh Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	01/06/2025	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compairs Frail Vander
		Campaign Email Vendor
_	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 Co

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: 50/54 Rpt: 57/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/26/2025	Travis County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1311 E 6th St
		#B
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/18/2025	US Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.00	3201 Bee Caves Rd.
		Ste. 120
		Austin, TX 78746
	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
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/10/2025	UT Conference Center Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	1900 University Ave Rm. LL014
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Parking for officeholder for event
\vdash	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	-	1
1	Total pages Schedule F1: Sch: 51/54 Rpt: 58/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
	03/17/2025	University Democrats PAC TX
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code2401 Whitis Ave.
		#112
		Austin, TX 78705
8	PURPOSE	1
0	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Event Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	Wall Street Journal
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.33	1211 Avenue of the Americas
		New York, NY 10035
	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
		Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/28/2025	Welsch & Ward
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	8500 Bluffstone Cove
		Austin, TX 78759
	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
		CPA - Taxes
	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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/A ee Lega	Awards/Memorials E I Services Instruction Gui	xpense		pens ages	se s/Contract Labor		Travel Out of Di OTHER (enter a		ove)
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 52/54 Rpt: 59/61	l	ward, Donna	S. (The Hon	orable)					00042130		
4	Date	5 Pay	ree name					I				
	06/17/2025	1	na Gonzale:	z, Kristen								
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Cod	de					
	\$393.99	800	04 Swindon	_ane	•	·						
		Aus	stin, TX 787	15								
8	PURPOSE	(a) Cate	egory (See Ca	tegories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			Contract Lal				Check if travel of				
								ш	TX,	officeholder living	g expense	
								Staff Pay				
_	2											
9	Complete ONLY if direct expenditure to benefit C/O		lidate/Officeho	older name	C	Office souç	ght			Office h	eld	
	Date	Pay	ree name									
	06/17/2025	Yla	na Gonzale:	z, Kristen								
	Amount (\$)	Pay	ee address;	City;	State;	Zip Cod	de					
	\$1,000.00	800	04 Swindon	_ane								
		Aus	stin, TX 787	1 5								
	PURPOSE	(a) Cate	egory (See Ca	tegories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			Contract Lal				=			plete Schedule T.	
								—	TX,	officeholder living	g expense	
								Staff Pay				
	Complete ONLY if direct expenditure to benefit C/Ol		lidate/Officeho	older name	C	Office souç	gnt			Office h	eia	
	Date	Pay	ee name									
	02/04/2025	Yla	na Gonzalez	z, Kristen								
	Amount (\$)	Pav	ee address;	City;	State:	Zip Cod	de					
	\$1,525.00	1 1	04 Swindon		,							
	+-,											
		Aus	stin, TX 787	1 5								
	PURPOSE	(a) Cate	egory (See Ca	tegories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Sal	aries/Wages	c/Contract Lal	bor			ш			plete Schedule T.	
	EXI ENDITORE							_	TX,	officeholder living	g expense	
								Staff Pay				
	Complete ONLY if direct		lidate/Officeho	older name	C	Office souç	ght			Office h	eld	
	expenditure to benefit C/O	7										

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 53/54 Rpt: 60/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
_		
4	Date	5 Payee name
	06/04/2025	Zoom Video Communications Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.12	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
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 Video Conferencing Subscription
		Video comercioning cassoripation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
_	Date	Davies same
	05/05/2025	Payee name Zoom Video Communications Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
	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
		Video Conferencing Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/04/2025	Zoom Video Communications Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
	Ψ17.05	6th Floor
		San Jose, CA 95113
	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
		Video Conferencing Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 54/54 Rpt: 61/61 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 03/04/2025 Zoom Video Communications Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$17.05 55 Almaden Blvd. 6th Floor San Jose, CA 95113 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Video Conferencing Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/04/2025 Zoom Video Communications Inc. Amount (\$) Payee address; City; State; Zip Code \$17.05 55 Almaden Blvd. 6th Floor San Jose, CA 95113 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Video Conferencing Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/06/2025 Zoom Video Communications Inc. Amount (\$) Payee address: City: State; Zip Code \$17.05 55 Almaden Blvd. 6th Floor San Jose, CA 95113 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Video Conferencing Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH