CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commiss 00083731	ion Filers)	2 Total pages fil	led: L2			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE !	USE ONLY			
OFFICEHOLDER NAME	Mrs.	Luisa M.			Date Received				
					ELECTRONICA	ALLY FILED			
	NICKNAME	LAST		SUFFIX	 07/11/2025				
	Isa	Del Rosal Isai	S	301117					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked			
MAILING	11700 Preston Road				Receipt #	Amount			
ADDRESS	Suite 660-425				receipt "	, anount			
Change of Address	Dallas, TX 75230				Date Processed				
					Date Imaged				
5 CAMPAIGN	MS / MRS / MR	FIRST		MI					
TREASURER NAME	Mrs.	Jeanne Tower							
''''									
	NICKNAME	LAST	•••••	SUFFIX					
		Cox							
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	APT .	/ SUITE #; CITY;	STA	ATE; ZIP CODE			
TREASURER ADDRESS	4242 Armstrong Parkway								
(Residence or Business)	Dallas, TX 75205								
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION						
TREASURER PHONE	(214) 808-3271								
8 REPORT TYPE					-				
1175	January 15	30th day before	election	Runoff	15th day after cal appointment (office	mpaign treasurer ceholder only)			
	X July 15	8th day before 6		Exceeded modified	Final Report (Atta				
		_	□ r	eporting limit	_				
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	01/01/2025	TH	IROUGH	06/30/202	.5				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year	P	rimary	Runoff	Other				
		I ∏G	eneral	Special					
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)				
	or rice rices (ii diry)			22 011102 0000111	(ii itilowii)				
		GO T	O PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Del Rosal Isais, Luisa	(Ethics Comr	mission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offic	eholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAMI	E						
	GENERAL								
		COMMITTEE ADDI	RESS						
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMI	PAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	\$	0.00							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)								
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	\$	0.00					
	4. TOTAL POLITIC	CAL EXPENDITURES	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT					·				
		t	swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		_		sa M. Del Rosal Isai					
			Signature of	Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subscribed before me, by the said, this the									
of	, 20, to co	ertify which, witness i	my hand and seal of office.						
Signature of offi	cer administering	Printed name o	of officer administering	Title of office	er administerir	ng oath			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00083731 Del Rosal Isais, Luisa M. (Mrs.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 7,178.82 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

11.

12.

TO FILER

\$

\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 4/12	Del Rosal Isais, Luisa M. (Mrs.) 00083731
4	Date	5 Payee name
	01/22/2025	AirBnB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,013.17	888 Brannan St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel to Austin for Governor update and meetings
		Traver to Austin for Governor apacte and meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	03/22/2025	Alto
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$57.07	141 Manufacturing St
		, and the second se
		Dallas, TX 75207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to airport
		Transportation to airport
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Power name
	05/30/2025	Payee name Alto
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.22	141 Manufacturing St
L		Dallas, TX 75207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
l		Expense Check if Austin, TX, officeholder living expense Transportation to presentation to Denton County
		Reagan group
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise Wagnes/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a co	ict ategory not listed above)
L	· 	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
L	Sch: 2/9 Rpt: 5/12	Del Rosal Isais, Luisa M. (Mrs.) 00083731	
4	Date	5 Payee name	
	03/21/2025	Aris	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$180.00		
		Austin, TX 78703	
Ļ	DUDDOOT.		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	-t- Och odula T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Compl	
		Dinner while in Austin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	d
	expenditure to benefit C/O		u
⊨			
	Date	Payee name	
	01/16/2025	CARA MENDELSOHN CAMPAIGN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	7120 Van Hook Dr	
		Dallas, TX 75248	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Completely Check if travel outside of Texas.	ete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living e	
		Campaign donation	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	d
	expenditure to benefit C/O	OH .	
	Date	Payee name	
	04/02/2025	GoDaddy Web Hosting	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$172.59		
	Ψ17 <i>L</i> .00	14400 W Haydon Na Odno 100	
		0.44.14.47.05000	
		Scottsdale, AZ 85260	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Compl	
		Website hosting	хрепзе
		• • • • • • • • • • • • • • • • • • •	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	d
1	expenditure to benefit C/O		u
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment	·	ges/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to comp	•
1 Total pages Schedule F1: 2 I		3 Filer ID (Ethics Commission Filers)
·	Del Rosal Isais, Luisa M. (Mrs.)	00083731
	Payee name	
01/02/2025	Google LLC	
6 Amount (\$) 7 I	Payee address; City; State; Zip Code	
\$46.05	1600 Amphitheatre Parkway	
	Mountainview, CA 94043	
		2) -
	c , (eee emegenee meter in the termination)	D) Description Check if travel outside of Taxes, Complete Schedule T
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email workspace hosting
		_man warnapada nasting
O Complete ONIVA III	andidata/Officeholder reserv	Office tests
9 Complete ONLY if direct Complete on the expenditure to benefit C/OH	Candidate/Officeholder name Office sough	office held
·		
Date	Payee name	
02/03/2025	Google LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.05	1600 Amphitheatre Parkway	
	-	
	Mountainview, CA 94043	
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	D) Description
n de l	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email workspace hosting
Complete <u>ONLY</u> if direct Control of Control	candidate/Officeholder name Office sough	office held
OAPERIGIDIO DENEIL C/OF		
Date	Payee name	
03/03/2025	Google LLC	
Amount (\$)	Payee address; City; State; Zip Code	9
` '	1600 Amphitheatre Parkway	
	,	
	Mountainview, CA 94043	
	T	D) Description
OF ',	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE '	Omee Overhead/Nehlai Expense	Check if Austin, TX, officeholder living expense
		Email workspace hosting
Complete ONLY if direct Complete ONLY	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OH		

