#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 98 00089230 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Adam Hinojosa Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 18301 Date Hand-delivered or Date Postmarked Corpus Christi, TX 78480 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mike NAME NICKNAME LAST **SUFFIX** Bergsma STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1 E. Greenway Plaza STREET **ADDRESS** Ste. 225 (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1 E. Greenway Plaza MAILING **ADDRESS** Ste. 225 Houston, TX 77046 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 526-3399 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		1	3 Filer ID	(Ethics Com	mission Filers)
Friends of Adam Hinojo	sa		00089230		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME Adam Hinojosa			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD State Senator	(officeholder)		
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE	Voor
OPPOSE (Candidate or Measure)			Month	Day	Year
X ASSIST	Measure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAN I ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	PLEDGES,	\$	\$0.00
	ONTRIBUTIONS				
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	\$16,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$104,112.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST D	AY OF THE	\$	\$27,553.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF THIG PERIOD	IE LAST	\$	\$100,000.00
16 AFFIDAVIT		I swear, or affirm, under penalty of perjur and correct and includes all information r Title 15, Election Code.			
		Mike Be	rasma		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Cam		er	
Sworn to and subscribed	before me, by the said	, this	s the		day
		n, witness my hand and seal of office.	· -		
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administer	ing oath

## **SUBTOTALS - SPAC**

## FORM SPAC **COVER SHEET PG 3**

					3 of 98
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Co	mmission Filers)
Frie	ends of	Adam Hinojosa	00089230		
<b>19</b> SC	HEDULE	SUBTOTALS			
l	ME OF S	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	16,000.00	
					•
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	_		
۷.	Ш	\$			
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR .	\$	
		ONO WILL WICH			
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
J .	Ш		\$		
6.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
7.	X	SCHEDULE E: LOANS		\$	100,000.00
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	79,485.59
J 0.		SCHEDGETT. TOLITICAL EXCENDITIONES TROWN SETTICAL CONTRIBUTIONS	,	٦	19,405.59
9.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	24,626.81
		CONEDUCE 14. EXI ENDITORES WINDE DI GREDIT OF WAR		φ	24,020.01
12.	Ш	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$	
	Ш	TO FILER		4	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/98	
2	FILER NAME Friends of A	dam Hinojosa		3	Filer ID (Ethics Commission Filers) 00089230	
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:)  Kolean, Charles  6 Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00	
8	Dringing oggu	Dallas, TX 75201 pation / Job title (See Instructions)				
<u> </u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 Mounetou, Juan  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00	
	Laredo, TX 78045  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	· 	,				
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 TREPAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00	
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code  Houston, TX 77027			Amount of Contribution (\$) \$5,000.00	
	Principal occu Weekley Pro	pation / Job title (See Instructions) perties	)			

LOANS				SCHEDULE E		
The Instruction	on Guide explains how to complete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/98			
2 FILER NAME Friends of Adan	n Hinojosa		3 Filer ID 000892	(Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS			\$		
5 Date of loan 01/23/2025	7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$100,000.00		
6 Is lender a financial institution?	8 Lender address; City; State;  Corpus Christi, TX 78480	Zip Code		10 Interest Rate 0 11 Maturity Date 01/23/2026		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions	s)	01/20/2020		
14 Description of Col	lateral	15 Check if personal funds we	ere deposited	•		
X None  16 GUARANTOR	17 Name of guarantor	∐ N/A		(See Instructions)  19 Amount Guaranteed (\$)		
INFORMATION  X not applicable		Zip Code		20 / misunt educations (4)		
<b>20</b> Principal occupati	on .	21 Employer (See Instructions	<b>s</b> )			

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 6/98	Friends of Adam Hinojosa	00089230
4	Date	5 Payee name	
	02/14/2025	Alejandra Jacobs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	402 S Ironwood St	
		Pharr, TX 78577	
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  Campaign Contract Labor
			Campaign Contract Labor
_	Commission ONII V if alice at	Constitute (Office helder nove	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office neid
	·		
	Date	Payee name	
	03/25/2025	Alejandra Jacobs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	402 S Ironwood St	
		Pharr, TX 78577	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Campaign Contract Labor
			Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
		<u> </u>	
	Date	Payee name	
	04/23/2025	Alejandra Jacobs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	402 S Ironwood St	
		Pharr, TX 78577	
	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	л	

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 2/27 Rpt: 7/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	06/23/2025	Alejandra Jacobs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	402 S Ironwood St
		Pharr, TX 78577
Ļ	DUDDOOF	
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
		Campaign Contract Labor
		Campaigh Contact Labor
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	02/14/2025	Alex Sprague
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3023 Festus Dr
	φ250.00	SUZS FESIUS DI
		Austin, TX 78748
	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
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/25/2025	Alex Sprague
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3023 Festus Dr
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	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 Comm

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/27 Rpt: 8/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	04/23/2025	Alex Sprague
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 3023 Festus Dr  Austin, TX 78748
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  Campaign Contract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/01/2025	Amazon
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
	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  Lanyard For Capitol Staff Badges
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/03/2025	Payee name American Express
	Amount (\$) \$884.05	Payee address; City; State; Zip Code PO Box 650448
		Dallas, TX 75265
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Credit Card Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/27 Rpt: 9/98	Friends of Adam Hinojosa	00089230
4	Date	5 Payee name	
	04/02/2025	American Express	
6	Amount (\$) \$1,346.36	7 Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
8	PURPOSE OF EXPENDITURE	Great Gara r dyment	r if travel outside of Texas. Complete Schedule T.
	LAI ENDITORE	,	if Austin, TX, officeholder living expense tign Credit Card Payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	04/28/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,569.96	PO Box 650448	
		Dallas, TX 75265	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Credit Gara Layment	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		,	ign Credit Card Payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	06/03/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,818.73	PO Box 650448	
		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	OF EXPENDITURE	Cicuit Cara r ayment	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		,	ign Credit Card Payment
			ag. C. San Gara i agmon
	Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought H	Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	 I Committee	Legal Services			/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
_				tion Guide explains	S HOW LO CO	iiibie	ae uns ioim.	_		(=1)	,
1	Total pages Schedule F1:							3		(Ethics Commission Filers	5)
_	Sch: 5/27 Rpt: 10/98	_	ds of Adam Hino	josa ————————————————————————————————————					00089230		
4	Date	1	e name								
L	04/12/2025	Amei	rican Legion Pos	229 Cook Off							
6	Amount (\$)	7 Paye	e address; City	; State	e; Zip Co	de					
	\$25.00	1449	3 South Padre Is	land Dr PMB 46	57						
		N Pa	dre Island, TX 78	3418							
8	PURPOSE	(a) Cated	JOry (See Categories li	sted at the top of this so	chedule)	(b)	Description				
	OF		t Expense		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin,	, TX,	officeholder living	g expense	
							Event Ticket				
9	Complete ONLY if direct		ate/Officeholder na	ıme	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	4									
	Date	Paye	e name								
	03/25/2025	Beev	ille Banquet								
	Amount (\$)	Paye	e address; City	; State	e; Zip Co	de					
	\$75.00	400 1	N Washington								
			Č								
		Poor	rille, TX 78102								
	PURPOSE OF		JOry (See Categories li	sted at the top of this sc	chedule)	(b)	Description	o	do of Tours C	valete Cebedule T	
	EXPENDITURE	Even	t Expense				<b>=</b>		de of Texas. Com officeholder living	nplete Schedule T.	
							Event Ticket	, 1,	omocnoidel livili	g expense	
							_vont notet				
$\vdash$	Complete ONLY if direct	Candid	ate/Officeholder na	ıme	Office sou	abt			Office h	old.	
	expenditure to benefit C/O		ateronicendidei Ha	unc	Onice Sou	yııl			Onice II	uu	
L											
	Date		e name								
L	01/01/2025	Blake	emore & Associa	tes							
	Amount (\$)	Paye	e address; City	; State	e; Zip Co	de					
	\$2,500.00	1 E G	Greenway Plaza S	Ste 225							
		Hous	ston, TX 77046								
	PURPOSE	(a) Cated	JOry (See Categories li	sted at the ton of this so	thedule)	(b)	Description				
	OF		sulting Expense	at all top of this so				outsi	de of Texas. Com	pplete Schedule T.	
	EXPENDITURE		3 40				Check if Austin,	, TX,	officeholder living	g expense	
							Campaign Co	ons	ulting Fees		
	Complete ONLY if direct		ate/Officeholder na	ıme	Office sou	ght			Office h	eld	
	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/Politica

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

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: Sch: 6/27 Rpt: 11/98 Friends of Adam Hinojosa  4 Date 02/01/2025 Spayee name Blakemore & Associates  6 Amount (\$) 7 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Consulting Expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date 03/01/2025 Payee name Blakemore & Associates	rs)
Sch: 6/27 Rpt: 11/98	rs)
4 Date 02/01/2025 5 Payee name Blakemore & Associates  7 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name	
Blakemore & Associates  7 Payee address; City; State; Zip Code \$2,500.00 1 E Greenway Plaza Ste 225  Houston, TX 77046  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Consulting Expense  Campaign Consulting Fees  Office sought  Office held  Payee name	
6 Amount (\$)	
\$2,500.00 1 E Greenway Plaza Ste 225  Houston, TX 77046  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name	
Houston, TX 77046  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name	
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name	
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name	
OF Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees  Office sought Office held	
Consulting Expense  Consulting Expense  Check if Austin, TX, officeholder living expense Campaign Consulting Fees  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Consulting Expense  Candidate/Officeholder name Office sought Office held	
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Campaign Consulting Fees  Campaign Consulting Fees  Office sought Office held	
9 Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held Payee name	
expenditure to benefit C/OH  Date Payee name	
expenditure to benefit C/OH  Date Payee name	
Date Payee name	
1 4,900 144.110	
03/01/2025 Blakemore & Associates	
Amount (\$) Payee address; City; State; Zip Code	
\$2,500.00 1 E Greenway Plaza Ste 225	
Houston, TX 77046	
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, 1X, officenoider living expense	
Campaign Consulting Fees	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
04/01/2025 Blakemore & Associates	
Amount (\$) Payee address; City; State; Zip Code	]
\$2,500.00 1 E Greenway Plaza Ste 225	
Houston, TX 77046	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T.	,
Check if Austin, 1X, officenoider living expense	
Campaign Consulting Fees	
Operation ONLY if all the Company of	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/27 Rpt: 12/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	05/01/2025	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Consulting Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit orei	
	Date	Payee name
	06/01/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Consulting Fees
		Sampaigh Consulting 1 ccs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	01/31/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Fundraising Fees
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 8/27 Rpt: 13/98	Friends of Adam Hinojosa 00089230	
4	Date	5 Payee name	
	02/14/2025	Brenda Watson	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	51 Alberta Dr	
		Brownsville, TX 78526	
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  Campaign Contract Labor	
		Gumpaigh Contract Eabor	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
L			
	Date	Payee name	
	03/25/2025	Brenda Watson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	51 Alberta Dr	
		Brownsville, TX 78526	
	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	
		Campaign Contract Labor	
		Gampaigh Contract Labor	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$	Data		
	Date	Payee name  Prondo Wetson	
	04/23/2025	Brenda Watson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	51 Alberta Dr	
		Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
	Complete ONLY if allowers	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 C

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

	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: 9/27 Rpt: 14/98	Friends of Adam Hinojosa 00089230	
4	Date	5 Payee name	
	06/25/2025	Brenda Watson	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	51 Alberta Dr	
		Brownsville, TX 78526	
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	
		Campaign Contract Labor	
		Campaigh Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
L	02/06/2025	Carrabba's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,699.42	3115 Kirby Dr	
		Houston, TX 77098	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Fundraising Facilities Rental From Prior	
		Period Period	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
<b> </b>	Data		
	Date	Payee name	
	04/10/2025	Clayton Spangler Photographic Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$549.00	235 Point Lick Dr	
		Charleston, WV 25306	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Legislative Photo	
	0 1. 0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

## SCHEDULE F1

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

Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 10/27 Rpt: 15/98		Friends of Adam Hinojosa		00089230	
4	Date	5	Pavee name			

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

4	Date 02/14/2025	5 Payee name Dalton Moore	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2910 Glenview Ave  Austin, TX 78703	
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 Campaign Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/25/2025	Payee name Dalton Moore	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2910 Glenview Ave  Austin, TX 78703	
	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 Campaign Contract Labor	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 04/23/2025	Payee name Dalton Moore	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2910 Glenview Ave  Austin, TX 78703	
	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  Campaign Contract Labor	
	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/27 Rpt: 16/98	Friends of Adam Hinojosa	00089230
4	Date	5 Payee name	·
	06/27/2025	Dalton Moore	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	2910 Glenview Ave	
		Austin, TX 78703	
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
			Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	01/29/2025	Deluxe	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$161.75	801 S Marquette Ave	
		Minneapolis, MN 55402	
	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  Campaign Check Order
			Campaign Chook Class
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	02/14/2025	Donald Magill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	3522 S Alameda	
		Corpus Christi, TX 78411	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Campaign Contract Labor
			Campaign Contract Labor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H			
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (out or contract) and listed above)

