#### 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) 00080011 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Tom Oliverson Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1 E. Greenway Plza., Ste 225 Date Hand-delivered or Date Postmarked Houston, TX 77046 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Sherif NAME NICKNAME LAST **SUFFIX** Zaafran STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1 E. Greenway Plza., Ste. 225 STREET **ADDRESS** (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1 E. Greenway Plza., Ste. 225 MAILING **ADDRESS** 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			13 Filer ID	(Ethics Commis	ssion Filers)
Friends of Tom Oliverso	on		00080011		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Tom Oliverson			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELI	) (officeholder)		
	A cinconcider	State Representative	- (,		
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ION DATE	Voor
OPPOSE			Month	Day `	Year
(Candidate or Measure)					
X ASSIST	Measure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	I PLEDGES,	<b> </b>	\$0.00
	ELECTRONICALLY), UI			ľ	Ψ0.00
	2. TOTAL POLITICAL (	CONTRIBUTIONS			
	(OTHER THAN PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$45,000.00
	9 TOTAL UNITED B	OUTLOAL EXPENDITURES			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		\$	\$0.00
					40.00
	4. TOTAL POLITICAL E	EXPENDITURES			
				\$	\$91,373.70
CONTRIBUTION	5 TOTAL POLITICAL CON	NTRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	<u> </u>	
BALANCE	REPORTING PERIOD	WINDO HONS MAINTAINED AS OF THE EAST	DAT OF THE	\$ \$	409,423.86
OUTSTANDING		OUNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST		
LOAN TOTALS	DAY OF THE REPORTI	NG PERIOD		\$	\$0.00
	1				
16 AFFIDAVIT		I swear, or affirm, under penalty of perj	iry that the acc	companying ren	oort is true
		and correct and includes all information			
		Title 15, Election Code.			
		Dr. Sher	if Zaafran		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	npaign Treasur	er	
		, tr	nis the		day
of	_, 20, to certify which	ch, witness my hand and seal of office.			
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administerinç	g oath

## **SUBTOTALS - SPAC**

# FORM SPAC COVER SHEET PG 3

3 of 52					3 of 52
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commiss	ion Filers)
l Fri	ends of	Tom Oliverson	00080011	•	,
		E SUBTOTALS		T	
l		SCHEDULE		SUBTOTAL	. AMOUNT
	IVIL OI .	SCHEDOLE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	45,000.00
				<u> </u>	-,
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
۷.	Ш	SCHEDOLE AZ. NON-MONETART (IN-RIND) FOLHICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		COLIED II E C1. MONETARY CONTRIBUTIONS FROM CORROBATION OR LARG	ND.		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	JK	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
		LABOR ORGANIZATION		,	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
0.	Ш	SCHEDOLE D. FLEDGED CONTRIBOTIONS FROM CORPORATION OR EADORY	JINGANIZATION	Þ	
7.	Ш	SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	64,152.28
9.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<u> </u>	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONIS	\$	
10.	Ш	SCHEDOLETS. FORCHASE OF INVESTMENTS FROM FORTHCAE CONTRIBOTA	JN3	Þ	
11.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	27,221.42
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
1	Ш	TO FILER		) <del>p</del>	
				•	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/2 Rpt: 4/52		
2	FILER NAME Friends of To	om Oliverson			3	Filer ID (Ethics Commission 00080011	on Filers)	
4	Date 06/30/2025	<ul> <li>Full name of contributor  x out-of-state</li> <li>BNSF Rail PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#: <u>C0023</u>	5739)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Fort Worth, TX 77210 pation / Job title (See Instructions)	9 E	mployer (See Instructions	<u> </u>			
	•							
	Date 06/30/2025	Houston Police Retired Officers Associonation Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)	l e	mployer (See Instructions	<u> </u>			
	i iliopai occa			mployer (eee meadeaene	,			
	Date 06/23/2025	Full name of contributor out-of-state Loewy, Adam Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00	
		Austin, TX 78731						
	Principal occu Attorney	oation / Job title (See Instructions)		mployer (See Instructions elf	)			
Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Matthews, Ronnie  Contributor address; City; State; Zip Code  Tomball, TX 77375		,		Amount of Contribution (\$)	\$500.00			
	Principal occu Realtor	pation / Job title (See Instructions)		mployer (See Instructions elf	)			
	Date 06/30/2025	Spence, Logan	PAC (ID#:	)		Amount of Contribution (\$)	\$500.00	
	Principal occu Attorney	pation / Job title (See Instructions)		mployer (See Instructions ance Scarborough LLF				
			•					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/52	_	
2	FILER NAME Friends of T	om Oliverson		3	Filer ID (Ethics Commission Filers) 00080011	
4	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$25,000.0	)0
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,000.0	)0
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
						_
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,000.0	)0
		Austin, TX 78767				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$2,500.0	<del></del> 00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 1/14 Rpt: 6/52	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	01/02/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,749.88	PO Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,353.18	PO Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
		Campaign Great Gara Layment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPOTICITO TO BOTTOTIC GAOT	
	Date	Payee name
	04/02/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,431.01	PO Box 650448
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 7/52	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	04/28/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,568.67	PO Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Credit Card Payment
		Sampaigh Great Gard Layment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	American Express
		·
	Amount (\$)	Payee address; City; State; Zip Code PO Box 650448
	\$3,857.99	PO BOX 050448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
		Campaign cream card raymone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/03/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,137.37	PO Box 650448
	φ4,137.37	FO B0X 030446
		Dellas TV 75265
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 3/14 Rpt: 8/52	2 FILER NAME Friends of Tom Oliverson  3 Filer ID (Ethics Commission Filers) 00080011	
4	Date 06/26/2025	5 Payee name Anedot	
6	Amount (\$) \$195.30	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770	
		New Orleans, LA 70112	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Merchant Account Fees	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 01/01/2025	Payee name Blakemore & Associates	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  1 E Greenway Plaza Ste 225	
		Houston, TX 77046	
	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	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 02/01/2025	Payee name Blakemore & Associates	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  1 E Greenway Plaza Ste 225	
		Houston, TX 77046	
	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	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total name - Oct - 1 1 51	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		
Ļ	Sch: 4/14 Rpt: 9/52	Friends of Tom Oliverson 00080011	
4	Date	5 Payee name	
L	03/01/2025	Blakemore & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$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	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Consulting Fees	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	04/01/2025	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$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	
		Sampagi. Sondaing 1 555	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
$\vdash$	Date	Payon namo	
	05/01/2025	Payee name Blakemore & Associates	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$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	
		Sampagi. Sondaing 1 ccs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/14 Rpt: 10/52	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	06/01/2025	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Carrabba's
	Amount (\$)	Payee address; City; State; Zip Code
	\$802.30	3115 Kirby
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Fundraising Facilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2025	Carrabba's
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,181.92	3115 Kirby
		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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

