CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00020051		2 Total pages filed: 73	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE OI	NLY
OFFICEHOLDER NAME	The Honorable	Tom			Date Received	
					ELECTRONICALLY FI	LED
	AUGUALANE			OUEEN	07/15/2025	
	NICKNAME	LAST Craddick		SUFFIX	01/13/2023	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Post	marked
MAILING	Two Lakes Dr.				Receipt # Amount	•
ADDRESS					Receipt #	L
Change of Address	Midland, TX 79705				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Bill				
	NICKNAME	LAST		SUFFIX		
		Heck				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	Two Lakes Dr.					
(Residence or Business)						
(,	Midland, TX 79705					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER		INE NUMBER E	EXTENSION			
PHONE	(432) 682-3000					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campaign tre	easurer
					appointment (officeholder of	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-	-FR)
a DEDIOD	Marath Davis Value				V	
9 PERIOD COVERED	Month Day Year 01/01/2025		IROUGH	Month Day 06/30/202	Year	
	01/01/2025	117	ikoogn	06/30/202	5	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
10 ELECTION	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026			브		
			eneral	Special		
44 055105	OFFICE LIEUS (%			140 OFFICE COVERS	(ft los sous)	
11 OFFICE	OFFICE HELD (if any) State Representative Dis	strict 92		12 OFFICE SOUGHT		
	State Representative Dis	SUICE 02		State Represent	alive District 62	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 73

13 C / OH NAME	Craddick, Tom (The I	Honorable)	14 Filer ID 00020051	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the eholder's knowledge or titce of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 19,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 119,014.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 123,778.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The H	onorable Tom Craddic	k
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			J V L I (OI	3 of 73
18 FILER NA Craddick	ME , Tom (The Honorable)	19 Filer ID 00020051	(Ethics Con	nmission Filers)
20 SCHEDUL NAME OF	SUBT	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	19,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	92,447.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			26,567.06
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	ILE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/73	
2	FILER NAME Craddick, To	om (The Honorable)		3	Filer ID (Ethics Commiss 00020051	sion Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$10,000.00
		Midland, TX 79710-0590				
8	Principal occu Investments	pation / Job title (See Instructions)	9 Employer (See Instructions The Don Evans Group)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Targa Resources Corp. Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Houston, TX 77002-1412 pation / Job title (See Instructions))			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701-2175			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Weekley, Richard W. (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$2,500.00
	Principal occu Investor	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 1/28 Rpt: 5/73	Craddick, Tom (The Honorable)	00020051		
4	Date	5 Payee name			
	05/26/2025	Amazon.com			
6	Amount (\$) \$267.09	7 Payee address; City; State; Zip Code 1200 12Th Ave S Seattle, WA 98144-2712			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
,	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense nner items		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/31/2025	American Express			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,235.03	PO Box 650448			
		Dallas, TX 75265-0448			
	PURPOSE OF EXPENDITURE	Creat Cara r ayment	utside of Texas. Complete Schedule T. TX, officeholder living expense edit card bill		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
L	02/28/2025	American Express			
	Amount (\$) \$4,965.81	Payee address; City; State; Zip Code PO Box 650448			
		Dallas, TX 75265-0448			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense edit card bill		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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: 2/28 Rpt: 6/73	Craddick, Tom (The Honorable)	00020051
4	Date	5 Payee name	•
	03/31/2025	American Express	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,373.69	PO Box 650448	
		Dallas, TX 75265-0448	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.
	EXPENDITURE		stin, TX, officeholder living expense
		Payment o	f credit card bill
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
	Date	Payee name	
	04/30/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,830.99	PO Box 650448	
l			
		Dallas, TX 75265-0448	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
l			of credit card bill
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	05/31/2025	American Express	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,041.80	PO Box 650448	
	·		
		Dallas, TX 75265-0448	
	PURPOSE		
	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		Payment o	f credit card bill
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	S. portantare to borient 0/01	•	

SCHEDULE F1

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

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

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	compl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/28 Rpt: 7/73		Craddick, Tom (The Honorable)		00020051
4	Date	5	Payee name		<u>'</u>
	06/30/2025		American Express		
6	Amount (\$)	7	Payee address; City; State; Zip (Code	
	\$6,704.14		PO Box 650448		
			Dallas, TX 75265-0448		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
ľ	OF	("	Credit Card Payment	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		orean cara raymon		Check if Austin, TX, officeholder living expense
					Payment of credit card bill
9	Complete ONLY if direct		Candidate/Officeholder name Office se	ought	Office held
	expenditure to benefit C/Ol	П			
	Date	П	Payee name		
	01/21/2025		Brian Bridges Enterprise Inc.		
	Amount (\$)	H	Payee address; City; State; Zip (Code	
	\$647.49		3409 Windy Harbor Dr.		
			Austin, TX 78734		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	("	Travel Out of District	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travor Gut of Bloanet		Check if Austin, TX, officeholder living expense
					Midland/Austin
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office se	ought	Office held
	experioration benefit C/O				
	Date		Payee name		
	01/30/2025		Cessna 205, LLC		
	Amount (\$)		Payee address; City; State; Zip (Code	
	\$5,196.00		3409 Windy Harbor Dr		
			Austin, TX 78734-2025		
	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.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Midland to Austin Round Trip
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ought	Office held
	experience to benefit C/O	· ·			
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/28 Rpt: 8/73 Craddick, Tom (The Honorable) 00020051 4 Date Payee name 02/18/2025 City of Austin 6 Amount (\$) Payee address; City; State; Zip Code \$217.20 PO Box 2267 Austin, TX 78783-2267 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Utilities for Austin residence Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/21/2025 City of Austin Amount (\$) Payee address; City; State; Zip Code \$142.70 PO Box 2267 Austin, TX 78783-2267 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Utilities for Austin residence Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 City of Austin Amount (\$) Payee address: City; State; Zip Code \$107.10 PO Box 2267 Austin, TX 78783-2267 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Utilities for Austin residence

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 5/28 Rpt: 9/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/29/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.49	PO Box 2267
		Austin, TX 78783-2267
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		\times \t
		Othlites for Adstiti residence
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	06/23/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.56	PO Box 2267
		Austin, TX 78783-2267
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Ounties for Adsum residence
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 04/03/2025	Payee name Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	claytonspangler.com
		Charleston, WV 99999
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		House Panoramic Photo
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/28 Rpt: 10/73	Craddick, T	om (The Honorable	e)				00020051	
4	Date	5 Payee name							
	03/04/2025	Dudley Gro	up						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$832.05	815 Brazos	St Ste 701A						
		Austin, TX	78701-2509						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Exp	oense					de of Texas. Com officeholder living	plete Schedule T.
						_			and Envelopes
						Design/printin	19/1	achivery Enri	and Envelopes
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/O				3				
	Date	Payee name							
	06/03/2025	FedEx							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$11.50	P. O. Box 1	140						
		Memphis, T	N 38101-1140		_				
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Shipping						officeholder living	plete Schedule T.
						Office shipping			, - , - , - , - , - , - , - , - , - , -
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	-1							
	Date	Payee name							
	02/12/2025	HEB Credit	Receivables						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$984.33	PO Box 839	9988						
		San Antonio	o, TX 78283-3988						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense						plete Schedule T.
						Office refresh		officeholder living	g expense
						Onice relies!	11116	711LO	
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	l uaht			Office he	eld
	expenditure to benefit C/O			200				200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/28 Rpt: 11/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/09/2025	HEB Credit Receivables
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$481.44	PO Box 839988
		San Antonio, TX 78283-3988
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Office refreshments
		Office refreshinents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
	Date	Payee name
	05/23/2025	HEB Credit Receivables
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.52	PO Box 839988
	Ψ320.32	FO BOX 039900
		San Antonio, TX 78283-3988
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office refreshments
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	06/13/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$462.13	Po Box 839988
		San Antonio, TX 78283-3988
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative office refreshments
		Logislative office refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 8/28 Rpt: 12/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/28/2025	House Sgt At Arms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$578.06	1100 Congress Ave
		Austin, TX 78701-2539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituent flags
		Consultent nags
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	01/15/2025	Hunnicutt, Retha
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,459.44	1902 W Ohio Ave
		Midland, TX 79701-5944
	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 Assist with campaign and office holder duties
		7,5515t With Gampaight and Office Holder dates
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/12/2025	Payee name Hunnicutt, Retha
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,459.43	1902 W Ohio Ave
		Midland, TX 79701-5944
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
		7.55.5t with earnpaigh and office holder duties
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/28 Rpt: 13/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	03/14/2025	Hunnicutt, Retha
6	Amount (\$) \$1,459.44	7 Payee address; City; State; Zip Code 1902 W Ohio Ave Midland, TX 79701-5944
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Keel Systems
	Amount (\$) \$1,041.96	Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database and compliance services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/04/2025	Payee name Keel Systems
	Amount (\$) \$786.96	Payee address; City; State; Zip Code 23812 Tres Coronas
		Spicewood, TX 78669-1631
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database and compliance services
	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 Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/28 Rpt: 14/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	03/07/2025	Keel Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,041.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database and compliance services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2025	Keel Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2025	Keel Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	on Filers)
	Sch: 11/28 Rpt: 15/73	Craddick, Tom (The Honorable) 00020051	
4	Date	5 Payee name	
	06/03/2025	Keel Systems	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,041.96	23812 Tres Coronas	
L		Spicewood, TX 78669-1631	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Database and compliance services	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experialitate to beliefit C/O		
	Date	Payee name	
L	05/13/2025	LHS Football Booster Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	PO Box 7014	
		M. H I. TV 70700 7044	
L		Midland, TX 79708-7014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Program Ad	
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
L		1	
	Date 01/21/2025	Payee name	
L		Lakeway Aviation	
	Amount (\$) \$1,035.00	Payee address; City; State; Zip Code 13204 Country Trails Ln	
	Ψ1,033.00	19294 Country Trais En	
		Austin, TX 78732-2079	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Midland/Austin	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 12/28 Rpt: 16/73	Craddick, Tom (The Honorable)		00020051
4	Date 01/30/2025	5 Payee nameLakeway Aviation		
_				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$1,106.61	13204 Country Trails Ln		
		Austin, TX 78732-2079		
8	PURPOSE		h)	December
٥	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	υ, 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or Bistrict	į	Check if Austin, TX, officeholder living expense
				Austin to Midland roundtrip
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	experiulture to beliefit C/O	1		
	Date	Payee name		
	01/15/2025	Leary, Kaitlin		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$461.75	4508 Green Tree Blvd		
		Midland, TX 79707-1606		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ļ	Check if travel outside of Texas. Complete Schedule T.
			l	Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
				A DOISE WITH GUITPAIGH WHO SHOULD HOUSE TO LOCAL COLORS
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	•		
	Date	Payee name		
	02/12/2025	Leary, Kaitlin		
	Amount (\$)	Payee address; City; State; Zip Code	<u>e</u>	
	\$923.50	4508 Green Tree Blvd	•	
	4020.00			
		Midland, TX 79707-1606		
	PURPOSE		b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	<i>.</i>	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		[Check if Austin, TX, officeholder living expense
			•	Assist with campaign and office holder duties
	Commission ONU V if allow	Condidate (Office helder neural	la 4	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	Π	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
l	Sch: 13/28 Rpt: 17/73	Craddick, Tom (The Honorable) 00020051	
4	Date	5 Payee name	_
l	03/14/2025	Leary, Kaitlin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$923.50	4508 Green Tree Blvd	
l			
		Midland, TX 79707-1606	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
ľ	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Assist with campaign and office holder duties	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot		
	Date	Payee name	
	04/15/2025	Leary, Kaitlin	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$923.50	4508 Green Tree Blvd	
l			
		Midland, TX 79707-1606	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		Assist with campaign and office holder duties	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	o	
H	Date	Payee name	=
l	05/15/2025	Payee name Leary, Kaitlin	
┝			
l	Amount (\$) \$923.50	Payee address; City; State; Zip Code 4508 Green Tree Blvd	
l	Ψ323.30	4300 Gleen free blvu	
l		Midland TV 70707 1606	
L		Midland, TX 79707-1606	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Assist with campaign and office holder duties	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г			_
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide expla	ins how to comp	lete this form.			
1	Total pages Schedule F1:	FILER NAME		3	3	Filer ID	(Ethics Commission Filers)
	Sch: 14/28 Rpt: 18/73	Craddick, Tom (The Honorable)				00020051	
4	Date	Payee name		•			
	06/13/2025	Leary, Kaitlin					
6	Amount (\$)	Payee address; City; St	ate; Zip Code				
	\$923.50	4508 Green Tree Blvd					
		Midland, TX 79707-1606					
8	PURPOSE	Category (See Categories listed at the top of this	s schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	,	Check if travel ou			
	LAI LINDITORE			Check if Austin, T			
				Assist with Car	ΠĻ	algri and or	fice holder duties
_	Complete ONLY if direct	andidate/Officeholder name	Office cough:	<u> </u>		Office he	old
9	expenditure to benefit C/O	andidate/Officeholder harne	Office sought	L		Office fie	eiu
	<u> </u>						
	Date	Payee name					
	05/21/2025	Martin County Messenger					
	Amount (\$)	, ,,	ate; Zip Code				
	\$400.00	PO Box 1488					
		Stanton, TX 79782-1488					
	PURPOSE OF	Category (See Categories listed at the top of this	s schedule) (b)	Description			
	EXPENDITURE	Advertising Expense		Check if travel ou Check if Austin, T			plete Schedule T.
				Newspaper ad		omeenolder living	гехрепас
_	Complete ONLY if direct	andidate/Officeholder name	Office sought	t		Office he	eld
	expenditure to benefit C/O		-				
	Date	Payee name					
	01/25/2025	Optimum					
	Amount (\$)	<u> </u>	ate; Zip Code				
	\$145.15	3001 W Loop 250 N Ste C113	жо, шр соцо				
	¥=151=5						
		Midland, TX 79705-3210					
	PURPOSE		(b)	\ Description			
	OF	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	Description Check if travel out	utsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overficad/Nerital Expense		Check if Austin, T			
				Office cable se	erv	vice	
	Complete ONLY if direct	andidate/Officeholder name	Office sought	t		Office he	eld
	expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/28 Rpt: 19/73		om (The Honorable)					00020051		
4	Date	5 Payee name								
	02/27/2025	Optimum								
6	Amount (\$)	7 Payee addres	ss; City; S	State; Zip Co	ode					
	\$168.36	3001 W Loc	p 250 N Ste C113							
		Midland, TX	79705-3210							
8	PURPOSE OF		ee Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			_		de of Texas. Com officeholder living		
						_			der living expenses	
						00.0.0			zor mang expenses	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	l ıght			Office he	eld	
	Date	Payee name								
	03/25/2025	Optimum								
	Amount (\$)	Payee addres	ss; City; S	State; Zip Co	ode					
	\$168.36	3001 W Loc	p 250 N Ste C113							
			•							
		Midland, TX	79705-3210							
	PURPOSE OF		ee Categories listed at the top of th	nis schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Com officeholder living		
						—			derliving expenses	
						Cable Service	, 10	i Onice Hole	definiting expenses	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	Date	Payee name								=
	04/25/2025	Optimum								
	Amount (\$)	Payee addres	ss; City; S	State: Zip Co	ode					_
	\$168.36	1	p 250 N Ste C113	, ,						
	4200.00	0002 11 200	,p							
		Midland, TX	79705-3210		_					
	PURPOSE OF		ee Categories listed at the top of th	nis schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			ш		de of Texas. Com	•	
								officeholder living	derliving expenses	
						Cabic Scivice	, 10	. Office Field	conving expenses	
_	Complete ONLY if direct	Candidate/Offi	coholdor namo	Office	laht			Office he	nld	_
	Complete ONLY if direct expenditure to benefit C/O		cendidei name	Office sou	igill			Office he	iu	

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/28 Rpt: 20/73	2 FILER NAME Craddick, Tom (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020051
_	·	
4	Date	5 Payee name
	05/25/2025	Optimum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$168.36	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
		iviidiatid, 17 79705-3210
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	X Check if Austin, TX, officeholder living expense
		Cable service for Office Holder living expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/25/2025	Optimum
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$168.36	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Cable service for Office Holder living expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/15/2025	Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$416.71	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
H	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
		Federal income tax withholding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		<u>_</u>
1	Total pages Schedule F1: Sch: 17/28 Rpt: 21/73	2 FILER NAME Craddick, Tom (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020051
4	Date	5 Payee name
	01/15/2025	Paychex
6	Amount (\$) \$411.71	7 Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100 San Antonio, TX 78228-1359
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	Paychex
	Amount (\$) \$497.47	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Federal income tax withholding
		redetal moothe tax withholding
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2025	Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.26	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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: 18/28 Rpt: 22/73	Craddick, Tom (The Honorable) 00020051	
4	Date	5 Payee name	
Ļ	03/13/2025	Paychex	
6	Amount (\$) \$497.46	7 Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100	
		San Antonio, TX 78228-1359	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal income tax withholding	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/14/2025	Paychex	
	Amount (\$) \$162.26	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100	
		San Antonio, TX 78228-1359	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/14/2025	Paychex	
	Amount (\$) \$242.25	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100	
		San Antonio, TX 78228-1359	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal income tax withholding	
	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 -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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/28 Rpt: 23/73	Craddick, Tom (The Honorable)	00020051
4	Date	5 Payee name	
	04/15/2025	Paychex	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$180.17	4242 Woodcock Dr Ste 100	
		San Antonio, TX 78228-1359	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Payroll service
			r ayron service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_			
	Date	Payee name	
	05/19/2025	Paychex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$242.25	4242 Woodcock Dr Ste 100	
		San Antonio, TX 78228-1359	
	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 Federal income tax withholding
			rederal income tax withholding
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Data		
	Date	Payee name	
	05/20/2025	Paychex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$245.36	4242 Woodcock Dr Ste 100	
		San Antonio, TX 78228-1359	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Payroll service
L	Complete ONLY if direct	Candidata/Officahalder name	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/28 Rpt: 24/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	06/13/2025	Paychex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$242.25	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
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 Federal income tax withholding
		reactal income tax withholding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Power name
	06/13/2025	Payee name
		Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.41	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payroll service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name Primo Brands
	06/05/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$377.01	Po Box 856680
		Louisville, KY 40285-6680
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Refreshments
		Office Refreshitients
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/28 Rpt: 25/73	Craddick, Tom (The Honorable)	00020051
4	Date	5 Payee name	•
	01/15/2025	Raines, Abby	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$461.75	100 Pin Oak St	
		Dripping Springs, TX 78620-4367	
8	PURPOSE	, , , , , , , , , , , , , , , , , , ,	scription
	OF EXPENDITURE	Calance, trages, contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		I	sist with campaign and office holder duties
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/12/2025	Raines, Abby	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$461.75	100 Pin Oak St	
		Dripping Springs, TX 78620-4367	
	PURPOSE		scription
	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ass	sist with campaign and office holder duties
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
H	Data	Davida nama	
	Date 03/14/2025	Payee name Raines, Abby	
		·	
	Amount (\$) \$461.75	Payee address; City; State; Zip Code 100 Pin Oak St	
	Ψ401.73	100 FIII Oak St	
		Dripping Springs, TX 78620-4367	
		I	
	PURPOSE OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	Check if Austin, TX, officeholder living expense
		Ass	sist with campaign and office holder duties
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/28 Rpt: 26/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/15/2025	Raines, Abby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	100 Pin Oak St
L		Dripping Springs, TX 78620-4367
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
		, solet war campaign and onless related dataset
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/15/2025	Raines, Abby
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	100 Pin Oak St
		Dripping Springs, TX 78620-4367
	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 Assist with campaign and office holder duties
		7.65/5t With earnpaight and office holder dates
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/13/2025	Raines, Abby
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	100 Pin Oak St
		Dripping Springs, TX 78620-4367
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊢		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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	
Ļ	Tatalana O. I. S.	
1	Total pages Schedule F1:	
L	Sch: 23/28 Rpt: 27/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	02/03/2025	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$218.66	PO Box 856680
	Ψ210.00	1 O Box 030000
		Louisville, KY 40285-6680
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office refreshments
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/03/2025	Ready Refresh
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.80	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Dayae name
		Payee name
	03/26/2025	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.30	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/28 Rpt: 28/73	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/30/2025	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$169.70	PO Box 856680
		Louisville, KY 40285-6680
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office refreshements
		Office refresherits
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/19/2025	Payee name
		Tarry House, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	PO Box 5583
		Austin, TX 78763-5583
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/24/2025	Tarry House, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	PO Box 5583
	,	
		Austin, TX 78763-5583
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/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: 25/28 Rpt: 29/73	Craddick, Tom (The Honorable) 00020051						
4	Date	5 Payee name						
	06/05/2025	Tarry House, Inc.						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$162.38	PO Box 5583						
		Austin, TX 78763-5583						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Committee Dinner 5/20						
		Committee Diffici 3/20						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	06/05/2025	Tarry House, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,238.14	PO Box 5583						
	Ψ3,230.14	1 O BOX 3303						
		Austin, TX 78763-5583						
	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Committee Dinner 5/20						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	experiditure to benefit C/O							
	Date	Payee name						
	06/13/2025	Tarry House, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$162.38	PO Box 5583						
		Austin, TX 78763-5583						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Membership dues						
		Wellibership dues						
	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
Credit Card Payment

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: 26/28 Rpt: 30/73	Craddick, Tom (The Honorable)	00020051
4	Date	5 Payee name	
	01/17/2025	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	PO Box 2659	
		Austin, TX 78768-2659	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.
	LAI LINDITORE		tin, TX, officeholder living expense
		Membership	Dues Jan 2025-Dec 2026
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data		
	Date 01/30/2025	Payee name Texas House Republican Caucus PAC	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 13305	
		A TV 70744 0005	
		Austin, TX 78711-3305	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	al autida of Taura Commissa Cabadala T
	EXPENDITURE	1 003	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		2025-2026	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	I	
	Date	Payee name	
	01/03/2025	The Boulevard At Town Lake	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,466.77	2600 Lake Austin Blvd	
		Austin, TX 78703-4427	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Aust	tin, TX, officeholder living expense
		Apartment r	ent
	0 1. 0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	, a		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica			Git/Awards/Memoriai Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			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 Commission Filers)	
	Sch: 27/28 Rpt: 31/73		Craddick, To	om (The Honor	able)					00020051		
4	Date	5	Payee name									
	02/03/2025		The Boulevard At Town Lake									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								\neg	
	\$3,479.00											
			Austin, TX 7	8703-4427								
8	PURPOSE	(a)		e Categories listed at	41 4 6 41-1 1		(b)	Description				_
	OF	(",		e Categories listed at nead/Rental Ex		eaule)	(~)	·	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		000 0.10		.pooo			X Check if Austin,	, TX,	officeholder livin	g expense	
								Rent for Offic	e F	lolder Austi	in Living Expenses	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	experiditure to beliefit C/Or											
	Date		Payee name									
	02/27/2025		The Bouleva	ard At Town La	ke							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$3,479.00		2600 Lake A	Austin Blvd								
			Austin, TX 7	8703-4427								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense						=			nplete Schedule T.	
						X Check if Austin, TX, officeholder living expense Rent for Office Holder Austin Living Expenses						
								rtent for Onic		iolaei Austi	III LIVING Expenses	
	Complete ONLY if direct		Candidate/Offic	reholder name	0	office sou	aht			Office h	eld	_
	expenditure to benefit C/O		za. a. a	Jonata Hame	J		9			000		
-	Date	Т	Dayoo nama									_
	03/28/2025		Payee name The Bouleva	ard At Town La	ke							
	Amount (\$)		Payee addres			Zip Co	do					
	\$3,511.14		2600 Lake A	-	State,	Zip Co	ue					
	Ψ0,011.14		2000 Lake 7	tustiii bivu								
			Austin, TX 7	0702 4427								
	BUBBOOF	(-)					(1-)					_
	PURPOSE OF	(a)		e Categories listed at nead/Rental Ex		edule)	(a)	Description Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Reiliai Ex	.pense			므		officeholder livin		
								Rent for Offic	e F	lolder Austi	in Living Expenses	
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
L	expenditure to benefit C/O	H					_		_			
												ļ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se	rds/Memorials Expense rvices struction Guide exp	Salaries/\	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 28/28 Rpt: 32/73		Craddick, Tom (T	ne Honorable)					00020051	`	,
4	Date	5	Payee name								
	04/29/2025		The Boulevard At	Town Lake							
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$3,528.16		2600 Lake Austin	Blvd							
			Austin, TX 78703	4427							
8	PURPOSE	(a)	Category (See Category	ories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/F							plete Schedule T.	
							_		officeholder living		
							Rent for Offic	еь	lolder Austii	n Living Expenses	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ight			Office he	eld	
	experiditure to beliefit C/O										
	Date		Payee name								
	06/02/2025		The Boulevard At	Town Lake							
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$123.61		2600 Lake Austin	Blvd							
			Austin, TX 78703-	4427							
	PURPOSE	(a)	Category (See Category	ories listed at the top of	this schedule)	(b)	Description				
	OF		Office Overhead/F		ano concuano)		_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			·			X Check if Austin,	, TX,	officeholder living	j expense	
							Rent for Offic	e F	lolder Austii	n Living Expenses	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ight			Office he	eld	
	experiorare to benefit C/O	'									
	Date		Payee name								
	06/09/2025		The Boulevard At	Town Lake							
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$3,479.00		2600 Lake Austin	Blvd							
			Austin, TX 78703-	4427							
	PURPOSE	(a)	Category (See Category	ories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/F							plete Schedule T.	
	LAFENDITORE								officeholder living		
							Rent for Offic	e F	ıolder Austii	n Living Expenses	
	0 1: 0	L_	- III. (0"	Ļ			- · ·		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ight			Office he	eia	

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:	3 Filer ID (Ethics Commission Filers)								
Sch: 1/41 Rpt: 33/73		00020051							
4 CREDIT CARD ISSUER		ncial institution nex	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid					
7 PAYEE	(a) Payee name Access Valet		(b) Payee address; accessvaletparking.com	ing.com					
0. DUDDOOF OF	(a) Catagony		AUstin, TX 78701						
8 PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	c, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 01/18/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Prime Video		410 Terry Ave N						
			Seattle, WA 98109-5210						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office holder Austin living expense						
Non-Political	(a) Chaple if traval autoids	of Toyon, Complete Cohodule T	Charle if Austin TV	office holder living over					
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense te sought Office held						
expenditure to benefit C/OH	Garialadio, Gillochioladi	That To The Company	o oodgin	Omoo noid					
PAYMENT	(a) Amount Charged \$259.79	(b) Date of Charge 01/28/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid					
PAYEE	(a) Payee name Target	ı	(b) Payee address; 5621 N Ih 35 Austin, TX 78723-2431	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office supplies					
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 Instr	ruction Guide explains how	to complete thi	s form.	(,	,	
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)							
Sch: 2/41 Rpt: 34/73	Craddick, Tom (The	e Honorable)			00020051			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$410.93	(b) Date of Charge 01/28/2025		redit Card Issuer 5 06/30/2025	Paid			
7 PAYEE	(a) Payee name Million Air Austin			a Browning Ave	City,	State,	Zip Code	
	() 5 :		+	78719-3303				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top or Travel Out of District	of this schedule)	(b) Description Midland-Au					
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$929.56	(b) Date of Charge 01/28/2025		redit Card Issuer 5 06/30/2025	Paid			
PAYEE	PAYEE (a) Payee name Signature - Midland			dress; Service Road	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Midland, TX 79711 (b) Description Midland-Austin travel					
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$9.73	(b) Date of Charge 01/28/2025		redit Card Issuer 5 06/30/2025	· Paid			
PAYEE	(a) Payee name Autozone		(b) Payee ad 717 W Wad Midland, TX	•	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		(b) Description Airport trav					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
				_ 				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 3/41 Rpt: 35/73	Craddick, Tom (The		00020051						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$329.81	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid					
7 PAYEE	(a) Payee name Million Air Austin	(b) Payee address; 4801 Emma Browning Ave	City,	State,	Zip Code				
	() 2		Austin, TX 78719-3303						
8 PURPOSE OF EXPENDITURE X Political	Travel Out of District								
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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	· Paid					
PAYEE	PAYEE (a) Payee name Google Services			(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Internet service						
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					
PAYMENT	(a) Amount Charged \$40.98	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid					
PAYEE	(a) Payee name Next Level Valet		(b) Payee address; 701 Brazos St Ste 500 Austin, TX 78701-3232	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	· ·	(b) Description Parking for meeting						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Office held								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,		
1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
Sch: 4/41 Rpt: 36/73	Craddick, Tom (The	00020051							
4 CREDIT CARD ISSUER	Name of financial institution see previous S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD								
6 PAYMENT	(a) Amount Charged \$183.55	(b) Date of Charge 02/03/2025		Credit Card Issuer 25 06/30/2025	Paid				
7 PAYEE	(a) Payee name Round Rock Donut	City,	State,	Zip Code					
0 DUDDOCE OF	(a) Category		(b) Descrip	X 78745-2303					
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		` ′ .	ve related meeting	g				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(c)	Credit Card Issuer	· Daid				
FAIMENT	\$11.98	02/03/2025	. , , , , ,	25 06/30/2025	Faiu				
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Round Rock Donut	Round Rock Donuts		Congress Ave					
			Austin, T	X 78745-2303					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expel		(b) Description Legislative related meeting						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held				
PAYMENT	(a) Amount Charged \$464.79	(b) Date of Charge 02/03/2025		Credit Card Issuer 25 06/30/2025	Paid				
PAYEE	(a) Payee name Avid Storage			address; dera Blvd TX 79705-2541	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion n storage rent					
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 th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)	
	Sch: 5/41 Rpt: 37/73					00020051			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$1,062.06	02/04/2025	01/31/202	5 06/30/2025				
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Cort Furniture Rent	al		earch Blvd Ste C				
Ļ	DUDDOOF OF	(a) Catagoni			78758-6036				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descript Furniture f	pense				
				Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held					
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 02/04/2025		Credit Card Issuer 5 06/30/2025	[*] Paid			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Stephen F. Austin I	Hotel	701 Congr	ress Ave				
					78701-3216				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descript Parking fo					
	X Political		<u>_</u> ,,poee						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$19.63	(b) Date of Charge 02/04/2025		Credit Card Issuer 5 06/30/2025	[*] Paid			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		La Madeleine		701 S Cap	oital Of Texas H	wy			
				West Lake	Hills, TX 78746	6-5243			
	PURPOSE OF	(a) Category	of this cabadula)	(b) Descript					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Legislative	e related meeting	g			
	x Political	Ŭ P							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

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	•	TILK (elitel a categor	y Hot listed a	bove)
1 Total pages Schedule F4:	3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 6/41 Rpt: 38/73		FILER NAME Craddick, Tom (The Honorable) 000				
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid		
7 PAYEE	(a) Payee name Stephen F. Austin H	Hotel	(b) Payee address; 701 Congress Ave Austin, TX 78701-3216	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	PURPOSE OF EXPENDITURE X Political					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of				officeholder living exp	ense	
Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH			Office held			
PAYMENT	(a) Amount Charged \$351.48	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid		
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36649 Dallas, TX 75235-1649	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Office travel to Austin			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$5.60	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid		
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36649 Dallas, TX 75235-1649	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Office travel to Austin				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			_	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 7/41 Rpt: 39/73 Craddick, Tom (The Honorable)					00020051		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD		\$		
6 PAYMENT	(a) Amount Charged \$9.99	(b) Date of Charge 02/06/2025	(c) Date(s) Cred 01/31/2025 (Paid		
7 PAYEE	(a) Payee name Delta Airlines		(b) Payee addre 1030 Delta Bl Atlanta, GA 3	vd	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Midland-Austi	n travel			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$173.49	(b) Date of Charge 02/06/2025	(c) Date(s) Cred 01/31/2025 ([*] Paid		
PAYEE	(a) Payee name Delta Airlines		(b) Payee address 1030 Delta Bl Atlanta, GA 3	vd	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Midland-Austin travel				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$8.66	(b) Date of Charge 02/11/2025	(c) Date(s) Cred 01/31/2025 ([*] Paid		
PAYEE	(a) Payee name 823 Congress Park	ing	(b) Payee address 823 Congress Austin, TX 78	s Ave	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Parking for me				
Non-Political Complete ONLY if direct expenditure to benefit C/OH	of Texas. Complete Schedule T. name Office	e sought	neck if Austin, TX,	officeholder living expo	ense		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethic	cs Commiss	sion Filers)		
					00020051					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$23.77	(b) Date of Charge 02/13/2025		Credit Card Issue 25 06/30/2025	r Paid				
7	PAYEE	(a) Payee name Uber Eats			address; rket St Fl 4 icisco, CA 94103	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Legislative related meeting						
					officeholder living exp	ense				
	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held						
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue 01/31/2025 06/30/2025			r Paid					
	PAYEE	(a) Payee name Uber Eats			address; rket St Fl 4 ocisco, CA 94103	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$150.51	(b) Date of Charge 02/13/2025	. , ,	Credit Card Issuel 25 06/30/2025	r Paid				
	PAYEE	(a) Payee name Spectrum		(b) Payee PO Box 5		City, 001	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Commun	ications for office			oense		
	Non-Political	of Texas. Complete Schedule T.								
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4: 2 FILER NAME						cs Commiss	sion Filers)		
	Sch: 9/41 Rpt: 41/73	Craddick, Tom (The	Craddick, Tom (The Honorable)							
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$415.65	(b) Date of Charge 02/15/2025		redit Card Issuer 5 06/30/2025	Paid				
7	PAYEE	(a) Payee name Cabo Bobs			l Creek Blvd	City,	State,	Zip Code		
L		() 2 :		 	78757-1019					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description	on related meetin(g				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or				officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
E	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 02/18/2025		redit Card Issuer 5 06/30/2025	Paid				
	PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code		
		Prime Video		410 Terry A	Ave N					
L				ļ	4 98109-5210					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Office hold	on er Austin living	expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>I</u>	7 Check if Austin TX	officeholder living exp	nense			
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Addini, 1X,	Office held	Jense			
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$568.62	(b) Date of Charge 02/25/2025		credit Card Issuer 5 06/30/2025	Paid				
	PAYEE	(a) Payee name Pak Mail-Austin			ldress; pital Of Texas I 78746-1416	City, Hwy	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Shipping				on er shipping					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if A				Check if Austin, TX,	officeholder living exp	ense			
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4: 2 FILER NAME						cs Commis	sion Filers)
	Sch: 10/41 Rpt: 42/73	Craddick, Tom (The	Craddick, Tom (The Honorable)					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$78.93	(b) Date of Charge 02/27/2025) Credit Card Issuer 25 06/30/2025	Paid		
7	PAYEE	(a) Payee name DoorDash			address; Montgomery St	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descrip		0022		
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper			e related meeting	g		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or				officeholder living exp	ense		
9	Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held				
	PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 03/01/2025) Credit Card Issuer 25 06/30/2025	Paid		
	PAYEE (a) Payee name (b) Payee address; 1600 Amphitheatre Pkw				City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	otion	-1331		
	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 \$499.00	(b) Date of Charge 03/01/2025) Credit Card Issuer 25 06/30/2025	Paid		
	PAYEE	(a) Payee name Avid Storage			address; dera Blvd TX 79705-2541	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign storage rent								
L	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		
		<u> </u>	<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 Insti	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: 11/41 Rpt: 43/73	Craddick, Tom (The	Craddick, Tom (The Honorable)						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$51.57	03/03/2025	01/31/202	5 06/30/2025				
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Jimmy John's #491			ch Rd 620 S				
	(-) O-t		Austin, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		~			
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense Legislative related mee				related meeting	y			
				Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$135.90	(b) Date of Charge 03/04/2025	(c) Date(s) (01/31/202	⁻ Paid				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Uber Eats		1455 Mark		·		·	
			San Franc	isco, CA 94103	-1355			
PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Legislative	related meeting	g			
X Political	1 000/Deverage Exper	1130						
Non-Political		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								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$20.37	03/04/2025	01/31/202	5 06/30/2025				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	La Madalaina		701 S Cap	ital Of Texas H	wy			
	La Madeleine							
				Hills, TX 78746	6-5243			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
l <u> </u>	Food/Beverage Exper		Legislative	related meeting	9			
X Political								
Non-Political	\(\frac{1}{2}\)	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 (Ethic	s Commiss	ion Filers)			
Sch: 12/41 Rpt: 44/73	Rpt: 44/73 Craddick, Tom (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZ EXPENDITURES									
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDITU		\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre 01/31/2025		Paid					
	\$43.28	03/04/2025	01/31/2023	00/30/2023						
7 PAYEE	(a) Payee name		(b) Payee addr		City,	State,	Zip Code			
	Amazon.com		1200 12Th A	ve S						
	() 0		Seattle, WA 98144-2712							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	tal Expense	Office supplie	es							
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							
expenditure to benefit C/OH										
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue				Paid						
	\$1,062.06 03/04/2025 01/31/2025 06/30/2025			06/30/2025						
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code			
	Cort Furniture Rent	al	8940 Resear	ch Blvd Ste C						
			Austin, TX 78	758-6036						
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description							
EXPENDITURE 	Office Overhead/Rent		Furniture for office holder Austin living expense							
X Political		р								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X	heck if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid					
	\$150.51	03/04/2025	01/31/2025	06/30/2025						
PAYEE	(a) Payee name	I	(b) Payee addr	ess;	City,	State,	Zip Code			
	0		PO Box 5034	.78						
	Spectrum		Caint Lauis A	40 00450 00	004					
DUDDOOF OF	(a) Catagony		Saint Louis, N	VIO 63150-00	001					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	' '	ons for office	holder Austin	livina exr	nense			
X Political	tal Expense	Communications for office holder Austin living expense								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule				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: 13/41 Rpt: 45/73										
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$20.02	(b) Date of Charge 03/04/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid						
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; 1200 12Th Ave S	City,	State,	Zip Code				
	(a) Oatawari		Seattle, WA 98144-2712							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies							
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	(S) C									
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$109.37	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Uline		Po Box 88741							
			Chicago, IL 60680-1741							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living exp	onco					
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	CIISC					
expenditure to benefit C/OH			o coug	J55 11514						
PAYMENT	(a) Amount Charged \$18.16	(b) Date of Charge 03/09/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid						
PAYEE (a) Payee name Target			(b) Payee address; City, State, Zip 0 5621 N Ih 35 Austin, TX 78723-2431							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office supplies							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check				officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought									

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:	3 Filer ID (Ethics C	Commiss	ion Filers)				
Sch: 14/41 Rpt: 46/73	Craddick, Tom (The	Craddick, Tom (The Honorable)					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid			
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; 1200 12Th Ave S Seattle, WA 98144-2712	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	е		
Complete ONLY if direct expenditure to benefit C/OH			Office held				
PAYMENT	(a) Amount Charged \$27.04	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	er Paid			