	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: 12/27 Rpt: 17/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	03/25/2025	Donald Magill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3522 S Alameda
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Campaigh Contract Labor
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	04/23/2025	Donald Magill
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3522 S Alameda
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		☐ Check if Austin, TX, officeholder living expense  Campaign Contract Labor
		Campaigh Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	Esequiel Silva
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	5669 Wild Bird Ln
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONII V If allows	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/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	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: 13/27 Rpt: 18/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	03/25/2025	Esequiel Silva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	5669 Wild Bird Ln
		Brownsville, TX 78526
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
		Campaign Contract Labor
		Campaigh Contract Labor
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/23/2025	Esequiel Silva
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	5669 Wild Bird Ln
		Brownsville, TX 78526
	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
		Campaign Contract Labor
		Campaigh Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	04/01/2025	Etsy Name Badges
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.70	117 Adams St
		Brooklyn, NY 11201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Consists Coeff Dodges
		Capitol Staff Badges
_	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/27 Rpt: 19/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	02/28/2025	Independent Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	4120 Bellaire Blvd
		Houston, TX 77028
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Bank Fees
		Gampaigh Bank 1 000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payer name
	02/14/2025	Payee name Israel Salinas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4023 Oak Bay Dr #M
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	03/25/2025	Israel Salinas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4023 Oak Bay Dr #M
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY 's direct	Candidate/Officebalder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/27 Rpt: 20/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	04/23/2025	Israel Salinas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4023 Oak Bay Dr #M
		Corpus Christi, TX 78413
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  Campaign Contract Labor
		Sampaigh Somact Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payeo namo
	01/31/2025	Payee name JLAC West
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St
		Austin, TX 78701
	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.
		Campaign Austin, TX, officeholder living expense  Campaign Austin Lodging
		Campaigh Austin Loughly
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 03/04/2025	Payee name JLAC West
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St
		Austin, TX 78701
	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 Austin Lodging
		Campaigh Austin Loughly
_	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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/27 Rpt: 21/98	Friends of Adam Hinojosa		00089230
4	Date	5 Payee name		I
l	04/01/2025	JLAC West		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<del>)</del>	
	\$5,000.00	1122 Colorado St		
l				
l		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) [	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	[	Check if travel outside of Texas. Complete Schedule T.
l			L	Check if Austin, TX, officeholder living expense  Campaign Austin Lodging
l			`	Campaign Austin Louging
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O			565 n.s.g
⊨	Date	Payee name		
l	05/09/2025	JLAC West		
⊢	Amount (\$)	Payee address; City; State; Zip Code		
l	\$5,000.00	1122 Colorado St	•	
l	φο,σσσ.σσ	1122 00,01440 00		
l		Austin, TX 78701		
┝	PURPOSE		, /r	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	י יי ]	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Omoc Overhead/Nemai Expense	į	Check if Austin, TX, officeholder living expense
l			(	Campaign Austin Lodging
L				
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
┡				
	Date	Payee name		
L	06/23/2025	JLAC West		
l	Amount (\$)	Payee address; City; State; Zip Code	9	
l	\$5,000.00	1122 Colorado St		
l				
		Austin, TX 78701		
l	PURPOSE OF	, , ,	) (c	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if Austin, TX, officeholder living expense
l			(	Campaign Austin Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/Ol	1		

### 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	
1	Total pages Schodule F1:	
1	Total pages Schedule F1: Sch: 17/27 Rpt: 22/98	2 FILER NAME Friends of Adam Hinojosa  3 Filer ID (Ethics Commission Filers) 00089230
4	Date	5 Payee name
	06/17/2025	JLAC West
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1122 Colorado St
	, , , , , , , ,	
		Austin, TX 78701
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 Austin Lodging
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	La Quinta
	Amount (\$)	Payee address; City; State; Zip Code
	\$267.95	300 E 11th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Staff Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	La Quinta
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.31	300 E 11th St
		Austin, TX 78701
	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.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Campaign Staff Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/27 Rpt: 23/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	03/25/2025	London ISD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	1356 FM 43
		Corpus Christi, TX 78415
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
		Attrietic Program Carlopy Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Davisa nama
	02/14/2025	Payee name  MK Walling
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3223 Mourning Dove
		0 : 747700
		Spring, TX 77388
	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
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
F	Date	Payee name
	03/25/2025	MK Walling
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3223 Mourning Dove
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contract Labor
		Campaign Contract Labor
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 19/27 Rpt: 24/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	04/23/2025	MK Walling
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3223 Mourning Dove
		Spring, TX 77388
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Campaigh Contract East
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	01/16/2025	MK Walling
	Amount (\$)	Payee address; City; State; Zip Code
	\$282.10	
	Ψ202.10	3223 Mourning Dove
		Carriery TV 77000
		Spring, TX 77388
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Staff Mileage
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/25/2025	MK Walling
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.34	3223 Mourning Dove
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Campaign Staff Mileage
		Campaigh Stail Mileage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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: 20/27 Rpt: 25/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	05/14/2025	MK Walling
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.70	3223 Mourning Dove
		Spring, TX 77388
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Staff Mileage
		Campaigh Clair Willeage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/15/2025	MK Walling
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.66	3223 Mourning Dove
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Staff Mileage
		Campaigh Stail Mileage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 02/04/2025	Payee name
		MK Walling
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.70	3223 Mourning Dove
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Staff Mileage
		Campaign Stan Mileage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 21/27 Rpt: 26/98	Friends of Adam Hinojosa		00089230				
4	Date	5 Payee name		•				
	02/17/2025	MK Walling						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					
	\$20.08	3223 Mourning Dove						
		Spring, TX 77388						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense  Campaign Staff Mileage				
				Campaign Stan Mileage				
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held				
	expenditure to benefit C/O		Jiic	Office Held				
	Date	Davis name						
	03/03/2025	Payee name Natalie Garcia						
			40					
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Coo 2405 Sonador Trail	Je					
	\$1,500.00	2403 3011au01 11aii						
		Ediphura TV 70541						
		Edinburg, TX 78541		_				
	PURPOSE OF	, ,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense				
				Campaign Contract Labor				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held				
	expenditure to benefit C/Ol	1						
	Date	Payee name						
	05/16/2025	Natalie Garcia						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$3,000.00	2405 Sonador Trail						
		Edinburg, TX 78541						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense  Campaign Contract Labor				
				Campaign Contract Labor				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held				
	expenditure to benefit C/O		,	Sind Hold				
_								

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 27/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	03/21/2025	Regulus Real Estate Holdings LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	102 Orchard Rd
		Olmito, TX 78575
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Office Rent
		Campaign Office Nett
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/18/2025	Senate Support Services
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Gavels For Constituent Gifts
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/27/2025	Senate Support Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Gavels For Constituent Gifts
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/27 Rpt: 28/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	03/04/2025	Southside Business Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.65	1212 Leopard St
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Luncheon Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2025	Southside Business Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	1212 Leopard St
		Corpus Christi, TX 78401
	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
		Luncheon Fees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/04/2025	Southside Business Association
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1212 Leopard St
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense  Luncheon Fees
		Luncheon Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 24/27 Rpt: 29/98	Friends of Adam Hinojosa 00089230					
4	Date	5 Payee name					
	05/27/2025	The Spaw Senate Account					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$165.00	PO Box 12068					
		A TV 70744					
Ļ		Austin, TX 78711					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Gift For Lt. Governor					
Ļ							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
H	Date	Para a sana					
	01/31/2025	Payee name The Spaw Senate Account					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,100.00	PO Box 12068					
		Austin, TX 78711					
	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					
		Member Lounge Fees					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	·						
	Date	Payee name The Spay Senate Assount					
	05/27/2025	The Spaw Senate Account					
	Amount (\$) \$361.25	Payee address; City; State; Zip Code PO Box 12068					
	Ψ001.23	1 O BOX 12000					
		Austin, TX 78711					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Senate Kitchen Staff Gifts					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
L	expenditure to benefit C/OI	1					

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 30/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	02/11/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,037.50	PO Box 12068
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Calendars For Constituent Gifts
		Campaign Galendars For Constituent Cities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date 05/20/2025	Payee name The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.75	PO Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flags For Constituent Gifts
		I lage to constituent one
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
	Data	
	Date	Payee name The Texas Senate
	01/31/2025	110 10100 20100
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 12068
		Austin, TX 78711
	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 Photography Licensing
		Priotography Licensing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
	<u> </u>	

## 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 26/27 Rpt: 31/98	Friends of Adam Hinojosa 00089230
4	Date	5 Payee name
	05/16/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ŭ	\$50.00	PO Box 12068
	φοσ.σσ	1 0 20% 12000
		Auctin TV 70711
_	DUDD 0.05	Austin, TX 78711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Photography Licensing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.98	4109 S Staples
	Ψ20.30	4100 O Chapics
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Printer Ink
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/23/2025	Willie Gonzalez
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 780
		Odem, TX 78370
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Operation Children	Outside to Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/	Expense Wages/Contract Labor	Т	Travel in District Travel Out of Dis DTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	1					iler ID	(Ethics Commission Filers)
	Sch: 27/27 Rpt: 32/98	Friends of	Adam Hinojosa			0	00089230	
4	Date	5 Payee nam						
	04/23/2025	Willie Gon	zalez					
6	Amount (\$)	7 Payee addr		State; Zip Co	ode			
	\$250.00	PO Box 78	30					
		Odem, TX	78370					
8	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE	Salaries/W	/ages/Contract Labor		. —			olete Schedule T.
					Campaign C		fficeholder living	expense
					Campaign	Jona	ot Labor	
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sou	<u>l</u> ught		Office he	ld

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

Candidate/Officerolder/Folitica		ruction Guide explains how	•	THER (enter a category not listed	above)
1 Total pages Schedule F4:	·	3 Filer ID (Ethics Commission Filers)			
Sch: 1/66 Rpt: 33/98	Friends of Adam Hi	inoiosa		00089230	,
4 CREDIT CARD ISSUER	Name of final	ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$169.90	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issuel 06/03/2025	r Paid	
7 PAYEE	(a) Payee name  TILF Greenes Floris	st	(b) Payee address; 701 North Main St Weatherford, TX 76086-24	City, State	, Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent Gif		
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$102.59	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Issuer	r Paid	
PAYEE	(a) Payee name  Willliam Paul Floral		(b) Payee address; 1403 Lavaca St Austin, TX 78701	City, State	, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	(b) Description t the top of this schedule) Campaign Constitue		its	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$206.48	(b) Date of Charge 05/29/2025	(c) Date(s) Credit Card Issuer	r Paid	
PAYEE	(a) Payee name Willliam Paul Floral		(b) Payee address; 1403 Lavaca St Austin, TX 78701	City, State	e, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Description Campaign Constituent Gif	its	
Non-Political	(7)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F				
Sch: 2/66 Rpt: 34/98	Friends of Adam Hi	inojosa	00089230				
4 CREDIT CARD ISSUER		Name of financial institution see previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
6 PAYMENT	(a) Amount Charged \$83.15	(b) Date of Charge 05/03/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid			
7 PAYEE	(a) Payee name  Microsoft		City, State, Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Dallas, TX 75202 (b) Description Campaign Email Subscrip	otion			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name			e sought	Office held			
PAYMENT	(a) Amount Charged \$83.15	(b) Date of Charge 06/03/2025	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	PAYEE (a) Payee name  Microsoft		(b) Payee address; 8Th Floor 91 Main St Dallas, TX 75202	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Email Subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	ice sought Office held				
PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issue	er Paid			
PAYEE	(a) Payee name  American Express		(b) Payee address; PO Box 650448 Dallas, TX 75265	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Campaign membership fe	ees			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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				THER (enter a category not listed	above)		
		ruction Guide explains how	to complete this form.	1			
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
Sch: 3/66 Rpt: 35/98	Friends of Adam Hi	nojosa		00089230			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	<b> \$</b>			
	·		CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$37.15	05/30/2025					
7 PAYEE	(a) Dayson mares		(h) Davis a address.	City Ctata	Zin Cada		
/ FAILL	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	   Wal-Mart		1821 South Padre Is Dr O	tc			
	Via Mar						
			Corpus Christi, TX 78416-	-1352			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE 	Office Overhead/Rent		Campaign Office Supplies	3			
X Political		<u>— </u>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$2.13	05/30/2025					
	φ2.13	03/30/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	(a) r ayou mame		1821 South Padre Is Dr O		Zip Code		
	Wal-Mart		1021 300111 Faule 13 DI O	iiC			
			Corpus Christi, TX 78416-1352				
PURPOSE OF	(a) Category		(b) Description	-1332			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Office Supplies				
V Political	Office Overhead/Rent	al Expense					
X Political			<u> </u>				
Non-Political	· · ·	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$383.88	05/30/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
			1821 South Padre Is Dr O	fc			
	Wal-Mart						
			Corpus Christi, TX 78416-	-1352			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign Office Supplies	3			
X Political	Office Overhead/Rent	.aı ⊏xpense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TY	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH		311100	9.14	2.1.00 1.0.0			
and the position of or i							
I							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

estimation Cuido containo hourte complete this form

		The Inst	ruction Guide explains how	to complete this form.					
1 Tota	al pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sch	h: 4/66 Rpt: 36/98	Friends of Adam Hi	nojosa	00089230					
	EDIT CARD SUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	\$				
6 PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ırd Issuer Paid				
		\$34.08	06/26/2025						
7 PA	YEE	(a) Payee name		(b) Payee address;	City	/, State,	Zip Code		
		Fedex Office		101 Red Riv St					
		(a) Cataman		Austin, TX 78701					
	RPOSE OF PENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	a Characc				
	Political	Office Overhead/Rent		Campaign Shippin	ig Charges				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officehol	lder living expense			
9 Cor	mplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Offic	ce held			
expen	nditure to benefit C/OH								
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid				
		\$465.48	02/24/2025	04/02/2025					
PA	YEE	(a) Payee name	•	(b) Payee address;	City	, State,	Zip Code		
		Hobby Lobby		8000 Research Bl	vd				
				Austin, TX 78758					
	RPOSE OF	(a) Category	60: 1.11	(b) Description					
EXI	PENDITURE _	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constituent Gifts					
X	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Cor	mplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	fice sought Office held					
expen	nditure to benefit C/OH								
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid				
		\$368.30	05/28/2025						
PA	YEE	(a) Payee name	1	(b) Payee address;	City	/, State,	Zip Code		
				8000 Research Bl	vd				
		Hobby Lobby							
				Austin, TX 78758					
	RPOSE OF	(a) Category		(b) Description					
EXI	PENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constit	uent Gifts				
X	Political	Sily/ wai as/ivicinonal	о Ехропос						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officeho	lder living expense			
Cor	mplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Offic	ce held			
expen	nditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 5/66 Rpt: 37/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$333.84	06/17/2025					
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Fairmont		101 Red R	River St			
L				Austin, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Travel Out of District	or this serieucie,	Campaign	Staff Lodging			
	X Political							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	osimpioto <u>osta i</u> ir amost			e sought		Office held		
L	expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1/25//26	2 17 0 11	D ::1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuei	Pald		
		\$2,040.85	06/27/2025					
	PAYEE (a) Payee name			(b) Payee ad	ddress;	City,	State,	Zip Code
		Fairmont		101 Red R	River St			
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Staff Lodging				
	X Political	Travel Out of District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$55.47	(b) Date of Charge 04/26/2025	(c) Date(s) 0 06/03/2029	Credit Card Issuer 5	r Paid		
Г	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Four Coopens		98 San Jac	cinto Blvd			
		Four Seasons						
L					78701-4082			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
	X Political	Travel Out of District	or this sorround,	Campaign	Staff Lodging			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 6/66 Rpt: 38/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$55.47	(b) Date of Charge 04/26/2025	(c) Date(s) 0 06/03/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name Four Seasons		(b) Payee ac 98 San Jac	cinto Blvd	City,	State,	Zip Code
Ļ		(-) 0-4		<u> </u>	78701-4082			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Campaign	on Staff Lodging			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	e sought		Office held				
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$65.21	(b) Date of Charge 04/26/2025	(c) Date(s) 0 06/03/2029	Credit Card Issuer 5	<sup>r</sup> Paid		
	PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
		Four Seasons		98 San Jac	cinto Blvd			
				Austin, TX	78701-4082			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Campaign	on Staff Lodging			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living evn	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	. Check if Austin, TX, officeholder living expense ice sought Office held				
E	expenditure to benefit C/OH	Gariaraato, Girisonolasi		o coug				
	PAYMENT	(a) Amount Charged \$94.69	(b) Date of Charge 06/14/2025	(c) Date(s) C	Credit Card Issuer	Paid		
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
		Four Seasons		98 San Jac	cinto Blvd			
L					78701-4082			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Campaign	on Staff Lodging			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
6	Complete ONLY if direct expenditure to benefit C/OH	·	e sought		Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 7/66 Rpt: 39/98	Friends of Adam Hi	nojosa		00089230			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$519.75	06/14/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Four Seasons		98 San Jacinto Blvd				
			Austin, TX 78701-4082				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Travel Out of District	or this scriedule)	Campaign Staff Lodging				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Off			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
\$24.50 06/24/2025							
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code			
	Angelita's		2200 Boca Chica Suite 13	16			
			Brownsville, TX 78521-40	056			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper	·	Campaign Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$25.03	06/24/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
			2303 West Expy 83				
	Arturos Bar And Gri	ill					
			Weslaco, TX 78596-3909	1			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	,	Campaign Staff Meeting				
X Political	. Sour Borolago Expoi						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
Sch: 8/66 Rpt: 40/98	Friends of Adam Hi	inojosa			00089230				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$50.10	05/17/2025							
7 PAYEE	(a) Payee name  Brewster Street Ice	house	(b) Payee 5550 Hol	lly Rd	City,	State,	Zip Code		
	( ) 2 :			Christi, TX 78411-	-4644				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
X Political	Food/Beverage Expe		Campaig	n Staff Meeting					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$57.75	05/17/2025							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Brewster Street Ice	house	5550 Hol	lly Rd					
			Corpus C	Christi, TX 78411-	-4644				
PURPOSE OF	(a) Category		(b) Descrip						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Campaign Staff Meeting						
X Political	Food/Deverage Expe	1136							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$63.50	05/17/2025							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Brewster Street Ice	house	5550 Hol	lly Rd					
	brewster Street ice	House							
	( ) 0 :			Christi, TX 78411-	-4644				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion In Staff Meeting					
X Political	Food/Beverage Expe		Campaig	n stan weeting					
	( ) <b>—</b>								
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	= sougiii		Office Helu				
1	1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 9/66 Rpt: 41/98	Friends of Adam Hi	nojosa			00089230				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid				
		\$21.75	06/08/2025							
7	PAYEE	(a) Payee name  Brewster Street Ice	house	(b) Payee at 5550 Holly	r Rd	City,	State,	Zip Code		
L				1	nristi, TX 78411-	-4644				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Campaign	ion Staff Meeting					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid				
		\$54.12	06/08/2025							
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	Brewster Street Icehouse		5550 Holly	∕ Rd						
				Corpus Ch	nristi, TX 78411-	-4644				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	·	(b) Descripti Campaign	ion Staff Meeting					
	X Political	T God/Beverage Exper	1100							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH		-	_						
	PAYMENT	(a) Amount Charged \$71.49	(b) Date of Charge 04/20/2025	(c) Date(s) ( 06/03/202	Credit Card Issuer 5	r Paid				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
l		O Mariana D		6314 York	town Blvd					
		Cancun Mexican R	estaurant							
L				<u> </u>	nristi, TX 78414-	-5829				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
	X Political	Food/Beverage Expe		Campaign	Staff Meeting					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
டீ	Apenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 10/66 Rpt: 42/98	Friends of Adam Hi	nojosa		00089230				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged \$33.74	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid				
7	PAYEE	(a) Payee name Chili's		(b) Payee address; 255 East Basse Rd Ste 1: San Antonio, TX 78209-8.					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Campaign Staff Meeting					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$65.14	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issue 04/28/2025	r Paid				
	PAYEE	(a) Payee name Chili's		(b) Payee address; 102 North Interstate 35 Fi San Marcos, TX 78666-68	-				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Campaign Staff Meeting	<i></i>				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$61.50	(b) Date of Charge 06/05/2025	(c) Date(s) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name Chilli's		(b) Payee address; City, State, Zip Cod 2727 South Us Hwy 77 Byp  Kingsville, TX 78363					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	,	(b) Description Campaign Staff Meeting					
L	Non-Political	(7)	of Texas. Complete Schedule T.		officeholder living expense				
e	Complete ONLY if direct xpenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	v to complete this form.						
1 Total pages Schedule	F4: <b>2</b> FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 11/66 Rpt: 43	/98 Friends of Adam Hi	nojosa		00089230					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$85.03	06/13/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Cobblehead's BBQ		3154 Central Blvd						
	(-) 0-4		Brownsville, TX 78520-88	44					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Staff Meeting						
X Political	Food/Beverage Expe	nse	Campaign Stail Meeting						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if dire		name Offic	ce sought	Office held					
expenditure to benefit C									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 06/03/2025	r Paid					
	\$57.86	04/18/2025	00/03/2023						
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code					
	In-N-Out		106 Farm To Market 306						
			New Braunfels, TX 78130	-2560					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe		Campaign Staff Meeting						
X Political	The second secon								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
Complete ONLY if dire	ect Candidate/Officeholder	name Offic	ce sought	Office held					
expenditure to benefit C									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$19.49	06/27/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	In-N-Out		106 Farm To Market 306						
	in-N-Out		Now Prountale TV 70120	2560					
PURPOSE OF	(a) Category		New Braunfels, TX 78130 (b) Description	-2500					
EXPENDITURE	(See Categories listed at the top	•	Campaign Staff Meeting						
X Political	Food/Beverage Expe	nse	James and the country						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TV	officeholder living expense					
Complete ONLY if dire		<u> </u>	ce sought	Office held					
expenditure to benefit C	, , , , , , , , , , , , , , , , , , , ,	5	. 3						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this f	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 12/66 Rpt: 44/98	Friends of Adam Hi	inojosa			00089230		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDITU	UNITEMIZED JRES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$83.19	(b) Date of Charge 04/11/2025	(c) Date(s) Cre 06/03/2025	dit Card Issuer	Paid		
7 PAYEE	(a) Payee name  Jupiter Supper		(b) Payee addr 5847 San Fe Houston, TX	lipe St 4450	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Campaign St	aff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH			e sought		Office held		
PAYMENT	(a) Amount Charged \$127.17	(b) Date of Charge 06/13/2025	(c) Date(s) Cre	dit Card Issuer	Paid		
PAYEE	(a) Payee name  Jupiter Supper		(b) Payee addr 5847 San Fe Houston, TX	lipe St 4450	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Campaign St				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$78.27	(b) Date of Charge 06/22/2025	(c) Date(s) Cre	dit Card Issuer	Paid		
PAYEE	(a) Payee name  La Hacienda Vieja		(b) Payee addr 4301 South S Corpus Chris	Staples St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political  Non-Political	(a) Category (See Categories listed at the top Food/Beverage Expel  (c) Check if travel outside		(b) Description Campaign St		officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	MICCA II AUSUII, TA, (	Office held	, iioc	

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries (Contract Labor

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	-	TILK (effici a calegory i	iot iisteu ai	bove)	
1	Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 13/66 Rpt: 45/98	Friends of Adam Hi	inoiosa		00089230		,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$111.84	06/19/2025					
7	PAYEE	(a) Payee name  La Playa		(b) Payee address; 502 South 77 Sunshine S				
Ļ	DUDDOCE OF	(a) Catagony		Harlingen, TX 78550-7304 (b) Description	4			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Campaign Staff Meeting				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$68.81	06/20/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Nikos Steakhouse			5409 Saratoga Blvd				
				Corpus Christi, TX 78413	-2818			
	PURPOSE OF	(a) Category	of this sahadula)	(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Campaign Staff Meeting				
	X Political	3 1						
	Non-Political	(7)	of Texas. Complete Schedule T.		officeholder living expen	ise		
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$117.94	06/23/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Nikos Steakhouse		5409 Saratoga Blvd				
				Corpus Christi, TX 78413	-2818			
Г	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	Campaign Staff Meeting				
	X Political	X Political Food/Beverage Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise		
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 14/66 Rpt: 46/98	Friends of Adam Hi	inojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$60.67	(b) Date of Charge 02/07/2025	(c) Date(s) 0 04/02/202	Credit Card Issuer 5	r Paid		
7	PAYEE	(a) Payee name  Railroad Seafood			n Chaparral St	City,	State,	Zip Code
L					risti, TX 78401-	-1503		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descripti Campaign	on Staff Meeting			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9				e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$147.18	06/10/2025					
Г	PAYEE (a) Payee name			(b) Payee ad	ddress;	City,	State,	Zip Code
		[ ` ' '		6729 South	h Padre Is Dr			
				Corpus Ch	risti, TX 78412			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descripti Campaign	on Staff Meeting			
	X Political	T courboverage Expe						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Ę	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$617.88	(b) Date of Charge 06/10/2025	(c) Date(s) C	Credit Card Issuer	Paid		
	PAYEE	E (a) Payee name Saltgrass			ddress; h Padre Is Dr risti, TX 78412	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	,	(b) Descripti Campaign	on Staff Meeting			
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	name Office	e sought		Office held		_	