Event Expense Fees

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense iting Expense aries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 11/52	Friends of Tom Oliverson		00080011
4	Date	5 Payee name		I
	03/31/2025	Cy Fair Republican Women		
6	Amount (\$)	7 Payee address; City; State; Zi	n Code	
Ü	\$75.00	8524 Hwy 6 N #550  Houston, TX 77095	Code	
8	PURPOSE		(b) Description	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense UES
9	Complete ONLY if direct expenditure to benefit C/Oh		e sought	Office held
	Date	Payee name		
	03/31/2025	Cypress Republicans		
	Amount (\$)	Payee address; City; State; Zi	o Code	
	\$5.00	13419 Hartford Bay Trail		
		Cypress, TX 77429		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Food/Beverage Expense	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense uncheon Fees
	Complete ONLY if direct expenditure to benefit C/OF		e sought	Office held
	Date	Payee name		
	03/31/2025	Cypress Republicans		
	Amount (\$) \$5.00	Payee address; City; State; Zi 13419 Hartford Bay Trail	o Code	
		Cypress, TX 77429		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Food/Beverage Expense	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense uncheon Fees
	Complete ONLY if direct expenditure to benefit C/Oh		e sought	Office held
<b>-</b>	rms provided by Tayas F	thics Commission www.athics.state	a tv. uo	Varsian VA 1 0 f10d0fd9

### 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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission	Filers)
	Sch: 7/14 Rpt: 12/52		Tom Oliverson					00080011		
4	Date	5 Payee name								
	01/01/2025	Handley, G	race							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$200.00	21820 E Ya	aupon Circle							
		Tomball, T	X 77377							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor	-		<u>—</u>		de of Texas. Com		
								officeholder living	expense	
						Campaign Co	ווווו	act Labor		
					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	eld	
_										
	Date	Payee name								
	02/01/2025	Handley, G	race							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$200.00	21820 E Ya	aupon Circle							
		Tomball, T	X 77377							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor	•				de of Texas. Com		
						<b>—</b>		officeholder living	expense	
						Campaign Co	וווווו	aci Labui		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/O		icenoidei name	Office 300	agrit			Office fie	iu .	
H										
	Date	Payee name								
	03/01/2025	Handley, G	race							
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$200.00	21820 E Ya	aupon Circle							
		Tomball, T	X 77377							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor	•				de of Texas. Com		
						_		officeholder living	expense	
						Campaign Co	ווווכ	aci Labor		
	0 1. 0	0 111 : 1= 11			<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	eid	
		•								

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 13/52	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	04/01/2025	Handley, Grace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	21820 E Yaupon Circle
		Tomball, TX 77377
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Gampaigh Contidot Eason
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	05/01/2025	Handley, Grace
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	21820 E Yaupon Circle
		Tomball, TX 77377
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/01/2025	Handley, Grace
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	21820 E Yaupon Circle
		Tomball, TX 77377
	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
		Campaigh Contract Eabor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>			
1	Total pages Schedule F1:		
	Sch: 9/14 Rpt: 14/52	Friends of Tom Oliverson 00080011	
4	Date	5 Payee name	
	05/07/2025	Harris County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,700.00	8588 Katy Freeway Ste 445	
		Houston, TX 77024	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Contribution	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	01/20/2025	John Doner And Associates Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,980.89	1005 Congress Ave Ste 580	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign Voter Contact Mail	
		Campaign voter Contact Maii	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	
$\vdash$	Data	Davida nama	_
	Date	Payee name  Northwest Forest Republican Women	
	02/26/2025	Northwest Forest Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	8906 Ashridge Park Dr	
		Spring, TX 77379	
	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	
		Campaign Dues	
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald	
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 15/52	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	01/08/2025	Raconteur Media Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,075.00	PO Box 26511
		Austin, TX 78755
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 Digital Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/10/2025	Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,075.00	PO Box 26511
		Austin, TX 78755
	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.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Digital Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/04/2025	Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,575.00	PO Box 26511
		Austin, TX 78755
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Digital Consulting
	Complete ONII V if allows	Condidate/Officeholder name Office south
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 11/14 Rpt: 16/52	Friends of Tom Oliverson 00080011						
4	Date	Payee name						
	04/02/2025	Raconteur Media Company						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,075.00	PO Box 26511						
		Austin, TX 78755						
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 Digital Consulting						
		Campaign Digital Consulting						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
٠	expenditure to benefit C/O							
	Date	Payee name						
	05/02/2025	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,075.00	PO Box 26511						
	Ψ2,010.00	1 0 DOX 20011						
		Austin, TX 78755						
	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Campaign Digital Consulting						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	experialitare to belieff Grot	<u></u>						
	Date	Payee name						
	06/04/2025	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,075.00	PO Box 26511						
		Austin, TX 78755						
	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 Digital Consulting						
		Gampaign Digital Conducting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Gift/Awards/Memorial Legal Services	•		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
_				The Instruction G	uiue expiains	HOW TO COL	iibie		-		/=::: a : : ::
1	Total pages Schedule F1:	l .							3		(Ethics Commission Filers)
	Sch: 12/14 Rpt: 17/52	F	riends of T	om Oliverson						00080011	
4	Date	l .	Payee name								
L	04/17/2025		Scott Sanfor	d For Mayor C	ampaign						
6	Amount (\$)	<b>7</b> P	Payee addres	s; City;	State	; Zip Co	de				
	\$1,000.00	5	5100 Eldora	do Pkwy, Ste	L02-805						
			McKinney, T	X 75070							
8	PURPOSE	(a) C	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	0	Contribution	s/Donations M	ade By			Check if travel of	outsi	de of Texas. Con	mplete Schedule T.
	LAFENDITURE		Candidate/C	fficeholder/Po	litical Comm	nittee		<b>—</b>	, TX,	officeholder livin	ng expense
								Contribution			
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	C	Office sou	ght			Office h	neld
L											
	Date	F	Payee name								
	06/03/2025	т	TDCJ Manu	acturing And I	_ogistics						
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de				
\$33.77 PO Bo			PO Box 401	3							
			Huntsville, T								
	PURPOSE OF			e Categories listed at		nedule)	(b)	Description			
	EXPENDITURE	(	Gift/Awards/	Memorials Exp	oense			<b>=</b>		de of Texas. Con officeholder livin	mplete Schedule T.
								Auction Items		omocnoider iiVIII	ig expense
								aouon nome	•		
$\vdash$	Complete ONLY if direct	L Ca	andidate/Offic	eholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/O					- •	-				
H	Date	F	Payee name								
	01/01/2025	l	Wilson, Moll	V							
$\vdash$			Payee addres		Stato	; Zip Co	de				
	Amount (\$)	l	Payee addres 5004 Delore		State;	, ∠ip C0	uC				
	\$300.00	5	DOU4 DEIOTE	S AVE							
				0704							
		<u> </u>	Austin, TX 7	8/21							
	PURPOSE OF			e Categories listed at		nedule)	(b)	Description		d- 4T- C	oraleste Colorado la T
	EXPENDITURE	5	Salaries/Wa	ges/Contract L	.abor			ш		de of Texas. Con officeholder livin	mplete Schedule T.
								Campaign Co			ig expense
								Janipaign Oc		aut Eduoi	
	Complete ONLY if direct	L Ca	andidate/Offic	eholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/O						J			20011	
					.1 •						

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 13/14 Rpt: 18/52	Friends of Tom Oliverson 00080011						
4	Date	Payee name						
	02/01/2025	Wilson, Molly						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$300.00	5004 Delores Ave						
		Austin, TX 78721						
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						
		Sampanga Samusia Linas						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	03/01/2025	Wilson, Molly						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	5004 Delores Ave						
		Austin, TX 78721						
	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/O							
	Date	Payee name						
	04/01/2025	Wilson, Molly						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	5004 Delores Ave						
	4000.00							
		Austin, TX 78721						
	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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consuling 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: 14/14 Rpt: 19/52	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	05/01/2025	Wilson, Molly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	5004 Delores Ave
		Austin, TX 78721
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/01/2025	Wilson, Molly
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	5004 Delores Ave
	φοσο.σσ	SOUT BOILD TWO
		Auctin TV 70701
L		Austin, TX 78721
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

## 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 Commiss	sion Filers)	
Sch: 1/33 Rpt: 20/52	Friends of Tom Oliv	/erson			00080011			
4 CREDIT CARD	Name of final	ncial institution		F UNITEMIZED	¢			
ISSUER	America	n Express	EXPEND CHARGE CARD	ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$40.00	02/18/2025	04/02/2025					
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Cy-Fair Chamber		8711 Hwy	6 North Suite 12	20			
			Houston, 7					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti					
X Political	Office Overhead/Rent		Campaign	Dues				
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	. ,	Credit Card Issuer	Paid			
	\$40.00	04/15/2025	06/03/202	5				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Cy-Fair Chamber		8711 Hwy 6 North Suite 120					
			Houston, 7	TX 77095				
PURPOSE OF	(a) Category	(II)	(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Dues					
X Political								
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held					
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1/25//2	2 17 0 11	5 : 1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid			
	\$40.00	05/20/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Cy Fair Chambar		8711 Hwy	6 North Suite 12	20			
	Cy-Fair Chamber							
			Houston, 7					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
<u> </u>	Office Overhead/Rent		Campaign	Dues				
X Political				_				
Non-Political	(*) <b>—</b>	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicentidet/Fullica		ruction Guide explains how	•	TITEN (enter a categor	iy not notou u	3070)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 2/33 Rpt: 21/52	Friends of Tom Oliv	/erson		00080011		
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		
	\$27.00	06/04/2025				
7 PAYEE	(a) Payee name  Cypress Republicat	ns	(b) Payee address; 8190 Barker Cypress Rd	City, 51	State,	Zip Code
			Cypress, TX 77433			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
<u> </u>	Office Overhead/Rent		Campaign Dues			
X Political						
				, officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D (1) (1)	1() 5 ( ( ) 6 ( ) 6 ( )	D : 1		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Palu		
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
	Greater Tomball Ar	ea Chamber	29201 Quinn Rd Ste B			
			Tomball, TX 77375			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Dues			
X Political						
Non-Political	(1)	of Texas. Complete Schedule T.		, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$307.00	(b) Date of Charge 06/14/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code
	Microsoft		8Th Floor 91 Main St			
			Dallas, TX 75202			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Email			
X Political	Office Overflead/Nem	тат ширепве				
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		

## 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	s Commiss	sion Filers)	
	Sch: 3/33 Rpt: 22/52	Friends of Tom Oliv	/erson			00080011			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$466.26	05/27/2025						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Constant Contact			elo Rd Ste 329				
Ļ	DUDDO05.05	(a) Cataman			MA 02451-7357	•			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	<sub>ion</sub> Email Distributi	on			
	X Political	Office Overhead/Rent		Campaign	Email Distributi	on			
	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	e sought		Office held			
е	xpenditure to benefit C/OH								
PAYMENT		(a) Amount Charged	(b) Date of Charge	. , ,	Credit Card Issuer	Paid			
		\$12.78	01/27/2025	03/03/202	5				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Dropbox.com		333 Brannan St					
				San Francisco, CA 94107					
	PURPOSE OF	(a) Category	of this cobodule)	(b) Description					
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign File Storage					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX,	, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 02/27/2025	(c) Date(s) 0 04/02/202	Credit Card Issuer 5	Paid			
Н	PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code	
				333 Brann	an St				
		Dropbox.com							
				San Francisco, CA 94107					
	PURPOSE OF	(a) Category		(b) Descript	ion				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	File Storage				
	X Political								
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	e sought		Office held			
е	xpenditure to benefit C/OH								
ı	<del></del>	· <del></del>	·		·	<del></del>			