SCHEDULE F1

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

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

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

Printing Expense Travel C Salaries/Wages/Contract Labor OTHER

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1: Sch: 4/9 Rpt: 7/12	2 FILER NAME Del Rosal Isais, Luisa M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00083731
4 Date 04/01/2025	5 Payee name Google LLC	
6 Amount (\$) \$46.05	7 Payee address; City; State; Zip Coo 1600 Amphitheatre Parkway Mountainview, CA 94043	de
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email workspace hosting
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug H	ght Office held
Date 05/01/2025	Payee name Google LLC	
Amount (\$) \$46.05	Payee address; City; State; Zip Coo 1600 Amphitheatre Parkway Mountainview, CA 94043	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email workspace hosting
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ght Office held
Date 06/02/2025	Payee name Google LLC	
Amount (\$) \$46.05	Payee address; City; State; Zip Coo 1600 Amphitheatre Parkway	de
	Mountainview, CA 94043	4 3
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email workspace hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 5/9 Rpt: 8/12	Del Rosal Isais, Luisa M. (Mrs.) 00083731
4 Date	5 Payee name
02/03/2025	HEB Gas
6 Amount (\$) \$52.25	7 Payee address; City; State; Zip Code 646 S Flores Street San Antonio, TX 78204
8 PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for road trip to Austin
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/20/2025	Hudson News Distributors
Amount (\$) \$11.84	Payee address; City; State; Zip Code 701 Jefferson Road Parsippany, NJ 07054
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel to Austin for Medical Board meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/15/2025	Jose Rivas for Dallas
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5706 E. MOCKINGBIRD LN Suite 115 Dallas, TX 75206
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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			Legal Services	Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed ab	ove)
	orean out a tyment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/9 Rpt: 9/12		Del Rosal Is	ais, Luisa M. (N	/Irs.)					00083731		
4	Date	5	Payee name									
	01/15/2025		Kitner, Jeff									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$1,000.00		7314 Azalea	Lane								
			Dallas, TX 7	5230								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,uuio)		:	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Candidate/C	fficeholder/Pol	itical Commi	ittee		ш	, TX,	officeholder livir	ng expense	
								Donation				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	neld	
		_										
	Date		Payee name									
	03/21/2025		Market Store	ė								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$9.99		1900 Univer	sity Ave								
			Austin, TX 7	8705								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense				=			mplete Schedule T.	
	EXI ENDITORE							ш		officeholder livir		
								Waters and s	ona	ck purchasi	=	
_	Complete ONLY if direct	<u>_</u>	Candidate/Offic	oholdor namo		ffice sou	aht			Office h	nold	
	expenditure to benefit C/O		zanuluale/Onic	enoluei name	O	ilice sou	gni			Office i	ieiu	
_	D :	_										
	Date		Payee name	:_								
	04/24/2025		SMU Cathol									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$1,030.00		3057 Univer	sity Blvd								
			Dallas, TX 7	5205								
	PURPOSE OF	(a)		e Categories listed at t		edule)	(b)	Description				
	EXPENDITURE			s/Donations Ma						de of Texas. Cor officeholder livir	mplete Schedule T.	
			Candidate/C	officeholder/Pol	ilicai Commi	illee		Donation to re				
								_ 0	J.19			
	Complete ONLY if direct		Candidate/Offic	eholder name	n	ffice sou	ght			Office h	neld	
	expenditure to benefit C/O				J		J			3001		
-												
1												

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 10/12	Del Rosal Isais, Luisa M. (Mrs.) 00083731
4	Date	5 Payee name
	03/21/2025	Sushi Roku
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.07	405 Colorado St
		Suite 100
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Control of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.70	1515 3rd St
		San Francisco, TX 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation around Austin for meetings
		Transportation around recoming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/20/2025	Uber
_		
	Amount (\$) \$17.38	Payee address; City; State; Zip Code 1515 3rd St
	Φ11.38	1010 St St
		Con Francisco TV 041F0
		San Francisco, TX 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/12	Del Rosal Isais, Luisa M. (Mrs.) 00083731
4	Date	5 Payee name
	03/20/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.74	1515 3rd St
		San Francisco, TX 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation around Austin
		Transportation around Adount
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.37	1515 3rd St
		San Francisco, TX 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation around Austin
		Transportation around Austin
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	03/21/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.80	1515 3rd St
		San Francisco, TX 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation around Austin
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense	Polling Expense Printing Expense	ed/Rental Expense se se/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card Payment			The Instruction Guide	explains l	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 12/12		Del Rosal I	sais, Luisa M. (Mrs.)				00083731	
4	Date	5	Payee name	<u> </u>						
	03/21/2025		Uber							
<u>ا</u>	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code		—		
ľ	\$23.33	ľ	1515 3rd S		State,	Zip Couc				
	Ψ20.00		1010 014 0							
			Con Evansi	000 TV 041F0						
L		L		sco, TX 94158						
8	PURPOSE OF	(a)		See Categories listed at the to	p of this sch	edule) (b)	Description			
	EXPENDITURE		Travel Out	of District					ide of Texas. Com , officeholder living	
							Transportation			
9	Complete ONLY if direct	<u> </u>	Candidate/Of	ficeholder name					Office he	əlq
ľ	expenditure to benefit C/O									