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)			
Sch: 15/66 Rpt: 47/98	Friends of Adam Hi	inojosa			00089230					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	\$17.74	06/09/2025								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Silverado Smokeho	ouse	-							
			Cornus	Christi, TX 78411						
8 PURPOSE OF	(a) Category		(b) Descrip							
EXPENDITURE	(See Categories listed at the top			n Staff Meeting						
X Political	X Political Food/Beverage Expense			J						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	\$12.34	06/06/2025								
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
	Starbucks		5630 Sar	atoga Blvd						
	Starbucks									
PURPOSE OF	(a) Category		(b) Descrip	Christi, TX 78414						
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' '	n Staff Meeting						
X Political	Food/Beverage Expe	nse	Jampang	• • • • • • • • • • • • • • • • • •						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
	\$28.53	03/22/2025	04/28/20	25						
PAYEE	(a) Payee name		(b) Payee	·	City,	State,	Zip Code			
	Subway		2518 Eas	st Business 83						
			Westage	TX 78596						
PURPOSE OF	(a) Category		(b) Descrip							
EXPENDITURE	(See Categories listed at the top		1 ' '	n Staff Meeting						
X Political	Food/Beverage Expe	nse		- <del></del> 9						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin. TX.	officeholder living exp	ense				
					Office held					
expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)		
Sch: 16/66 Rpt: 48/98	Friends of Adam Hi	inojosa		00089230			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$156.86	06/04/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code		
	Tannins Wine Bar		7629 South Staples St				
			Corpus Christi, TX 78413				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Campaign Staff Meeting				
X Political	Food/Beverage Expe	Beverage Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	·			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$23.01	06/06/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City, St	ate, Zip Code		
	Tannins Wine Bar		7629 South Staples St				
			Corpus Christi, TX 78413	1			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	Campaign Staff Meeting				
X Political	- coa, zororago zapo						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$147.53	06/07/2025					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, St	ate, Zip Code		
			7629 South Staples St				
	Tannins Wine Bar						
			Corpus Christi, TX 78413	1			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Campaign Staff Meeting				
X Political	300,2010,ago Expo	· · <del> · ·</del>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
- P							

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica		ruction Guide explains how	•	THEN (enter a category	r not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 17/66 Rpt: 49/98	Friends of Adam Hi	nojosa		00089230			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$55.03	06/20/2025					
7 PAYEE	(a) Payee name  Tannins Wine Bar		(b) Payee address; 7629 South Staples St	City,	State,	Zip Code	
			Corpus Christi, TX 78413				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Campaign Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$121.29	06/22/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Tannins Wine Bar		7629 South Staples St				
			Corpus Christi, TX 78413				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Campaign Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	•	e sought	Office held	<u></u>		
PAYMENT	(a) Amount Charged \$36.04	(b) Date of Charge 02/17/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Taqueria Jalisco		535 South Us Hwy 77				
			Bishop, TX 78343-2929				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Campaign Staff Meeting				
X Political	T doubleverage Expense						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,			, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 18/66 Rpt: 50/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
		\$33.64	03/01/2025	04/02/202	5			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Taqueria Jalisco		535 South	Us Hwy 77			
L					〈 78343-2929			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
		Food/Beverage Exper		Campaign	Staff Meeting			
	X Political							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	name Office	e sought		Office held			
е	expenditure to benefit C/OH	( ) 1	[ (1) D ( ) (0)	1() 5 ( ( ) (	2 17 0 11	D ::1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 06/03/202	Credit Card Issuer 5	r Paid		
		\$51.73	05/04/2025	00/00/202				
PAYEE (a) Payee name			(b) Payee a	ddross:	City,	State,	Zip Code	
	TAILL	(a) Fayee name		1 ' '	h Alameda St	City,	State,	Zip Code
		Town & Country Ca	af	4220 3000	II Alameda St			
				Corpus Ch	nristi, TX 78412-	-2423		
H	PURPOSE OF	(a) Category		(b) Descripti				
	EXPENDITURE	(See Categories listed at the top of this schedule)		Campaign	Staff Meeting			
	X Political	Food/Beverage Expe	iise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid		
		\$58.62	05/11/2025					
	PAYEE	(a) Payee name		(b) Payee a	ddraee:	City,	State,	Zip Code
l		(a) Fayee name		` ′ ′	h Alameda St	City,	State,	Zip Code
		Town & Country Ca	af	4220 3000	II Alameda St			
				Corpus Ch	nristi, TX 78412-	-2423		
一	PURPOSE OF	(a) Category		(b) Descripti		-		
l	<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)		Campaign	Staff Meeting				
	X Political	X Political Food/Beverage Expense						
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 19/66 Rpt: 51/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$66.63	05/11/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Town & Country Ca	af	4228 Sout	h Alameda St			
L				Corpus Ch	risti, TX 78412-	2423		
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti				
	EXPENDITURE	Food/Beverage Exper	*	Campaign	Staff Meeting			
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	name Office	e sought		Office held			
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$18.53	05/16/2025					
Г	PAYEE (a) Payee name (			(b) Payee a	ddress;	City,	State,	Zip Code
				6022 Sara	zen Dr			
				Corpus Ch	risti, TX 78414			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	*	(b) Description Campaign Staff Meeting				
	X Political	Food/Beverage Expe	nse 					
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$101.43	05/16/2025	(6) 2 4.10(6)				
Г	PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code
				6022 Sara	zen Dr			
		Wings N More						
				Corpus Ch	risti, TX 78414			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti				
	X Political	Food/Beverage Expe	,	Campaign	Staff Meeting			
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>	Office held		
E	expenditure to benefit C/OH							

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officeholder/Politica	-			THER (enter a category not listed	l above)
		ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)
Sch: 20/66 Rpt: 52/98	Friends of Adam Hi	nojosa		00089230	
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED		
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$	
			CARD		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	\$235.42	06/28/2025			
	Ψ233.42	00/20/2023			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code
			15401 South Padre Is Dr		, ,
	Hardknocks Padre	Island	10101000011100101010	010 110	
			Corpus Christi, TX 78418		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		Campaign Staff Parking		
X Political	Transportation Equipr	ment And Related			
Non-Political	Expense	Observativity Asserting TVV	- Control of the cont		
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	e sought	officeholder living expense Office held		
expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought	Office field	
· ·	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	- Daid	
PAYMENT		(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Palu	
	\$168.04	06/22/2025			
BAYES					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code
	U-Haul		5129 Kostoryz Rd		
	o maa.		0 01 1 11 77 70 44 5		
	(-) O-t		Corpus Christi, TX 78415		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
l <u> </u>	Transportation Equipr		Campaign Truck Rental		
X Political	Expense				
Non-Political	Į	of Texas. Complete Schedule T.		officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	\$251.00	03/07/2025	04/02/2025		
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code
			6515 West Sunset Blvd S	uite 440	
	Nationbuilder				
			Los Angeles, CA 90028		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign Website Hostin	ng	
X Political	onice Overneau/Rein	ш шхрензе			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	
expenditure to benefit C/OH					

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officeholder/Politica	· ·			THER (enter a category not listed	above)		
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)		
Sch: 21/66 Rpt: 53/98	Friends of Adam Hi	nojosa		00089230			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid			
	\$251.00	04/07/2025	04/28/2025				
	Ψ231.00	04/01/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	(a) r ayee mame		6515 West Sunset Blvd Suite 440				
	Nationbuilder		0313 West Sunset blvd Suite 440				
			Los Angeles, CA 90028				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign Website Hostin	ıa			
X Political	Office Overhead/Rent	tal Expense	pg	3			
Non-Political	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	(c) Check if travel outside Candidate/Officeholder	e sought	officeholder living expense Office held				
9 Complete ONLY if direct	Candidate/Officeriolder	name Onic	e sought	Office field			
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	100000	B : 1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 06/03/2025	Pald			
	\$251.00	05/07/2025	00/03/2023				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Nationbuilder		6515 West Sunset Blvd S	uite 440			
	Nationbuilder						
			Los Angeles, CA 90028				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description				
l <u> </u>	Office Overhead/Rent		Campaign Website Hosting				
X Political		•					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	<sup>-</sup> Paid			
	\$251.00	06/07/2025					
	,						
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code		
			6515 West Sunset Blvd S	uite 440	·		
	Nationbuilder						
			Los Angeles, CA 90028				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign Website Hostin	ıg			
X Political	Office Overhead/Rent	tal Expense					
Non-Political	(a) Chook if traval autoids	of Texas. Complete Schedule T.	Charle if Assating TV	officeholder living synamos			
<u> </u>	(c) Check if travel outside Candidate/Officeholder	·	e sought	officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Officeriolder	name Offic	o oougiit	Jilioo Holu			
experience to beliefit 6/011							
ī							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 22/66 Rpt: 54/98	Friends of Adam Hi	inojosa		00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$88.74	(b) Date of Charge 02/08/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N	City,	State,	Zip Code
			Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Capitol Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$81.95	(b) Date of Charge 05/17/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	HEB		Cypress 3Rd 646 S Main	ı Ave		
			San Antonio, TX 78204			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Capitol Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	(, officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	1150	
expenditure to benefit C/OH			<b>3</b>			
PAYMENT	(a) Amount Charged \$75.82	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid		
PAYEE	Hill Country Springs		(b) Payee address; 10019 Ih 35 South Ausitn, TX 78747-1765	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	,	(b) Description Capitol Office Water			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)				
Sch: 23/66 Rpt: 55/98	Friends of Adam Hi	nojosa		00089230						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$66.82	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer 04/02/2025	r Paid						
7 PAYEE	(a) Payee name  Hill Country Springs	5	(b) Payee address; 10019 Ih 35 South	City,	State,	Zip Code				
			Ausitn, TX 78747-1765							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Water							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$75.82	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer 04/28/2025	Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Hill Country Springs		10019 Ih 35 South							
	( ) -		Ausitn, TX 78747-1765							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Water							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	CHSC					
expenditure to benefit C/OH			o ooug	Gggg.g						
PAYMENT	(a) Amount Charged \$60.82	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer 06/03/2025	r Paid						
PAYEE	Hill Country Springs		(b) Payee address; 10019 Ih 35 South Ausitn, TX 78747-1765	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	OITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water							
Non-Political	Check if Austin, TX,	officeholder living exp	ense							
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held										

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 24/66 Rpt: 56/98	Friends of Adam Hi	nojosa			00089230		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
	\$101.81	06/02/2025					
7 PAYEE	(a) Payee name Hill Country Springs	S		35 South	City,	State,	Zip Code
				X 78747-1765			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Office Overhead/Rent		Capitoi C	Office Water			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$159.10	(b) Date of Charge 02/24/2025	(c) Date(s) 04/02/20	) Credit Card Issuei 125	r Paid		
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Aloft		109 East	7Th St			
			Austin, T	X 78701			
PURPOSE OF	(a) Category	of this colored (Is)	(b) Descri				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Capitol S	Staff Meeting			
Non-Political	(a) Chook if traval autoida	of Toyon, Complete Schodule T		Chook if Austin TV	officeholder living exp	onco	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	Office held	erise	
expenditure to benefit C/OH	Carialacto, Cinconolaci	That To This	o oougin		Omoo noid		
PAYMENT	(a) Amount Charged \$65.21	(b) Date of Charge 03/09/2025	(c) Date(s) 04/28/20	) Credit Card Issuer 125	r Paid		
PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
	A1-#		109 East	7Th St			
	Aloft						
DUDDOSE OF	(a) Category		Austin, T				
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ` ′	Staff Meeting			
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX.	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
expenditure to benefit C/OH			-				