## 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: 4/33 Rpt: 23/52	Friends of Tom Oliv	/erson			00080011						
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)	Credit Card Issuer	Paid						
	\$12.78	03/27/2025	04/28/202	5							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Dropbox.com		333 Brann								
	( ) 0 :			isco, CA 94107							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript								
X Political	Office Overhead/Rent		Campaign	File Storage							
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	e sought		Office held						
expenditure to benefit C/OH			•								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 06/03/202	Credit Card Issuer 5	Paid						
	\$12.78	04/27/2025	00/03/202	5							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Dropbox.com		333 Brannan St								
			San Franc	isco, CA 94107							
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description								
EXPENDITURE  X Political	Office Overhead/Rent		Campaign File Storage								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	΄ Γ	Check if Austin, TX,	, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid						
	\$12.78	05/27/2025									
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code				
	Dronboy com		333 Brann	an St							
	Dropbox.com										
				isco, CA 94107							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript								
<u> </u>	Office Overhead/Rent		Campaign	File Storage							
X Political											
Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	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 Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commis	sion Filers)		
	Sch: 5/33 Rpt: 24/52	Friends of Tom Oliv	verson verson			00080011				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$12.78	06/27/2025							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Dropbox.com		333 Bran						
Ļ		San Francisco, CA 941 SE OF (a) Category (b) Description								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent			n File Storage					
	X Political Non-Political				_					
Ļ		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	ense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolider	name Onice	e sought		Office field				
Ě	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$84.50	01/10/2025	03/03/20						
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		RTIC		20702 Hempstead Rd Suite 110						
				Houston, TX 77065						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Logoed Promotional Items						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TX	officeholder living exp	ense			
┢	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	CHECK II Addilli, 17,	Office held				
е	xpenditure to benefit C/OH			J						
	PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 02/10/2025	(c) Date(s) 04/02/20	Credit Card Issuer 25	r Paid				
Г	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code		
		DTIO		20702 He	empstead Rd Sui	ite 110				
		RTIC								
					TX 77065					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		tional Itama				
		Gift/Awards/Memorial		Campaigi	n Logoed Promo	tional items				
	X Political			<u> </u>	<b>—</b>					
$\vdash$	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	ense			
_ _	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolider	name Office	z sougiii		Office field				
٣	poaitaro to bonont 0/011									

### 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 Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 6/33 Rpt: 25/52	Friends of Tom Oliv	verson			00080011				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$7.08	(b) Date of Charge 01/27/2025	(c) Date(s) 03/03/20	) Credit Card Issuer 25	Paid				
7	PAYEE	(a) Payee name USPS			og Cypress Rd	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	otion n Postage					
	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 sought expenditure to benefit C/OH				Office held						
	PAYMENT	(a) Amount Charged \$19.15	(b) Date of Charge 01/30/2025	(c) Date(s) 03/03/20	) Credit Card Issuer 25	Paid				
	PAYEE (a) Payee name USPS				og Cypress Rd	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	TX 77429 otion n Postage					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 04/07/2025	(c) Date(s) 04/28/20	) Credit Card Issuer 25	Paid				
	PAYEE	(a) Payee name USPS			address; h Holderrieth Blvd TX 77375	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion In Postage					
	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
<b>1</b> To	otal pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
S	ch: 7/33 Rpt: 26/52	Friends of Tom Oliv	verson			00080011		
	REDIT CARD SSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 P	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$213.49	06/27/2025					
7 P	AYEE	(a) Payee name  Delta Air Lines		(b) Payee Atlanta A	irport	City,	State,	Zip Code
		( ) 2 :			GA 30344			
	URPOSE OF XPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	n Staff Airfare			
[	X Political	Traver out or District						
[	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 sought					Office held			
<u> </u>	enditure to benefit C/OH							
P.	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$169.48	06/26/2025					
P	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code
		Southwest Airlines		Po Box 3	6611			
				Dallas, T	X 75235			
	URPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Descrip				
Ι,	XPENDITURE  X Political	Travel Out of District	or this schedule)	Campaign Staff Airfare				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
C	omplete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
	enditure to benefit C/OH							
P	AYMENT	(a) Amount Charged \$3,507.30	(b) Date of Charge 02/06/2025	(c) Date(s) 04/02/20	Credit Card Issuei 25	Paid		
P	AYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		Lucchese		The Dom	ain Mall H22 114	110 Century Oa	aksterrac	e
		Lucchese		A. atia T	V 707F0			
┝	URPOSE OF	(a) Category		Austin, T				
	XPENDITURE	(See Categories listed at the top			n Staff Gifts			
[	X Political	Gift/Awards/Memorial	s Expense					
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austi				officeholder living exp	ense	
C	omplete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
	enditure 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 (Eth	ics Commiss	sion Filers)
	Sch: 8/33 Rpt: 27/52	Friends of Tom Oliv	verson verson				00080011		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	IDIT	UNITEMIZED TURES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$7,891.43	(b) Date of Charge 02/06/2025	(c) Date(s 04/02/20		edit Card Issuer	Paid		
7	PAYEE	(a) Payee name Lucchese		(b) Payee The Dom Austin, T	nair	n Mall H22 114	City, State, Zip Code 410 Century Oaksterrace		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Descri	ptio				
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
е	expenditure to benefit C/OH		T	T					
	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 05/26/2025	(c) Date(s	i) Cr	edit Card Issuer	Paid		
	PAYEE (a) Payee name  Capital Visitors Parking		(b) Payee 1201 Sa Austin, T	n Ja	acinto	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equips Expense		(b) Descri	ptio				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
	PAYMENT	(a) Amount Charged \$13.93	(b) Date of Charge 01/23/2025	(c) Date(s 03/03/20		edit Card Issuer	Paid		
	PAYEE	(a) Payee name Tax1099.com	1		tr S	dress; St Suite 250 , AR 72701	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Accounting/Banking	,	(b) Descri	•	ax Filing			
lacksquare	Non-Political	(7)	of Texas. Complete Schedule T.	0 001:24	Ц	Check if Austin, TX,		pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riarne 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 Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 9/33 Rpt: 28/52	Friends of Tom Oliv	verson verson			00080011				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid				
		\$95.00	06/13/2025							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Campaign Verify			ervoir Rd North	ı West				
Ļ		(-) O-t			on, DC 20007					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	n Verification					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 01/12/2025	(c) Date(s) 03/03/20	Credit Card Issu 25	er Paid				
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		Squarespace		225 Vario	k St Fl 12					
					, NY 10014					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Website Design Service						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	K, officeholder living ex	pense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 02/12/2025	(c) Date(s) 04/02/202	Credit Card Issu 25	er Paid				
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Squarespace			k St Fl 12 x, NY 10014					
┝	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top		1 ` ′ .	n Website Desi	gn Service				
	X Political	Office Overhead/Rent	tal Expense		·	-				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX	K, officeholder living ex	pense			
$\vdash$	Complete ONLY if direct					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 (Ethics Co	mmission Filers)					
Sch: 10/33 Rpt: 29/52	Friends of Tom Oliv	/erson		00080011						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card Issuer 04/28/2025	Paid						
7 PAYEE	(a) Payee name Squarespace		(b) Payee address; 225 Varick St FI 12	City, S	tate, Zip Code					
	(a) Catamani		New York, NY 10014							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Campaign Website Design	n Service						
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 \$35.18	(b) Date of Charge 04/12/2025	(c) Date(s) Credit Card Issuer 06/03/2025	<sup>*</sup> Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Code					
	Squarespace		225 Varick St Fl 12							
			New York, NY 10014							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Website Design Service							
X Political Non-Political	() <b>—</b>									
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issuer	Paid						
PAYEE	Squarespace 2		(b) Payee address; 225 Varick St Fl 12 New York, NY 10014	City, S	tate, Zip Code					
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Campaign Website Design Service						
Non-Political	Check if Austin, TX,	officeholder living expense								
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 (Ethi	cs Commis	sion Filers)		
	Sch: 11/33 Rpt: 30/52	Friends of Tom Oliv	verson verson			00080011				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI <sup>T</sup>	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$35.18	06/12/2025							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Squarespace			k St Fl 12					
Ļ	DUDDOS 05	(a) Cataman			k, NY 10014					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	n Website Desiç	gn Service				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	X, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 02/03/2025	(c) Date(s) 03/03/20	Credit Card Issue 25	er Paid				
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		Wix.com			sevoort St					
L					k, NY 10014					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Website Design Service						
	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	<u> </u>	e sought		Office held				
	PAYMENT	(a) Amount Charged \$1,237.97	(b) Date of Charge 01/27/2025	(c) Date(s) 03/03/202	Credit Card Issue 25	er Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Apple Spice		8900 ShI Austin, TX	Crk Blvd Ste 10	01				
┝	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top			ffice 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			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
e	xpenditure to benefit C/OH			-						
$\vdash$		<u> </u>								