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica		ruction Guide explains how	•	THEN (enter a category	not iisteu ai	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	s Commiss	sion Filers)
	Sch: 25/66 Rpt: 57/98	Friends of Adam Hi	noiosa		00089230		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$43.72	(b) Date of Charge 03/14/2025	(c) Date(s) Credit Card Issuer 04/28/2025	r Paid		
7	PAYEE	(a) Payee name  Aloft		(b) Payee address; 109 East 7Th St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78701 (b) Description Capitol Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office				e sought	Office held		
	PAYMENT	(a) Amount Charged \$48.97	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issuel 04/28/2025	r Paid		
	PAYEE (a) Payee name  Aloft		(b) Payee address; 109 East 7Th St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78701 (b) Description Capitol Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$82.66	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issuer 06/03/2025	r Paid		
	PAYEE	(a) Payee name  Aloft		(b) Payee address; 109 East 7Th St Austin, TX 78701	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting			
L	Non-Political	(c) Check if travel outside Candidate/Officeholder	_	officeholder living expe	nse		
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	e sought	Office held				
_							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	· ·	ruction Guide explains how	•	THEN (enter a category not in	sted above)		
1 Total pages Schedule F4:	2 FILER NAME	-	<u> </u>	3 Filer ID (Ethics Co	mmission Filers)		
Sch: 26/66 Rpt: 58/98	Friends of Adam Hi	nojosa		00089230			
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$153.82	(b) Date of Charge 04/27/2025	(c) Date(s) Credit Card Issuer 06/03/2025	r Paid			
7 PAYEE	(a) Payee name  Aloft		(b) Payee address; 109 East 7Th St	City, St	ate, Zip Code		
	(1) O-t- mam:		Austin, TX 78701				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Staff Meeting				
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$260.77	(b) Date of Charge 06/03/2025	(c) Date(s) Credit Card Issuer	Paid			
PAYEE	(a) Payee name  Capital Grille		(b) Payee address; 117 West 4Th St Ste 200	City, St	ate, Zip Code		
PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		Capitol Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$26.60	(b) Date of Charge 04/25/2025	(c) Date(s) Credit Card Issuer 06/03/2025	Paid			
PAYEE	(a) Payee name  Capitol Caf			City, St	ate, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	Austin, TX 78702 (b) Description Capitol Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH							
I							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 27/66 Rpt: 59/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$42.64	05/24/2025					
7	PAYEE	(a) Payee name  Capitol Caf		(b) Payee 19303 Ac	quatic Dr	City,	State,	Zip Code
L		( ) 2		Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Food/Beverage Expe		Capiloi S	taff Meeting			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$97.75	06/27/2025					
PAYEE (a) Payee name (b)			(b) Payee	address;	City,	State,	Zip Code	
		Casino El Camino		517 East	6Th St 78701-37	741		
				Austin, T	X 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Descrip				
	EXPENDITURE	Food/Beverage Expe		Capitol S	taff Meeting			
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
١.	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT C/OH	(a) Amount Charged	(b) Date of Charge	(a) Data(s)	Cradit Card Issuer	r Doid		
	PATMENT	(a) Amount Charged \$5.40	(b) Date of Charge 02/05/2025	03/03/20	) Credit Card Issuer 25	Palu		
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		Dominala		1900 Gu	adalupe St			
		Domino's						
		( ) 0 :		Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion Staff Meeting			
	X Political	Food/Beverage Expe		Capitoi S	nan weenny			
1		() <b>[</b>				**		
$\vdash$	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Office	c sougiii		Office Helu		
F								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 28/66 Rpt: 60/98	Friends of Adam Hi	inojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$144.01	(b) Date of Charge 02/05/2025	(c) Date(s) 03/03/20	) Credit Card Issuei 25	r Paid		
7	PAYEE	(a) Payee name Domino's		(b) Payee 1900 Gu Austin, T	adalupe St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought					Office held			
	PAYMENT	(a) Amount Charged \$154.32	(b) Date of Charge 06/25/2025	(c) Date(s)	) Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name  Iron Cactus Mexican Restaurant		(b) Payee 606 Trini Austin, T	ty St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expense		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$519.76	(b) Date of Charge 06/02/2025	(c) Date(s)	) Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name  Jeffrey's			address; st Lynn St X 78703-3954	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descrip Capitol S	taff Meeting			
L	Non-Political					officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 29/66 Rpt: 61/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$198.46	(b) Date of Charge 02/05/2025	(c) Date(s) 03/03/20	) Credit Card Issuer 125	r Paid		
7	PAYEE	(a) Payee name Jupiter Supper			address; gress Ave X 78701-3217	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$166.35	(b) Date of Charge 05/08/2025	(c) Date(s) 06/03/20	) Credit Card Issuer 125	Paid		
	PAYEE	(a) Payee name  K BBQ		(b) Payee 6929 Airp Austin, T	oort Blvd Ste 176	City, 6929 Airport E	State, Blvd	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$10.88	(b) Date of Charge 04/13/2025	(c) Date(s) 06/03/20	) Credit Card Issuer 125	r Paid		
	PAYEE	(a) Payee name P. Terry's Burger		(b) Payee 2425 Eas Austin, T	st 7Th St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Capitol S	otion Staff Meeting			
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
(	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)					
Sch: 30/66 Rpt: 62/98	Friends of Adam Hi	nojosa		00089230							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$17.32	05/18/2025									
7 PAYEE	(a) Payee name P. Terry's Burger		(b) Payee address; 2425 East 7Th St	City,	State,	Zip Code					
			Austin, TX 78702								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description								
	Food/Beverage Exper		Capitol Staff Meeting								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$196.30	02/02/2025	03/03/2025								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Perrys Steak House	е	114 West 7Th St								
			Austin, TX 78701-3000								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Capitol Staff Meeting								
X Political	Food/Beverage Expe	nse									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$389.67	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Issue 04/28/2025	r Paid							
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code					
			114 West 7Th St								
	Perrys Steak House	е									
			Austin, TX 78701-3000								
PURPOSE OF											
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· ·	Capitol Staff Meeting								
X Political	X Political Poou/Beverage Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 31/66 Rpt: 63/98	Friends of Adam Hi	nojosa		00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$423.57	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid		
7 PAYEE	(a) Payee name Perrys Steak House	Э	(b) Payee address; 114 West 7Th St Austin, TX 78701-3000	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Staff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	expenditure to benefit C/OH			Office held		
PAYMENT	(a) Amount Charged \$400.21	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid		
PAYEE	Perrys Steak House		(b) Payee address; 114 West 7Th St Austin, TX 78701-3000	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Staff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$201.58	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid		
PAYEE	(a) Payee name  Perrys Steak House		(b) Payee address; 114 West 7Th St Austin, TX 78701-3000	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Capitol Staff Meeting			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Officeholder			Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	,				
Sch: 32/66 Rpt: 64/98	Friends of Adam Hi	inojosa		00089230						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$589.84	04/26/2025	06/03/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Cod	Je				
	Perrys Steak House	e	114 West 7Th St							
			Austin, TX 78701-3000							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Food/Beverage Expe	•	Capitol Staff Meeting							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense							
9 Complete ONLY if direct	·			Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$477.28	05/23/2025								
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Coo	de				
	Perrys Steak House	e	114 West 7Th St							
			Austin, TX 78701-3000							
PURPOSE OF	(a) Category	(4)	(b) Description							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting							
X Political	Total and a series									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$1,747.25	05/31/2025								
PAYEE	(a) Payee name	1	(b) Payee address;	City, S	tate, Zip Cod	de				
			114 West 7Th St							
	Perrys Steak House	е								
			Austin, TX 78701-3000							
PURPOSE OF										
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Capitol Staff Meeting							
X Political	X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)							
Sch: 33/66 Rpt: 65/98	Friends of Adam Hi	inojosa		00089230								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$54.10	04/12/2025	06/03/2025									
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code							
	Phoebe's Diner		2605 Wilson St									
			Austin, TX 78704									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description									
X Political	Food/Beverage Exper		Capitol Staff Meeting									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense								
9 Complete ONLY if direct	•			Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$73.71	06/14/2025										
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code							
	Phoebe's Diner		2605 Wilson St									
			Austin, TX 78704									
PURPOSE OF	(a) Category	(4: 1.11)	(b) Description									
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting									
X Political	- Toda/Bovorago Expo											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$112.55	04/10/2025	06/03/2025									
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code							
			908 Congress Ave									
	Quattro Gatti											
			Austin, TX 78701-2422									
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Capitol Staff Meeting									
X Political	. Journal of the control of the cont											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 34/66 Rpt: 66/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$457.19	05/14/2025					
7	PAYEE	(a) Payee name Quattro Gatti			gress Ave	City,	State,	Zip Code
L		( ) -		Austin, TX 78701-2422				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip	otion Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$402.58	(b) Date of Charge 04/03/2025	(c) Date(s) 04/28/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Roaring Fork		701 Con	gress Ave			
L				Austin, T				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip	otion Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
  -	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought		Office held		
	PAYMENT	(a) Amount Charged \$240.73	(b) Date of Charge 04/25/2025	(c) Date(s) 06/03/20	) Credit Card Issuer 125	Paid		
	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		Roaring Fork		701 Con	gress Ave			
				Austin, T	X 78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip	otion Staff Meeting			
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
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### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 35/66 Rpt: 67/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$84.28	(b) Date of Charge 04/26/2025	(c) Date(s) 06/03/20	) Credit Card Issuei 125	Paid		
7	PAYEE	(a) Payee name  Roaring Fork		(b) Payee 701 Con	gress Ave	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$91.86	(b) Date of Charge 04/27/2025	(c) Date(s) 06/03/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name  Roaring Fork			gress Ave	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, T (b) Descrip Capitol S				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$443.73	(b) Date of Charge 05/20/2025	(c) Date(s)	) Credit Card Issuei	Paid		
	PAYEE	(a) Payee name Roaring Fork		(b) Payee 701 Con Austin, T	gress Ave	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Capitol S	ption Staff Meeting			
	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
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## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 36/66 Rpt: 68/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED			
	ISSUER	see pi	revious		DITURES ED TO A CREDIT	. \$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$339.29	05/21/2025					
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Roaring Fork		701 Cong	ress Ave			
				Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Food/Beverage Expe		Capitoi Si	aff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX	, officeholder living exp	ense	
	· —			e sought		Office held		
e:	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$188.05	05/24/2025					
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
		Roaring Fork		701 Cong	ress Ave			
				Austin, T	K 78701			
	PURPOSE OF	(a) Category	<b>6</b> 11: 1 1 1 1	(b) Descrip				
	EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Capitol St	aff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX	, officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	ffice sought Office held				
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$350.65	06/02/2025					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
				701 Cong	ress Ave			
		Roaring Fork						
				Austin, T	K 78701			
	PURPOSE OF	(a) Category	of this cobodule)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Capitol St	aff Meeting			
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
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### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

1 Total pages Schedule F4: Sch: 37/66 Rpt: 69/98 4 CREDIT CARD ISSUER	Friends of Adam Hi	noiosa			3 Filer ID (Ethi	cs Commiss	sion Filers)		
4 CREDIT CARD		noiosa		3 Filer ID (Ethics Cor			non i noro,		
	CREDIT CARD Name of financial institution				00089230				
	see pi	ncial institution revious	EXPE	AL OF UNITEMIZED ENDITURES RGED TO A CREDIT O	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	r Paid				
	\$414.36	06/13/2025							
7 PAYEE	(a) Payee name  Roaring Fork			ee address; angress Ave	City,	State,	Zip Code		
	( ) -		Austin, TX 78701						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Desc						
l <u> </u>	Food/Beverage Exper	Capitor Stair Meeting							
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.  name Office							
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit C/OH				Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	r Paid				
	\$236.20	06/15/2025							
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code		
	Roaring Fork		701 Co	ngress Ave					
			Austin,	TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Desc	ription Staff Meeting					
X Political	Food/Beverage Expe	nse							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$22.76	(b) Date of Charge 01/29/2025	(c) Date 03/03/2	(s) Credit Card Issue 2025	r Paid				
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code		
			1400 C	ongress Ave					
	The Capitol Grill								
			Austin,	TX 78701-1932					
PURPOSE OF	(a) Category		(b) Desc	•					
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Capitol	Staff Meeting					
X Political	. Sour Beverage Exper								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
	Sch: 38/66 Rpt: 70/98	Friends of Adam Hi	nojosa		00089230						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6	PAYMENT	(a) Amount Charged \$9.69	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid						
7	PAYEE	(a) Payee name  The Capitol Grill		(b) Payee address; 1400 Congress Ave	City,	State,	Zip Code				
Ļ	DUDDOCE OF	(a) Category		Austin, TX 78701-1932 (b) Description							
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$66.10	(b) Date of Charge 04/27/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		The Dead Rabbit		204 East 6Th St							
L				Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting							
	X Political	—									
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held						
	PAYMENT	(a) Amount Charged \$109.18	(b) Date of Charge 06/14/2025	(c) Date(s) Credit Card Issue	er Paid						
	PAYEE (a) Payee name  The Driskill Hotel		(b) Payee address; 604 Brazos St Austin, TX 78701-3212	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	(b) Description Capitol Staff Meeting							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX	, officeholder living exp	ense					
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)		
	Sch: 39/66 Rpt: 71/98	Friends of Adam Hi	nojosa		00089230			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$109.85	06/14/2025					
7	PAYEE	(a) Payee name  The Driskill Hotel		(b) Payee address; 604 Brazos St	City, State	Zip Code		
Ļ	DUDDOOF 05	(a) Cataman		Austin, TX 78701-3212				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$16.24 05/15/2		05/15/2025					
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State	Zip Code		
		The Otis Hotel		1901 San Antonio St				
L				Austin, TX 78705				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting				
	X Political	3 1						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$70.12	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code		
		Uber Eats		1455 Market St -				
				San Francisco, CA 94103	}			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting				
	Non-Political				officeholder living expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
	Sch: 40/66 Rpt: 72/98	Friends of Adam Hi	nojosa			00089230				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$210.00	(b) Date of Charge 05/07/2025	(c) Date(s) 06/03/20	) Credit Card Issue 25	er Paid				
7	PAYEE	(a) Payee name  National Conference	e Center	(b) Payee 7700 Eas		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip	otion					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$649.00	(b) Date of Charge 04/16/2025	(c) Date(s) 06/03/20	) Credit Card Issue 25	er Paid				
	PAYEE (a) Payee name  Photographic Design		gn	(b) Payee 235 Pt Li		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Legislativ	otion					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$39.56	(b) Date of Charge 06/03/2025	(c) Date(s)	) Credit Card Issue	er Paid				
	PAYEE	(a) Payee name  Buc-Ee'S			address; erstate 35 North unfels, TX 78130	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	PENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense  Officeholder and Staff Me			eals While Trave	elling To	Austin			
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
I										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.	(9-	.,	,
1 Total pages Schedule	F4: <b>2</b> FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 41/66 Rpt: 73	/98 Friends of Adam Hi	inojosa			00089230		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$13.39	(b) Date of Charge 04/06/2025	(c) Date(s) C 04/28/2029	Credit Card Issuer	r Paid		
7 PAYEE	(a) Payee name Chevron		(b) Payee at 866 FM 99		City,	State,	Zip Code
	(a) Catamani		Whitsett, T				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Officeholde	er and Staff Me	als While Trav	elling To	Austin
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if dire expenditure to benefit C		name Offic	e sought		Office held		
<u> </u>		(h) Data of Chause	(a) Data(a) (	Sundit Count Inc.	- Daid		
PAYMENT	(a) Amount Charged \$10.90	(b) Date of Charge 05/02/2025	06/03/202!	Credit Card Issue	r Pald		
PAYEE	(a) Payee name Chevron		(b) Payee at 866 FM 99		City,	State,	Zip Code
DUDDOCE OF	(a) Category		Whitsett, T				
PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Officeholder and Staff Meals While Travelling To Austin				Austin
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u> г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if dire	ect Candidate/Officeholder	name Offic	e sought	•	Office held		
PAYMENT	(a) Amount Charged \$8.07	(b) Date of Charge 05/04/2025	(c) Date(s) C 06/03/202	Credit Card Issuer	r Paid		
PAYEE	(a) Payee name Circle K		(b) Payee at 1 Valero W San Anton		City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Officeholde	on er and Staff Me	als While Trav	elling To	Austin
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if dire		name Offic	e sought	_	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 42/66 Rpt: 74/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issuer	r Paid		
		\$17.95	05/23/2025					
7	PAYEE	(a) Payee name  Circle K		(b) Payee 11102 Ih		City,	State,	Zip Code
L					Christi, TX 78410			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption Ider and Staff Me	als While Trav	elling To	Austin
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$6.67	(b) Date of Charge 03/22/2025	(c) Date(s) 04/28/20	) Credit Card Issuei 025	r Paid		
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Exxon		1095 E F	_			
L					dville, TX 78580			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Officeholder and Staff Meals While Travelling To Austin				Austin
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living exp	20000	
	Complete ONLY if direct	Candidate/Officeholder		e sought	Crieck ii Austin, 1X,	Office held	Jerise	
6	expenditure to benefit C/OH			g				
	PAYMENT	(a) Amount Charged \$13.08	(b) Date of Charge 02/02/2025	(c) Date(s 03/03/20	) Credit Card Issuer 125	r Paid		
	PAYEE	(a) Payee name	I	(b) Payee 4463 TX		City,	State,	Zip Code
		Exxon						
$\vdash$	PURPOSE OF	(a) Category		(b) Descri	ton, TX 78064			
	EXPENDITURE	(See Categories listed at the top		1 ` ′	lder and Staff Me	als While Trav	elling To	Austin
	X Political	Food/Beverage Expe	nse				<i>g</i> . •	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<del></del>	Office held		
€	expenditure to benefit C/OH							
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Polling Expense Travel in Distr Printing Expense Travel Out of Salaries/Wages/Contract Labor OTHER (ente

		The Inst	ruction Guide explains how	to complete	this form.			
1 Tota	al pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch	h: 43/66 Rpt: 75/98	Friends of Adam Hi	inojosa			00089230		
	EDIT CARD SUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
		\$15.67	05/22/2025					
7 PA	YEE	(a) Payee name  Love's			uth Hwy 37 Acce	City, SS	State,	Zip Code
		( ) 2		+	vers, TX 78071			
	RPOSE OF PENDITURE Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption Ider and Staff Me	als While Trav	elling To	Austin
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	mplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held		
expen	nditure to benefit C/OH							
PA	YMENT	(a) Amount Charged \$25.66	(b) Date of Charge 03/28/2025	(c) Date(s) 04/28/20	) Credit Card Issue 125	r Paid		
PA	YEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		QT		200 lh 10				
L		(a) Oatawari			TX 78155			
	RPOSE OF PENDITURE Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption Ider and Staff Me	als While Trav	elling To	Austin
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense	
l	mplete <u>ONLY</u> if direct nditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held		
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
		\$7.21	06/09/2025					
PA	YEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Road Ranger		18337 To	empleton Ave			
				Combes	, TX 78535			
EX	RPOSE OF PENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descri	ption Ider and Staff Me	als While Trav	elling To	Austin
<u> </u>	=							
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	mplete <u>ONLY</u> if direct nditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 44/66 Rpt: 76/98	Friends of Adam Hi	inojosa		00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORRD	\$		
6 PAYMENT	(a) Amount Charged \$5.63	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid		
7 PAYEE	(a) Payee name  Rodeo Travel Cent	er	(b) Payee address;  1 Valero Way	City, State, Zip Code		
	(-) O-t		San Antonio, TX 78249			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Officeholder and Staff Me	eals While Travelling To Austin		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Cexpenditure to benefit C/OH			Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ar Paid		
TAIMEN	\$11.09	05/09/2025	(c) Duic(s) Credit Card 153at	ir alu		
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code		
	Rodeo Travel Cent	er	1 Valero Way			
			San Antonio, TX 78249			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Officeholder and Staff Meals While Travelling To Austin			
X Political						
Non-Political	(1)	of Texas. Complete Schedule T.		K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 04/26/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid		
PAYEE	(a) Payee name Uber.com		(b) Payee address; 1455 Market St 4Th Floo San Francisco, CA 9410			
PURPOSE OF EXPENDITURE    X   Political			(b) Description Officeholder Ground Transportation			
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			x, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)			
	Sch: 45/66 Rpt: 77/98	Friends of Adam Hi	nojosa			00089230					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$19.42	04/26/2025	06/03/202	:5						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Uber.com		1455 Marl	ket St 4Th Floor						
L				San Franc	cisco, CA 94103						
8	PURPOSE OF	(a) Category		(b) Descript							
l	EXPENDITURE	(See Categories listed at the top  Transportation Equipr	· ·	Officehold	er Ground Trans	sportation					
	X Political	Expense	none / and reduced								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	9 Complete ONLY if direct Candidate/Officeholder name Office sou			e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
		\$5.00	06/14/2025								
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Uber.com		1455 Mark	ket St 4Th Floor						
				San Franc	cisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder Ground Transportation							
	X Political	Transportation Equipr		Officeriold	er Ground Trans	sportation					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
		\$5.00	06/14/2025								
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
l				1455 Marl	ket St 4Th Floor						
l		Uber.com									
				San Franc	cisco, CA 94103						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descript				<del></del>			
	EXPENDITURE	Transportation Equipr	,	Officehold	er Ground Trans	sportation					
	X Political	Expense									
L	Non-Political	-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Aust				officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)			
	Sch: 46/66 Rpt: 78/98	Friends of Adam Hi	nojosa			00089230					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
		\$16.08	06/14/2025								
7	PAYEE	(a) Payee name Uber.com		(b) Payee a 1455 Mark	ddress; ket St 4Th Floor	City,	State,	Zip Code			
					cisco, CA 94103						
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	· ·	(b) Descript Officehold	ion ler Ground Trans	ansportation					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	· · · · · · · · · · · · · · · · · · ·			e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
		\$18.27	06/14/2025								
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Uber.com		1455 Mark	ket St 4Th Floor						
				San Franc	cisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descript Officehold	ion er Ground Trans	sportation					
	X Political	Transportation Equipr Expense	nent And Related								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 06/15/2025	(c) Date(s)	Credit Card Issuer	<sup>*</sup> Paid					
Г	PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code			
				1455 Mark	ket St 4Th Floor						
		Uber.com									
L					cisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript							
	X Political	(See Categories listed at the top of this schedule)  Transportation Equipment And Related		Officehold	er Ground Trans	sportation					
1	Non-Political	EXPENSE			Chock if Austin TV	officeholder living ave	onco				
$\vdash$	Complete ONLY if direct	(6)				officeholder living exp	CIISE				
е	xpenditure to benefit C/OH	Sandidato, Oniocholder	Office	o oodgiit		Since field					