## 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: 12/33 Rpt: 31/52	Friends of Tom Oliv	verson		00080011						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$113.28	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid						
7 PAYEE	(a) Payee name Asian Fusion		(b) Payee address; 1618 East Riverside Dr	City,	State,	Zip Code				
	(a) Oatawari		Austin, TX 78741-1006							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Office 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 \$292.06	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer 04/28/2025	r Paid						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Austin Proper		600 West 2Nd St							
			Austin, TX 78701-1079							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Office Meeting							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Auctin TV	officeholder living exp	0000					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	=1156					
expenditure to benefit C/OH	Carialacte/Officeriolact	That is a second of the second	c oougin	Office field						
PAYMENT	(a) Amount Charged \$63.92	(b) Date of Charge 04/21/2025	(c) Date(s) Credit Card Issuer 06/03/2025	r Paid						
PAYEE	Cabo Bobs		(b) Payee address; 5202 Balcones Dr Austin, TX 78731	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/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 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 thi	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 13/33 Rpt: 32/52	Friends of Tom Oliv	/erson			00080011			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid			
	\$48.71	01/30/2025	03/03/2025	5				
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	Amazon		410 Terry A					
	( ) 0 :		Seattle, W					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		СариогОп	ice Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
· · · · · · · · · · · · · · · · · · ·			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid			
	\$23.31	01/31/2025	03/03/2025	0				
PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code	
	Amazon		410 Terry /	Ave N				
			Seattle, W	A 98109				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Capitol Office Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX.	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder		fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$93.54	(b) Date of Charge 04/09/2025	(c) Date(s) C 06/03/2025	credit Card Issuer 5	Paid			
PAYEE	(a) Payee name	I	(b) Payee ac	ldress;	City,	State,	Zip Code	
			440 Terry	Ave N	•		·	
	Amazon							
			Seattle, W	A 98109				
PURPOSE OF	(a) Category		(b) Description	on				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Off	ice Supplies				
X Political	Office Overficad/recit	tai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name O				Office held			
expenditure to benefit C/OH	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 Inst	ruction Guide explains how	to complete this for	m.			
1	Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 14/33 Rpt: 33/52	Friends of Tom Oliv	/erson		C	00080011		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES S	\$		
6	PAYMENT	(a) Amount Charged \$32.57	(b) Date of Charge 04/02/2025	(c) Date(s) Credii 04/28/2025	t Card Issuer F	Paid		
7	PAYEE	(a) Payee name  Greens Lock And S	Safe	(b) Payee address	s North	City,	State,	Zip Code
L				Houston, TX 7	7065-1900			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Capitol Office S	Supplies			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX, of	ficeholder living expe	ense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$63.87	(b) Date of Charge 03/10/2025	(c) Date(s) Credii 04/28/2025	t Card Issuer F	Paid		
	PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code
		Half Price Boxes		22224 North W	•	Α		
L				Cypress, TX 7	7429			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office S	Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		eck if Austin TX of	ficeholder living expe	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
ę	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$12.02	(b) Date of Charge 03/12/2025	(c) Date(s) Credii 04/28/2025	t Card Issuer F	Zaid		
	PAYEE (a) Payee name  Half Price Boxes		(b) Payee address; City, State, Zip Co South H 21901 Tx 249 200 Tomball, TX 77070				Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Capitol Office Supplies				
1	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Che	eck if Austin, TX, of	ficeholder living expe	ense	
G	Complete ONLY 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 Gitt/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 (Ethio	cs Commiss	sion Filers)
	Sch: 15/33 Rpt: 34/52	Friends of Tom Oliv	verson			00080011		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$204.49	(b) Date of Charge 01/13/2025	03/03/20		r Paid		
7	PAYEE	(a) Payee name HEB			address; 3Rd 646 S Main a onio, TX 78204	City, Ave	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(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 sought					Office held			
	PAYMENT	(a) Amount Charged \$140.81	(b) Date of Charge 02/03/2025	(c) Date(s) 03/03/20	) Credit Card Issuer 125	r Paid		
	PAYEE	(a) Payee name  HEB			3Rd 646 S Main .	City, Ave	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	onio, TX 78204 otion Office Supplies			
	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 \$192.82	(b) Date of Charge 02/28/2025	(c) Date(s) 04/02/20	) Credit Card Issuer 125	r Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 2652 Lak Austin, T	ke Austin Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Capitol C	otion Office Supplies			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	-	Trien (einer a category	not listeu ai	oove)		
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commission Filers)				
	Sch: 16/33 Rpt: 35/52	Friends of Tom Oliv	verson		00080011		,		
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 \$104.66	(b) Date of Charge 04/21/2025	(c) Date(s) Credit Card Issuel 06/03/2025	r Paid				
7	PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		San Antonio, TX 78204 (b) Description Capitol Office Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise			
9	' -				Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$144.21	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name  HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$89.17	(b) Date of Charge 06/17/2025	(c) Date(s) Credit Card Issue	r Paid				
	PAYEE	HEB		(b) Payee address; 2652 Lake Austin Blvd Austin, TX 78703	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies					
L	Non-Political	(c) — encontribution of contribution of contri							
e	Complete ONLY if direct Candidate/Officeholder name Office sought Office held xpenditure 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 Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)				
Sch: 17/33 Rpt: 36/52	Friends of Tom Oliv	/erson		00080011						
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						
	\$24.82	01/02/2025	02/03/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Hill Country Springs	S	10019 Ih 35 South							
			Ausitn, TX 78747-1765							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description							
X Political	Office Overhead/Rent	,	Capitol Office Water							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	ıse					
			ce sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$33.82	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Hill Country Springs	S	10019 Ih 35 South							
			Ausitn, TX 78747-1765							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Water							
X Political	Office Overficad/recit	tar Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	ıse					
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$90.82	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Hill Country Springs	5	10019 Ih 35 South							
	Hill Country Springs	5								
			Ausitn, TX 78747-1765							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Office Overhead/Rent		Capitol Office Water							
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	ce 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	ű	ruction Guide explains how	•	THER (eliter a category	not listed a	bove)
1	Total pages Schedule F4:	2 FILER NAME	<u> </u>	3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 18/33 Rpt: 37/52	Friends of Tom Oliv	verson .		00080011		,
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 \$75.82	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issue 04/28/2025	er Paid		
7	PAYEE	(a) Payee name  Hill Country Springs	5	(b) Payee address; 10019 Ih 35 South Ausitn, TX 78747-1765	City,	State,	Zip Code
8	8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Capitol Office Wat						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX	K, officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	expenditure to benefit C/OH		T	1			
	PAYMENT	(a) Amount Charged \$155.81	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid		
	PAYEE	(a) Payee name  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/Rent		(b) Description Capitol Office Water			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$78.82	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issue	er Paid		
	PAYEE	(a) Payee name Hill Country Springs	Payee name Hill Country Springs		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		Ausitn, TX 78747-1765 (b) Description Capitol Office Water				
L	Non-Political	1	of Texas. Complete Schedule T.		K, officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
l							