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Sch: 47/66 Rpt: 79/98	Friends of Adam Hi	nojosa		00089230	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$9.63	06/15/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode
	Uber.com		1455 Market St 4Th Floo	r	
	() 2		San Francisco, CA 94103	3	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Ground Tran	nsportation	
Non-Political	<del>_</del>	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$13.90	06/15/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode
	Uber.com		1455 Market St 4Th Floo	r	
			San Francisco, CA 94103	3	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Transportation Equipr		(b) Description Officeholder Ground Tran	nsportation	
X Political	Expense	Hent And Neiated			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$36.56	06/16/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode
	Uber.com		1455 Market St 4Th Floo	r	
			San Francisco, CA 94103	3	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
X Political	Transportation Equipr Expense	,	Officeholder Ground Tran	nsportation	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	<u>-</u>			
1 Total pages Schedule F4:	2 FILER NAME			[:	3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 48/66 Rpt: 80/98	Friends of Adam Hi	nojosa		ŀ	00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURE: CHARGED TO A CARD	s :	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer	Paid		
	\$41.37	06/17/2025					
7 PAYEE	(a) Payee name Uber.com		(b) Payee address; 1455 Market St 4		City,	State,	Zip Code
			San Francisco, C	CA 94103			
8 PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Gro	und Trans	nsportation		
Non-Political		of Texas. Complete Schedule T.	Chack	if Austin TV of	fficeholder living ex	nonco	
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	. II Austill, TA, O	Office held	Jense	
expenditure to benefit C/OH	o ooug		000u				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer I	Paid		
	\$16.23	06/21/2025					
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Uber.com		1455 Market St 4	4Th Floor			
			San Francisco, C	CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Officeholder Ground Transportation				
X Political	Transportation Equipr Expense	nent And Related					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, of	fficeholder living ex	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$16.81	(b) Date of Charge 06/25/2025	(c) Date(s) Credit C	Card Issuer I	Paid		
PAYEE	(a) Payee name	L	(b) Payee address;		City,	State,	Zip Code
	I lib a n a a na		1455 Market St 4	4Th Floor			
	Uber.com						
			San Francisco, C	CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Transportation Equipr	•	Officeholder Ground Transportation				
Non-Political	Diving Building				fficeholder living ex	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
experience to beliefit 6/011							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	, ,	,	,
1 Total pages Schedule F	4: 2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 49/66 Rpt: 81/9	8 Friends of Adam H	inojosa		00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$16.85	06/25/2025				
7 PAYEE	(a) Payee name  Uber.com		(b) Payee address; 1455 Market St 4Th Floo	City, or	State,	Zip Code
			San Francisco, CA 9410	3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Transportation Equip	•	(b) Description Officeholder Ground Train	nsportation		
X Political	Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living exp	ense	
9 Complete ONLY if direct		r name Offic	e sought	Office held		
expenditure to benefit C/C						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$11.95	06/26/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Uber.com		1455 Market St 4Th Floo	or		
			San Francisco, CA 9410	3		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE    X   Political	(See Categories listed at the top Transportation Equip Expense		Officeholder Ground Tra	nsportation		
Non-Political		of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living exp	ense	
Complete ONLY if direct	<del>  `                                   </del>	r name Offic	e sought	Office held		
expenditure to benefit C/C						
PAYMENT	(a) Amount Charged \$16.81	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber.com		1455 Market St 4Th Floo	or		
			San Francisco, CA 9410	3		
PURPOSE OF	(a) Category		(b) Description	<u> </u>		
EXPENDITURE	(See Categories listed at the top	•	Officeholder Ground Tra	nsportation		
X Political	Transportation Equip	ment And Related				
Non-Political	(*/ <b>ப</b>	of Texas. Complete Schedule T.		K, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		r name Offic	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
l	Sch: 50/66 Rpt: 82/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$16.81	06/26/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		Uber.com		1455 Mark	et St 4Th Floor			
L					isco, CA 94103			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
		Transportation Equipr		Officeholde	er Ground Trans	sportation		
l	X Political	Expense						
	Non-Political	( <sup>9</sup>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
				e sought		Office held		
_	expenditure to benefit C/OH	() (	T (1) = 1 (2)	1// - ///				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer 5	r Paid		
		\$16.00	01/30/2025	03/03/2023	3			
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		Access Valet		117 W 4th	St			
l				Austin, TX	78704			
	PURPOSE OF	(a) Category		(b) Descripti				
	EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense	*	Officeholde	er Parking			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` ' ' '	Credit Card Issuer	r Paid		
		\$20.00	03/13/2025	04/28/202	b			
H	PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
				117 W 4th	St			
		Access Valet						
				Austin, TX	78704			
	PURPOSE OF	(a) Category	of this colored (Is)	(b) Descripti				
	EXPENDITURE	(See Categories listed at the top  Transportation Equipr	*	Officeholde	er Parking			
	X Political	X Political Expense						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule 1			edule T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category I	not listed at	ove)
1 Total pages Schedule F4:	2 FILER NAME		<u> </u>	3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 51/66 Rpt: 83/98	Friends of Adam Hi	nojosa		00089230		•
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$21.00	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issuel 06/03/2025	r Paid		
7 PAYEE	(a) Payee name  Access Valet		(b) Payee address; 117 W 4th St	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		Austin, TX 78704 (b) Description			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense		Officeholder Parking			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$19.00	(b) Date of Charge 06/03/2025	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Access Valet		117 W 4th St Austin, TX 78704			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE    X   Political	(See Categories listed at the top Transportation Equipr Expense	•	Officeholder Parking			
Non-Political	<del></del>	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$19.20	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer 04/28/2025	r Paid		
PAYEE	(a) Payee name  Brothers Valet		(b) Payee address; 301 Brazos St Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense		(b) Description Officeholder Parking				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exper	ıse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a categor	y not listeu ai	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 52/66 Rpt: 84/98	Friends of Adam Hi	nojosa		00089230		•
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$19.20	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card Issuer 06/03/2025	Paid		
7 PAYEE	(a) Payee name  Brothers Valet		(b) Payee address; 301 Brazos St Austin, TX 78701	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Parking			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid		
PAYEE	(a) Payee name  City Park Valet		(b) Payee address; 1404 Norwalk 204 Austin, TX 78703	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	· · · · · · · · · · · · · · · · · · ·	(b) Description Officeholder Parking			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$22.00	(b) Date of Charge 03/04/2025	(c) Date(s) Credit Card Issuer 04/02/2025	· Paid		
PAYEE	(a) Payee name Four Seasons	1	(b) Payee address; 98 San Jacinto Blvd Austin, TX 78701-4082	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Description Officeholder Parking	effects also the		
Complete ONLY if direct expenditure to benefit C/OH						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	3	ruction Guide explains how	· ·	THER (enter a category	not listed a	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	s Commis	sion Filers)
	Sch: 53/66 Rpt: 85/98	Friends of Adam Hi	nojosa		00089230		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$21.45	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issuel 06/03/2025	r Paid		
7	PAYEE	(a) Payee name  Brothers Valet		(b) Payee address; 301 East 5Th St Austin, TX 78701	City,	State,	Zip Code
8	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)    X   Political   Transportation Equipment And Related Expense   Transportation Equipment And Related   Expense   Transportation Equipment And Related   Expense   Transportation Equipment Expense   Transportation Equipm						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
<b>9</b> e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$18.41	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid		
	PAYEE	(a) Payee name Parkingmgt.Com		(b) Payee address; 3713 Charlotte Ave Nashville, TN 37209	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Parking			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$18.41	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuel 03/03/2025	r Paid		
	PAYEE	(a) Payee name Parkingmgt.Com		(b) Payee address; 3713 Charlotte Ave Nashville, TN 37209	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Description Officeholder Parking			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder						nse	
е	Complete ONLY if direct Candidate/Officeholder name Office sought Office held complete on the						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 54/66 Rpt: 86/98	Friends of Adam Hi	nojosa		00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$10.83	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid		
7 PAYEE	(a) Payee name Perry Brooks Garaç	ge	(b) Payee address; 720 Brazos St Ste 101	City,	State,	Zip Code
	( ) -		Austin, TX 78701			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Parking			
Non-Political	<u> </u>			officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$21.65	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issue 04/28/2025	r Paid		
PAYEE	(a) Payee name Plat Parking		(b) Payee address; 719 Olive St Dallas, TX 75201-2807	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Parking			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 02/18/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid		
PAYEE (a) Payee name  Pmc Parking		(b) Payee address; 3713 Charlotte Ave Nashville, TN 37209	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE  (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Expense					
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	Check if Austin, TX,	officeholder living exp Office held	ense		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 55/66 Rpt: 87/98	Friends of Adam Hi	nojosa				00089230				
4	CREDIT CARD ISSUER		ncial institution revious	EXP	ENDI	UNITEMIZED TURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issue	r Paid				
		\$24.46	03/20/2025	04/28/	/2025	i					
7	PAYEE	(a) Payee name		(b) Pay	ee ad	dress;	City,	State,	Zip Code		
		Pmc Parking		3713 (	Charl	otte Ave					
L				Nashville, TN 37209							
8	PURPOSE OF				criptic						
l	EXPENDITURE	(See Categories listed at the top of this schedule)  Transportation Equipment And Related  Officeholder Parking			r Parking						
	X Political	Expense	nent / tha related								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			•		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` '	٠,,	redit Card Issue	r Paid				
		\$25.00	02/12/2025	04/02/	/2025	•					
	PAYEE	(a) Payee name		(b) Pay	ee ad	dress;	City,	State,	Zip Code		
		The Stephen F Aus	tin	701 No	orth (	Congress Ave					
				Austin	, TX	78701-3216					
Г	PURPOSE OF	(a) Category	ategory			on					
	EXPENDITURE	(See Categories listed at the top		Officeholder Parking							
	X Political	Transportation Equipr Expense	neni And Related								
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issue	r Paid				
		\$77.53	02/10/2025	04/02/	/2025	•					
H	PAYEE	(a) Payee name		(b) Pay	ee ad	dress;	City,	State,	Zip Code		
l				7701 V	Wilsh	ire Place Dr					
l		HCTRA									
				Housto	on, T	X 77040-5326					
Г	PURPOSE OF	(a) Category		(b) Des							
	EXPENDITURE (See Categories listed at the top of this schedule)  Transportation Equipment And Polated			Officel	holde	r Tolls While T	ravelling To Au	ıstin			
	X Political Transportation Equipment And Related Expense										
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living exp	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		-	Office held				
expenditure to benefit C/OH											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Sch: 56/66 Rpt: 88/98	Friends of Adam Hi	nojosa		00089230			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 02/15/2025	(c) Date(s) Credit Card Issuer 04/02/2025	r Paid			
7 PAYEE	(a) Payee name HCTRA		(b) Payee address; 7701 Wilshire Place Dr Houston, TX 77040-5326	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (c) Check if travel outside of Texas. Complete Schedule T.  (b) Description Officeholder Tolls While Tr			ravelling To Austin			
Non-Political	\(\frac{1}{2}\)	<u> </u>		officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged \$20.02	(b) Date of Charge 02/15/2025	(c) Date(s) Credit Card Issuel 04/02/2025	r Paid			
PAYEE	(a) Payee name  HCTRA		(b) Payee address; 7701 Wilshire Place Dr Houston, TX 77040-5326	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipn Expense	ment And Related	(b) Description Officeholder Tolls While Travelling To Austin				
Non-Political	· · · —	of Texas. Complete Schedule T.	<b></b>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sougni	Office held			
PAYMENT	(a) Amount Charged \$12.33	(b) Date of Charge 03/24/2025	(c) Date(s) Credit Card Issuer 04/28/2025	r Paid			
PAYEE	(a) Payee name HCTRA		(b) Payee address; 7701 Wilshire Place Dr Houston, TX 77040-5326	City, State, Zip Code			
EXPENDITURE  (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense			(b) Description Officeholder Tolls While Travelling To Austin				
Non-Political	(C) Check if travel outside	<u> </u>	officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 57/66 Rpt: 89/98	Friends of Adam Hi	nojosa			00089230				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$13.63	(b) Date of Charge 03/29/2025	(c) Date(s) 04/28/202	Credit Card Issuer 25	r Paid				
7	PAYEE	(a) Payee name HCTRA			ddress; hire Place Dr TX 77040-5326	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Officeholder Tolls While T			ravelling To Au	ustin					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$12.33	(b) Date of Charge 03/31/2025	(c) Date(s) ( 04/28/202	Credit Card Issuer 25	Paid				
	PAYEE	(a) Payee name HCTRA			hire Place Dr	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descript	TX 77040-5326 ion er Tolls While T	ravelling To Au	ustin			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 04/04/2025	(c) Date(s) 0 04/28/202	Credit Card Issuer 25	r Paid				
	PAYEE	(a) Payee name HCTRA			ddress; hire Place Dr TX 77040-5326	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Descriptio  Officeholder			ion er Tolls While T	ravelling To Au	ustin					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

	The Instr	uction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sch: 58/66 Rpt: 90/98	Friends of Adam Hir	nojosa		00089230				
4 CREDIT CARD	Name of finar	icial institution	5 TOTAL OF UNITEMIZED					
ISSUER	see pr	evious	EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	I r Paid				
	\$10.00	04/05/2025	04/28/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			7701 Wilshire Place Dr					
	HCTRA							
			Houston, TX 77040-5326					
8 PURPOSE OF	(a) Category	-falsis subsubs	(b) Description					
EXPENDITURE 	(See Categories listed at the top of Transportation Equipn		Officeholder Tolls While T	ravelling To Austin				
X Political	X Political Expense							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	ct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
\$10.00 04/07/2025		04/28/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	HCTRA		7701 Wilshire Place Dr					
	HOINA							
	( ) 2 :		Houston, TX 77040-5326					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description Officeholder Tolls While Travelling To Austin					
l <u> </u>	Transportation Equipn		Officenoider Foils while Travelling To Austin					
X Political	Expense							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH  PAYMENT	(a) Amount Charged	(b) Data of Chargo	(a) Data(a) Cradit Card Inqua	r Doid				
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 06/03/2025	i Palu				
	\$14.63	04/14/2025						
PAYEE	(a) Dayon nama		(h) Davisa address:	City State Zin Code				
FAILL	(a) Payee name		(b) Payee address; 7701 Wilshire Place Dr	City, State, Zip Code				
	HCTRA		7701 Wilstille Place Di					
			Houston, TX 77040-5326					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of	,	Officeholder Tolls While T	ravelling To Austin				
Transportation Equipment And Related  Expense				· ·				
Non-Political	Expense  (c) Check if travel outside of	Chack if Austin TV	officeholder living expense					
Complete ONLY if direct	e sought	Office held						
expenditure to benefit C/OH	Candidate/Officeholder	3110	<del>y</del>	50				
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I								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 59/66 Rpt: 91/98	Friends of Adam Hi	nojosa			00089230		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$		
6 PAYMENT	(a) Amount Charged \$35.89	(b) Date of Charge 04/22/2025	(c) Date(s) Cre 06/03/2025	edit Card Issuer	Paid		
7 PAYEE	(a) Payee name HCTRA		(b) Payee addi 7701 Wilshird Houston, TX	e Place Dr	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.			(b) Description Officeholder Tolls While Travelling To Austin				
				Check if Austin, TX,	officeholder living expe	ense	
expenditure to benefit C/OH			e sought		Office held		
PAYMENT	(a) Amount Charged \$12.33	(b) Date of Charge 05/03/2025	(c) Date(s) Cre 06/03/2025	edit Card Issuer	· Paid		
PAYEE	(a) Payee name HCTRA		(b) Payee addi 7701 Wilshird Houston, TX	e Place Dr	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Tolls While Travelling To Austin				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$13.30	(b) Date of Charge 05/05/2025	(c) Date(s) Cre 06/03/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name HCTRA		(b) Payee addi 7701 Wilshird Houston, TX	e Place Dr	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense			<u> </u>	Tolls While T	ravelling To Au		
Non-Political  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH			e sought	Check if Austin, TX,	officeholder living expe	ense	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 60/66 Rpt: 92/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED  NDITURES  GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
		\$12.33	05/10/2025					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		HCTRA		7701 Wi	Ishire Place Dr			
				Houston	, TX 77040-5326			
8	PURPOSE OF	(a) Category		(b) Descri	•			
	EXPENDITURE  X Political	Transportation Equipment And Related Expense			ravelling To Au	ustin		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
		\$12.59	05/12/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		HCTRA		7701 Wi	Ishire Place Dr			
				Houston	, TX 77040-5326			
	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top  Transportation Equipr		Officeholder Tolls While Travelling To Austin				
	X Political	Expense	Hent And Neiated					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issuei	r Paid		
		\$11.58	05/18/2025					
$\vdash$	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
		(1)		` ' '	Ishire Place Dr	- 3,	,	<b>P</b>
		HCTRA						
				Houston	, TX 77040-5326			
Г	PURPOSE OF	(a) Category		(b) Descri	•			
<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)			,	Officeho	lder Tolls While T	ravelling To Au	ustin	
	X Political	Transportation Equipment And Related Expense						
					Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct						Office held		
e	xpenditure to benefit C/OH							
$\vdash$								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 61/66 Rpt: 93/98	Friends of Adam Hi	nojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$13.34	05/20/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		HCTRA			hire Place Dr			
				<del> </del>	TX 77040-5326			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Transportation Equipment And Related Expense			ravelling To Au	stin		
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$14.77	05/24/2025					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		HCTRA		7701 Wilsl	hire Place Dr			
				Houston,	TX 77040-5326			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Officeholder Tolls While Travelling To Austin				
	X Political	Transportation Equipr Expense	neni And Related					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$10.15	05/25/2025					
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
		LICTOA		7701 Wilsl	hire Place Dr			
		HCTRA						
				Houston,	TX 77040-5326			
	PURPOSE OF (a) Category			(b) Descript				
	EXPENDITURE (See Categories listed at the top of this schedule)  Transportation Equipment And Related			Officehold	er Tolls While T	ravelling To Au	stin	
	X   Political   Expense							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct Candidate/Officeholder name Office sought						Office held		
е	xpenditure to benefit C/OH							
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 62/66 Rpt: 94/98	Friends of Adam Hi	inojosa			00089230		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$113.79	(b) Date of Charge 01/29/2025	(c) Date(s) 0 03/03/202	Credit Card Issuei 5	r Paid		
7	PAYEE	(a) Payee name  NordVPN.com			use 316 Beulal	City, n Hill	State,	Zip Code
Ļ		( ) 0 :		London United Kingdom				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Campaign	on Software Subs	cription		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held		
E	expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) C	Credit Card Issuer	r Paid			
		\$35.94	06/30/2025					
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		Sunoco		301 I 37 Fr	rontage			
				Corpus Ch	risti, TX 75231			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description Officeholder and Staff Meals and Fuel While Travelling to Austin			elling to	
	X Political			Austin				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$43.18	(b) Date of Charge 06/27/2025	(c) Date(s) C	Credit Card Issuei	r Paid		
	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
		486 W Landa ExxonMobil			ıda			
1				New Braur	nfels, TX 77389			
	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense			(b) Descripti Officeholde Austin	on er and Staff Me	als and Fuel W	/hile Trav	elling to
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense				
ε	Complete ONLY if direct Candidate/Officeholder name Office sought Office held penditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 63/66 Rpt: 95/98	Friends of Adam Hi	nojosa			00089230				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	<sup>·</sup> Paid				
		\$45.03	06/25/2025							
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code		
		Empire		1 Valero V	Vay					
		·		San Antor	nio, TX 78249					
8	PURPOSE OF	(a) Category		(b) Descript						
ľ	EXPENDITURE	(See Categories listed at the top			ler and Staff Me	als and Fuel W	hile Trav	elling to		
	X Political	Food/Beverage Expe	nse	Austin						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	<b>_</b>	Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$43.67	06/24/2025							
Г	PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code		
		LIED		646 S Mai	in Ave					
		HEB								
L					nio, TX 78204					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		als and Eugl W	hilo Trav	olling to		
	X Political	Food/Beverage Expe		Officeholder and Staff Meals and Fuel While Travelling to Austin				elling to		
	Non-Political	() <b>[</b>			<b></b>					
L	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u>L</u> e sought	Check if Austin, TX,	officeholder living exp	ense			
<b> </b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e Sougrit		Office field				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid				
		\$32.83	06/24/2025							
		Ψ32.03	00/24/2023							
Н	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
				301 I 37 F	- rontage					
		Sunoco								
L				<u> </u>	hristi, TX 75231					
PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)			of this schedule)	(b) Descript		ala aw-l E - l · ·	/bile T	نة جسالام		
Food/Beverage Expense			Austin	ler and Staff Me	ais and Fuei W	rille Trav	relling to			
X Political										
L	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense			
<b> </b>	Complete ONLY if direct	Candidate/Officeholder	riame Office	e sought		Office held				
$\vdash$	expenditure to benefit C/OH									
ı										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