## 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: 19/33 Rpt: 38/52	Friends of Tom Oliv	/erson			00080011						
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	r Paid						
	\$8.91	05/10/2025									
7 PAYEE	(a) Payee name Uber		(b) Payee a 1455 Mai	address; rket St 4Th Floor	City,	State,	Zip Code				
			San Francisco, CA 94103								
8 PURPOSE OF	(a) Category		(b) Descrip								
EXPENDITURE    X   Political	(See Categories listed at the top Transportation Equip Expense		1 ' '	taff Ground Tran	sportation						
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense								
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office				Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid						
	\$97.09	05/14/2025									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	ALC Steaks		1205 Nor	th Lamar Blvd							
			Austin, T	X 78703							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descrip	ntion taff 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 \$110.57	(b) Date of Charge 01/15/2025	(c) Date(s) 03/03/20	Credit Card Issuer 25	r Paid						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
			515 Cong	gress Ave							
	Cava										
			Austin, T	X 78701							
PURPOSE OF	(a) Category	-f.Ab.;	(b) Descrip								
EXPENDITURE	(See Categories listed at the top 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					
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 Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comr	nission Filers)						
Sch: 20/33 Rpt: 39/52	Friends of Tom Oliv	/erson		00080011							
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							
	\$54.59	05/10/2025									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code						
	DoorDash.com		303 2Nd St Suite 800								
			San Francisco, CA 94107	•							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Staff Meeting								
X Political Food/Beverage Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense							
· · · · · · · · · · · · · · ·			e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$47.01	(b) Date of Charge 05/06/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code						
	East Side Pies		1401 Rosewood Ave Suit	е В							
			Austin, TX 78702-2026								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description Capitol Staff Meeting								
X Political			_								
Non-Political	· · · —	of Texas. Complete Schedule T.									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	пате Опіс	e sought	Office held							
PAYMENT	(a) Amount Charged \$145.49	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code						
	<b>.</b>		1711 South Congress Ave	е							
	Lamberts										
			Austin, TX 78704								
PURPOSE OF	(a) Category	of this schodule)	(b) Description								
EXPENDITURE	(See Categories listed at the top 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 expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	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 (E	thics Commiss	sion Filers)			
	Sch: 21/33 Rpt: 40/52	Friends of Tom Oliv	erson			00080011					
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	er Paid					
		\$18.00	05/13/2025								
7	PAYEE	(a) Payee name  Los Reyes			1960 Rd West 9	City, Ste 136	State,	Zip Code			
Ļ	DUDDOCE OF	(a) Category		(b) Descri	, TX 77069						
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe	· ·		Staff Meeting						
	Non-Political	(c) distant autor catalact of 1974ac complete constant			Check if Austin, TX	, officeholder living e	expense				
9				e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$47.21	(b) Date of Charge 04/10/2025	(c) Date(s 06/03/20	) Credit Card Issue 125	er Paid					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Omg Squee		4607 Bo	lm Rd						
L				Austin, T	X 78702						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri Capitol S	ption Staff Meeting						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-1	Check if Austin, TX	, officeholder living e	expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$49.26	(b) Date of Charge 04/16/2025	(c) Date(s 06/03/20	) Credit Card Issue 025	er Paid					
	PAYEE	(a) Payee name Omg Squee		(b) Payee 4607 Bo Austin, T	lm Rd	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	,	(b) Descri							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	expense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
Γ											

### 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/Onicerolden/Folitica		ruction Guide explains how	ŭ	THEN (enter a catego	ry not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 22/33 Rpt: 41/52	Friends of Tom Oliv	/erson		00080011		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$		
6 PAYMENT	(a) Amount Charged \$145.42	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid		
7 PAYEE	(a) Payee name Uber Eats		(b) Payee address; 1455 Market St 4Th Fl	City,	State,	Zip Code
	( ) 0 :		Ubereats.Com, CA 9410	3		
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 exp	ense	
			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$52.46	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber Eats		1455 Market St -			
			San Francisco, CA 9410	3		
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. T	(, 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 \$74.16	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid		
PAYEE	(a) Payee name Uber Eats	l	(b) Payee address; 1455 Market St 4Th Fl Ubereats.Com, CA 9410	City,	State,	Zip Code
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	ζ, officeholder living exp	ense	
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 Insti	ruction Guide explains how	to complete t	his form.	(9-	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 23/33 Rpt: 42/52	Friends of Tom Oliv	verson .			00080011		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$138.72	(b) Date of Charge 02/11/2025	(c) Date(s) 04/02/202	Credit Card Issue 25	r Paid		
7 PAYEE	(a) Payee name	02/11/2023	(b) Payee a	address:	City,	State,	Zip Code
	Uber Eats		1455 Mar		Oity,	otato,	<b>2.p 0000</b>
			San Fran	cisco, CA 94103			
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol St	aff Meeting			
X Political	X Political						
Non-Political	(c) Greek is a very extensive or review of the complete series and				officeholder living exp	ense	
9 Complete ONLY if direct	e sought		Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$133.12	02/13/2025	04/02/202	25			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Uber Eats		1455 Mar	ket St -			
			San Fran	cisco, CA 94103			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		Capitol S	aff Meeting			
X Political	Food/Beverage Expe	nse					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	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	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$133.13	02/27/2025	04/02/202	25			
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code
			1455 Mar	ket St -	•		·
	Uber Eats						
			San Fran	cisco, CA 94103			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	Capitol St	aff Meeting			
X Political	Food/Beverage Expe	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>	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							