See previous    Sample   Sampl		The Inst	ruction Guide explains how	to complete this form.				
September   Sept	1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
SSUER   See   Pevious   CARGED TO A CREDIT   CARD	Sch: 64/66 Rpt: 96/98	Friends of Adam Hi	inojosa		00089230			
S41.54   06/19/2025   S41.54   06/19/2025   S41.54   O6/19/2025   S41.54   O6/19/2025   S41.54   O6/19/2025   S41.54   O6/19/2025   S41.54   O6/19/2025   S41.55   O6/19/2025   S41.55   O6/19/2025				EXPENDITURES CHARGED TO A CREDIT				
PAYEE   (a) Payee name   (b) Payee address; City, State, Zip Code	6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Sunoco		\$41.54	06/19/2025					
Sunoco   Corpus Christi, TX 75231	7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE    (a) Category		Sunoco		301 I 37 Frontage				
EXPENDITURE   Political   Co   Cared, if travel outside of Texas. Complete Schedule   Cared, if Austin, TX, officeholder living expense				<u> </u>				
Political   Non-Political   Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held			of this schedule)	1,,				
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$51.86  (b) Date of Charge \$51.86  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code 4142 South Loop 1604 East  PURPOSE OF EXPENDITURE Poolitical  Non-Political  (c) check if travel outside of Texas. Complete Schedule)  PAYMENT  (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip Code 4142 South Loop 1604 East  San Antonio, TX 78264  (b) Description Officeholder and Staff Meals and Fuel While Travelling to Austin  Office bond/rependiture to benefit C/OH  PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Code Austin (b) Description Office Sought Office Hold (c) Date(s) Credit Card Issuer Paid  (c) check if travel outside of Texas. Complete Schedule T.	l <u> </u>				als and Fuel While Travelling to			
PAYMENT  (a) Amount Charged \$51.86  (b) Date of Charge 06/18/2025  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name QT  QT  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Payee address; City, State, Zip Code 4142 South Loop 1604 East  San Antonio, TX 78264  (b) Description Officeholder and Staff Meals and Fuel While Travelling to Austin  (c) Check if ravel ouiside of Texas. Complete Schedule T.  PAYMENT  (a) Amount Charged (b) Date of Charge Office sought  (a) Amount Charged (b) Date of Charge Office Sought  QTQ  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code III Austin, TX, officeholder living expense  (b) Payee address; City, State, Zip Code III As S Suite 4311  QTQ  New Braunfels, TX 78132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Payee address; City, State, Zip Code III As S Suite 4311  QTQ  New Braunfels, TX 78132  (b) Description Officeholder and Staff Meals and Fuel While Travelling to Austin  Officeholder and Staff Meals and Fuel While Travelling to Austin  Complete QNLY if direct Candidate/Officeholder name Office sought Officeholder in Check if Austin, TX, officeholder living expense	Non-Political	(c) = silvan saute of remain estimates ::			officeholder living expense			
PAYMENT  (a) Amount Charged \$51.86  (b) Date of Charge 06/18/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee name (b) Payee address; City, State, Zip Code 4142 South Loop 1604 East  San Antonio, TX 78264  (lo) Description  (lo) Description  (lo) Description  (lo) Description  (lo) Description  Officeholder and Staff Meals and Fuel While Travelling to Austin  Complete QNLY if direct expenditure to benefit C/OH  PAYMENT  (lo) Check if Itravel outside of Texas. Complete Schedule T.  (lo) Date of Charge (c) Date(s) Credit Card Issuer Paid  (lo) Date of Charge (c) Date(s) Credit Card Issuer Paid  (lo) Date of Charge (c) Date(s) Credit Card Issuer Paid  (lo) Date of Charge (c) Date(s) Credit Card Issuer Paid  (lo) Date of Charge (lo) Dat	9 Complete ONLY if direct				Office held			
PAYEE  (a) Payee name  QT  (b) Payee address; City, State, Zip Code 4142 South Loop 1604 East  San Antonio, TX 78264  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Officeholder and Staff Meals and Fuel While Travelling to Austin  (c) Complete QNLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (a) Amount Charged (b) Payee address; City, State, Zip Code  IH 35 S Suite 4311  PURPOSE OF EXPENDITURE  QTQ  (a) Category (See Categories listed at the top of this schedule) (G) Description Officeholder and Staff Meals and Fuel While Travelling to Austin  (b) Payee address; City, State, Zip Code  IH 35 S Suite 4311  New Braunfels, TX 78132  PURPOSE OF EXPENDITURE  QTQ  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Payee address; City, State, Zip Code  IH 35 S Suite 4311  New Braunfels, TX 78132  (b) Description Officeholder and Staff Meals and Fuel While Travelling to Austin  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			I	1				
PAYEE  (a) Payee name  QT  (b) Payee address; City, State, Zip Code 4142 South Loop 1604 East  San Antonio, TX 78264  (b) Description  Officeholder and Staff Meals and Fuel While Travelling to Austin  Non-Political  Non-Political  Complete QNLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged  \$72.47  (b) Date of Charge  (c)	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			r Paid				
PURPOSE OF EXPENDITURE   A		\$51.86	06/18/2025					
PURPOSE OF EXPENDITURE   San Antonio, TX 78264	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
PURPOSE OF EXPENDITURE		QT		4142 South Loop 1604 Ea	ast			
Complete ONLY if direct expenditure to benefit C/OH				San Antonio, TX 78264				
Food/Beverage Expense    South		` ' ' '	of their colored des	· ·				
Non-Political   Complete ONLY if direct expenditure to benefit C/OH	l <u> </u>							
Complete ONLY if direct expenditure to benefit C/OH  PAYMENT (a) Amount Charged \$72.47\$ 06/13/2025  (a) Payee name OTG (b) Payee address; City, State, Zip Code IH 35 S Suite 4311  PURPOSE OF EXPENDITURE    Non-Political   Non-Political   City   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, Tx, officeholder living expense   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held				Austin				
PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  \$72.47  06/13/2025  (b) Payee address; City, State, Zip Code IH 35 S Suite 4311  PURPOSE OF EXPENDITURE    X Political   Non-Political   Non-Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name Office sought Office held	<u> </u>							
PAYEE  (a) Payee name QTQ  (b) Payee address; City, State, Zip Code IH 35 S Suite 4311  PURPOSE OF EXPENDITURE	· ·	Candidate/Officeholder	name Office	e sought	Office held			
PAYEE  (a) Payee name  QTQ  (b) Payee address; City, State, Zip Code  IH 35 S Suite 4311  New Braunfels, TX 78132  PURPOSE OF EXPENDITURE  X Political  Non-Political  Non-Political  Complete ONLY if direct  (a) Category  (b) Description  Officeholder and Staff Meals and Fuel While Travelling to Austin  Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  Office held	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
PURPOSE OF EXPENDITURE    X   Political   Non-Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held     X   S   S   Suite   4311     New Braunfels, TX 78132     (b) Description   Officeholder and Staff Meals and Fuel While Travelling to Austin     Check if Austin, TX, officeholder living expense   Candidate/Officeholder name   Office sought   Office held     X   S   S   Suite   4311     New Braunfels, TX 78132     (b) Description   Officeholder and Staff Meals and Fuel While Travelling to Austin     Check if Austin, TX, officeholder living expense   Candidate/Officeholder name   Office sought   Office held     Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held     Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held     Complete ONLY if direct   Candidate/Officeholder name   Officeholder name   Office		\$72.47	06/13/2025					
PURPOSE OF EXPENDITURE    X Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
PURPOSE OF EXPENDITURE    X Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name   New Braunfels, TX 78132     New Braunfels, TX 78132     (b) Description   Officeholder and Staff Meals and Fuel While Travelling to Austin   Austin     Check if Austin, TX, officeholder living expense   Candidate/Officeholder name   Office sought   Office held		ОТО		IH 35 S Suite 4311				
EXPENDITURE    See Categories listed at the top of this schedule)   Food/Beverage Expense   Officeholder and Staff Meals and Fuel While Travelling to Austin		4.4		New Braunfels, TX 78132				
X Political   Food/Beverage Expense   Austin   Austin     Non-Political   (c)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense     Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held		` ' ' '	of this schodulo)	1,,				
X   Political   You			1	als and Fuel While Travelling to				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	I <b>=</b>							
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	* '			
onponditure to Solicit Groff		Candidate/Officeholder	riame Office	e sougnt	Office neta			
	S. Politikaro to bolitik O/OIT							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,	
1	Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)						
	Sch: 65/66 Rpt: 97/98	Friends of Adam Hi	00089230						
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
		\$35.08	06/12/2025						
		(a) Payee name  Love's		(b) Payee 1451 Us	Hwy 77	City, State, Zip Code			
L					e, TX 78363				
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder and Staff Meals and Fuel While Travelling to					
	X Political	μ.		Austin					
	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
L	expenditure to benefit C/OH	(-) A	(h) Data at Ohama	(-) D-+-(-)	) O dit Od I	- D-1-I			
	PAYMENT	(a) Amount Charged \$82.77	(b) Date of Charge 06/08/2025	(c) Date(s,	) Credit Card Issue	r Paid			
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Valero		1 Valero	Way				
				San Antonio, TX 78249					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder and Staff Meals and Fuel While Travelling to					
X Political		Toda/Beverage Expense		Austin					
Non-Political		(c) Check if travel outside of Texas. Complete Schedule T. Check if Au			Check if Austin, TX,	TX, officeholder living expense			
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
		\$69.50	06/05/2025						
PAYEE		(a) Payee name		(b) Payee	•	City,	State,	Zip Code	
		Circle K		2700 South Us Hwy 77 Byp					
		Official IX		Kingsville, TX 78363					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder and Staff Meals and Fuel While Travelling to					
								X Political	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct Candidate/Officeholder name Office sought						Office held			
_	expenditure to benefit C/OH								
1									

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

Candidate/Officeholder/Politica	-	ces Sal ruction Guide explains how		THER (enter a category not listed a	above)			
1 Total pages Schedule F4:		dotton Guide explains non	to complete tino formi	2 Filer ID (Ethics Commis	cion Eilore)			
			3 Filer ID (Ethics Commission Filers) 00089230					
Sch: 66/66 Rpt: 98/98	Friends of Adam Hinojosa		T	00089230				
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES	\$				
I IOOOEK			CHARGED TO A CREDIT					
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$48.13	05/22/2025						
7 PAYEE	(a) Payee name  Love's		(b) Payee address;	City, State,	Zip Code			
			2645 South Hwy 37					
			Three Rivers, TX 78071					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Officeholder and Staff Meals and Fuel While Travelling to					
X Political	T Courbeverage Exper	130	Austin					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$1,014.68	06/18/2025						
	, ,,,							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Fairmont		101 Red River St					
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description Campaign Staff Lodging					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)						
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								