## 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 (Eth	ics Commiss	sion Filers)
	Sch: 24/33 Rpt: 43/52	Friends of Tom Oliv	/erson			00080011		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$83.93	(b) Date of Charge 03/04/2025	(c) Date(s 04/02/20	) Credit Card Issue 125	er Paid		
7	PAYEE	(a) Payee name  Uber Eats		(b) Payee 1455 Ma San Fran		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri		5		
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	pense	
	9 Complete ONLY if direct candidate/Officeholder name office sought candidate/Officeholder name office sought			Office held				
	PAYMENT	(a) Amount Charged \$90.75	(b) Date of Charge 03/13/2025	(c) Date(s 04/28/20	) Credit Card Issue 025	er Paid		
	PAYEE  (a) Payee name  (b) Payee address;  1455 Market St -			City,	State,	Zip Code		
	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 ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$137.75	(b) Date of Charge 03/14/2025	(c) Date(s) 04/28/20	) Credit Card Issue 125	er Paid		
	PAYEE	(a) Payee name Uber Eats		(b) Payee 1455 Ma San Fran		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descri Capitol S	Staff Meeting			
lacksquare	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0 001:24	Check if Austin, TX	C, officeholder living ex	pense	
е	Complete ONLY if direct xpenditure 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	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 25/33 Rpt: 44/52	Friends of Tom Oliv	verson verson			00080011		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$127.86	(b) Date of Charge 03/24/2025	(c) Date(s) 04/28/20	) Credit Card Issuei 125	Paid		
7	PAYEE	(a) Payee name  Uber Eats		(b) Payee 1455 Ma San Fran		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 exp	ense	
<b>9</b>	Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held				
	PAYMENT	(a) Amount Charged \$141.14	(b) Date of Charge 03/26/2025	(c) Date(s) 04/28/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name Uber Eats		(b) Payee 1455 Ma	rket St -	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ncisco, CA 94103 ption Staff Meeting			
	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 \$72.31	(b) Date of Charge 04/14/2025	(c) Date(s) 06/03/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name Uber Eats		(b) Payee 1455 Ma San Frar	•	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	ption Staff Meeting			
	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		
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 Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)							
Sch: 26/33 Rpt: 45/52	Friends of Tom Oliv	verson .		00080011								
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	er Paid								
	\$111.09	04/14/2025	06/03/2025									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State	, Zip Code							
	Uber Eats		1455 Market St -									
			San Francisco, CA 94103	3								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description									
X Political	X   Political   Food/Beverage Expense   Capitor Staff Meeting											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense								
			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								
	\$80.23	04/17/2025	06/03/2025									
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code							
	Uber Eats		1455 Market St -									
			San Francisco, CA 94103	3								
PURPOSE OF	(a) Category	of this calcadula)	(b) Description									
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		Capitol Staff Meeting									
Non-Political	(2) 🗖 (2) + (3) + (4)			<b></b>								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	, officeholder living expense Office held								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought	Office field								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	1		06/03/2025									
	\$56.93	04/23/2025										
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code							
	(4) 1 2) 22 11		1455 Market St -	2.9,	,p							
	Uber Eats											
			San Francisco, CA 94103	3								
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top	,	Capitol 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 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 the	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
Sch: 27/33 Rpt: 46/52	Friends of Tom Oliv	verson verson			00080011		
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	r Paid		
	\$109.50	04/29/2025	06/03/2025				
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Uber Eats		1455 Mar	ket St -			
			San Franc	cisco, CA 94103			
8 PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting				
Non-Political	(c) Check if travel outside				officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$84.35	05/02/2025	06/03/202	25			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Uber Eats		1455 Mar	ket St -			
			San Franc	cisco, CA 94103			
PURPOSE OF	(a) Category		(b) Descript	tion			
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> I</u>	Check if Austin TX	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Chock in Additing 174,	Office held		
expenditure to benefit C/OH			J				
PAYMENT	(a) Amount Charged \$100.59	(b) Date of Charge 05/05/2025	(c) Date(s) 06/03/202	Credit Card Issuer 25	r Paid		
PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code
			1455 Mar		0.53,	Otato,	p
	Uber Eats						
			San Franc	cisco, CA 94103			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol St	aff Meeting			
X Political	1 Journeverage Expe	iioC					
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							

## 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: 28/33 Rpt: 47/52	Friends of Tom Oliv	/erson			00080011						
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid						
	\$74.92	05/13/2025									
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Uber Eats		1455 Mar	ket St -							
				cisco, CA 94103							
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Description								
EXPENDITURE	Food/Beverage Exper		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					
			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						
	\$130.18	05/16/2025									
PAYEE	(a) Payee name	L	(b) Payee a	address;	City,	State,	Zip Code				
	Uber Eats		1455 Mar	ket St -							
			San Fran	cisco, CA 94103							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descrip								
X Political	Food/Beverage Expe	nse	•								
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						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$29.44	(b) Date of Charge 05/19/2025	(c) Date(s)	Credit Card Issuer	r Paid						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
			1455 Mar	ket St -							
	Uber Eats										
			San Fran	cisco, CA 94103							
PURPOSE OF	(a) Category		(b) Descrip								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Capitol S	taff Meeting							
X Political	Sociation ago Expor	· · <del> · ·</del>									
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeriolide//Folitica	· ·	ruction Guide explains how	-	THEN (enter a category no	n iisteu at	Jove)
1 7	Total pages Schedule F4:		·	3 Filer ID (Ethics 0	Commiss	sion Filers)	
	Sch: 29/33 Rpt: 48/52	Friends of Tom Oliv	/erson		00080011		,
4 C	CREDIT CARD SSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$105.85	05/22/2025				
7 F	PAYEE	(a) Payee name Uber Eats		(b) Payee address; 1455 Market St -	,	State,	Zip Code
				San Francisco, CA 94103	<u> </u>		
	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 expens	е	
9 (				e sought	Office held		
ехр	penditure to benefit C/OH						
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$129.77	05/24/2025				
F	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber Eats		1455 Market St -			
				San Francisco, CA 94103	}		
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	EXPENDITURE	Food/Beverage Expe		Capitol Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e	
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$75.46	05/27/2025	(*, ***(*, * * * * * * * * * * * * * * *			
F	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber Eats		1455 Market St 4Th Fl			
				Ubereats.Com, CA 94103	3		
	PURPOSE OF  EXPENDITURE  (a) Category  (See Categories listed at the top of this schedule)  Food/Beverage Expense		(b) Description Capitol Staff Meeting				
	X Political			<u> </u>			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			<u> </u>	officeholder living expens	е	
	Complete ONLY if direct penditure 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 Insti	ruction Guide explains how	to co	mplete thi	s form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 30/33 Rpt: 49/52	Friends of Tom Oliverson					00080011		
4	CREDIT CARD ISSUER	see previous			EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$59.87	(b) Date of Charge 04/07/2025		Date(s) C 1/28/2025	redit Card Issuei	r Paid		
7	PAYEE	(a) Payee name Whataburger		28	Payee ad	alupe St	City,	State,	Zip Code
8	PURPOSE OF	(a) Category			Description				
	EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		1 ` ′		ff 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 sou	ıght		Office held		
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$2,850.00	(b) Date of Charge 04/09/2025		Date(s) C 5/03/2025	redit Card Issuei	r Paid		
	PAYEE	(a) Payee name		(b)	Payee ad	dress;	City,	State,	Zip Code
		Cyfair ISD		11	.440 Matz	zke Rd			
				Су	/press, T	X 77429			
	PURPOSE OF EXPENDITURE    Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution					
	Non-Political	- <u>-</u>				1			
┡	Ш	` ' -	of Texas. Complete Schedule T.		L L	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sou			Office held		
	PAYMENT	(a) Amount Charged \$2,000.00	(b) Date of Charge 02/11/2025		Date(s) C 1/02/2025	redit Card Issuei	r Paid		
		(a) Payee name  Texas Conservative	e Coalition	91	Payee ad 9 Congre ustin, TX	ess Ave	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	1 ` ′	Description Ontribution				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sou	ıght		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/Officeholder/Politica	-			THER (enter a catego	ry not listed ab	oove)	
		ruction Guide explains how	to complete this form.	I			
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)				
Sch: 31/33 Rpt: 50/52	Friends of Tom Oliv	verson		00080011			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$1,000.00	01/30/2025	03/03/2025				
	Ψ1,000.00	01/30/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Texas House Republican Caucus		1608 Ulit Ave	- 5,	,		
			2000 01117100				
			Austin, TX 78702				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Contribution				
X Political	Contributions/Donatio						
	_	er/Political Committee					
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u> </u>	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officenoider	name Office	e sought	Office held			
expenditure to benefit C/OH	( )	L (1) = 1	10000				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$725.00	06/23/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	American Legislative Council		1101 Vermont Ave North West FI 11 FI 11				
	American Legisian	e Council					
			Washington, DC 20005				
PURPOSE OF	(a) Category	of this cobodula)	(b) Description				
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	or this schedule)	Event Tickets				
X Political	Zvom Zxponoo						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$447.00	03/24/2025	04/28/2025				
	Ψ-11.00	00/2-1/2020					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			155 5Th St 7	<b>3</b> .			
	NCOIL						
			San Francisco, CA 94103	-2919			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Event Tickets				
X Political	Event Expense						
Non-Political	(a) Chapte if the control of the	of Toyon Complete Ochadul T	Objective Access Table	office holds = 15 de =			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Onicendider	name Office	o oougiit	JIIICO HEIU			
Superioritation to bottonic 0/011							
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 Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 32/33 Rpt: 51/52	Friends of Tom Oliv		00080011				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 01/10/2025	(c) Date(s) Credit Card Issuel 03/03/2025	r Paid			
7 PAYEE	(a) Payee name  Greater Tomball Ar	ea Chamber	(b) Payee address; 29201 Quinn Rd Unit B	City,	State,	Zip Code	
	() 0 :		Tomball, TX 77375				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Luncheon Fees				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Au			officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 02/07/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Greater Tomball Area Chamber  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		29201 Quinn Rd Unit B Tomball, TX 77375				
PURPOSE OF EXPENDITURE  X Political			(b) Description Luncheon Fees				
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	name Office	e Office sought				
PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 05/02/2025	(c) Date(s) Credit Card Issuel 06/03/2025	r Paid			
PAYEE	(a) Payee name  Greater Tomball Area Chamber		(b) Payee address; 29201 Quinn Rd Unit B Tomball, TX 77375	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Luncheon Fees				
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	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 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			nting Expense laries/Wages/Contrac		vel Out of District HER (enter a categor	y not listed at	oove)	
	The Instru	ruction Guide explains how	to complete this	form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)	
Sch: 33/33 Rpt: 52/52	Friends of Tom Olive	erson			00080011			
4 CREDIT CARD	Name of financial institution see previous			UNITEMIZED	_			
ISSUER			EXPENDIT CHARGED	TO A CREDIT	\$			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid			
	\$23.00	06/06/2025						
7 PAYEE	(a) Payee name	(b) Payee add	dress;	City,	State,	Zip Code		
	Greater Tomball Area Chamber		29201 Quin	n Rd Unit B				
		Tomball, TX 77375						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description					
l <u> </u>	Food/Beverage Expen		Luncheon F	ees				
X Political								
Non-Political	· · · —	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			1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr 04/02/2025	edit Card Issuer	Paid			
	\$140.66	02/12/2025	04/02/2023					
PAYEE	(a) Payee name  Cypress Flowers		(b) Payee address; City, State, Zip Code					
<b> </b>			14419 Huffmeister Rd					
ı	I Cybress Flowers			Cypress TX 77/20				
	Cypress Flowers		Cupross TV	/ 77420				
DIIDDOSE OE			Cypress, TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	n	ts.			
EXPENDITURE	(a) Category		(b) Description		ts			
EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Gift/Awards/Memorials	s Expense	(b) Description	n Constituent Gift		0000		
EXPENDITURE    X   Political     Non-Political	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials	s Expense of Texas. Complete Schedule T.	(b) Description	n Constituent Gift		ense		
EXPENDITURE    X   Political     Non-Political	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE  X Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		
EXPENDITURE    X   Political   Non-Political   Complete ONLY if direct	(a) Category (See Categories listed at the top of Gift/Awards/Memorials) (c) Check if travel outside of	s Expense of Texas. Complete Schedule T.	(b) Description Campaign C	n Constituent Gift	officeholder living exp	ense		