PAYEE	(a) Payee name Amazon.com		(b) Payee address; 1200 12Th Ave S Seattle, WA 98144-2712	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	е		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$99.05	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid			
PAYEE	(a) Payee name Uline		(b) Payee address; Po Box 88741 Chicago, IL 60680-1741	City,	State,	Zip Code	
PURPOSE OF (a) Category (b)			(b) Description Office suppplies				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX e sought	, officeholder living expense Office held	е		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	to complete this form.	OTTIER (enter a catego	ry not listed a	bove)
1	Total pages Schedule F4:	3 Filer ID (Ethi	ics Commis	sion Filers)			
	Sch: 15/41 Rpt: 47/73	Craddick, Tom (The	00020051		,		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6	PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issu 01/31/2025 06/30/2025			
7	PAYEE	(a) Payee name Prime Video		(b) Payee address; 410 Terry Ave N	City,	State,	Zip Code
8	PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Austin living						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, or				X, officeholder living exp	oense	
9	expenditure to benefit C/OH			Office held			
	PAYMENT	(a) Amount Charged \$40.51	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Isst 01/31/2025 06/30/2025			
	PAYEE	(a) Payee name Uline		(b) Payee address; Po Box 88741 Chicago, IL 60680-1741	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office suppplies	-		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 7	X, officeholder living exp	pense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$9.73	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issu 01/31/2025 06/30/2025			
	PAYEE	(a) Payee name Amazon.com		(b) Payee address; 1200 12Th Ave S Seattle, WA 98144-271:	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies					
<u> </u>	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office			<u> </u>	X, officeholder living exp	pense	
е	Complete ONLY if direct xpenditure to benefit C/OH	e sought	Office held				
ĺ							

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:						3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 16/41 Rpt: 48/73	Craddick, Tom (The	Craddick, Tom (The Honorable)				00020051			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	DITU	JNITEMIZED JRES TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$126.40	(b) Date of Charge 03/28/2025			dit Card Issuer 06/30/2025	Paid			
7	PAYEE	(a) Payee name Amazon.com		(b) Payee 1200 12T	h A		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description	tion					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of				officeholder living expe	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH					Office held				
	PAYMENT	(a) Amount Charged \$282.13	01/31/2025 06/30/2025			Paid				
	PAYEE	(a) Payee name David Kurio Floral [Designs	(b) Payee 2003 Wh	eles		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	tion	egislative offic	ce			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	П	heck if Austin, TX,	officeholder living expe	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
	PAYMENT	(a) Amount Charged \$499.00	(b) Date of Charge 03/31/2025	1 ' ' '		dit Card Issuer 06/30/2025	Paid			
	PAYEE	(a) Payee name Avid Storage	<u>'</u>	(b) Payee address; 3111 Caldera Blvd Midland, TX 79705-2541			City,	State,	Zip Code	
	PURPOSE OF (a) Category (b) Description				orage rent					
	(See Categories listed at the top of this schedule) X Political Campaign storage rent X Political Campaign storage rent				naye reni					
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				edule T. Check if Austin, TX, officeholder living expense				
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought			Office held			
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 17/41 Rpt: 49/73	Craddick, Tom (The	e Honorable)			00020051		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid		
	\$1,062.06	04/02/2025	01/31/2025	5 06/30/2025			
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Cort Furniture Rent	tal		arch Blvd Ste C			
8 PURPOSE OF	(a) Category		(b) Description	78758-6036			
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Furniture for office holder Austin living expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	•	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$72.68	(b) Date of Charge 04/03/2025	. ,	redit Card Issuer 5 06/30/2025	Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	FedEx		P. O. Box 1				
			<u> </u>	TN 38101-1140)		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Shipping	of this schedule)	(b) Description Campaign materials shipping				
X Political							
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		e sought		Office held		
PAYMENT	(a) Amount Charged \$31.40	(b) Date of Charge 04/04/2025	1 ' ' ' ' '	redit Card Issuer 5 06/30/2025	r Paid		
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code
	U. S. Post Office-M	lidland	100 E Wall				
	() 0 :			X 79701-5243			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Office hold				
X Political	Shipping	,	Onice nota	er strikhitiñ			
Non-Political	(a) 🗆 (b) ==1:34	of Toyon Committee C. L. L. T.		1 Charles A	officebold 15 '		
(c) Shock in days of textus complete contents in				Cneck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Officeriolder	Than One	o sought		Jilioc Helu		
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

l		The Inst	ruction Guide explains how	to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 18/41 Rpt: 50/73	Craddick, Tom (The	e Honorable)			00020051		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$150.51	(b) Date of Charge 04/06/2025		redit Card Issuer 06/30/2025	Paid		
7	PAYEE	(a) Payee name Spectrum		(b) Payee add PO Box 503	3478	City,	State,	Zip Code
Ļ		() 0 :			MO 63150-00	001		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descriptio Communica		ce holder Austin living expense		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Х	Check if Austin, TX,	officeholder living exp	ense	
9				e sought		Office held		
€	expenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged \$223.20	(b) Date of Charge 04/07/2025		redit Card Issuer 06/30/2025	Paid		
Г	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
		Alonti Cafe & Cater	ing	1001 Fannii	n St			
L					K 77002-6706			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Descriptio	n related meeting	g		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack if Austin TV	officeholder living exp	oneo	
┝	Complete ONLY if direct	Candidate/Officeholder	·	sought	Check ii Austin, 1A, t	Office held	ense	
€	expenditure to benefit C/OH				F: 0 11			
	PAYMENT	(a) Amount Charged \$97.43	(b) Date of Charge 04/09/2025	` ' ' '	redit Card Issuer 06/30/2025	Paid		
	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
		Capitol Gift Shop		1400 Congr	ess Ave			
L				Austin, TX 7				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	*	(b) Descriptio				
	블	() —			·			
\vdash	Non-Political (c) Check if travel outside of Texas. Complete Schedule Complete ONLY if direct Candidate/Officeholder name				Check if Austin, TX,	Office hold	ense	
€	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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(* ** *********************************		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	S Commiss	sion Filers)
Sch: 19/41 Rpt: 51/73	Craddick, Tom (The	e Honorable)		00020051		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$32.46	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issuel 01/31/2025 06/30/2025	r Paid		
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; 1200 12Th Ave S Seattle, WA 98144-2712	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issuel 01/31/2025 06/30/2025	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Stephen F. Austin I	Hotel	701 Congress Ave			
			Austin, TX 78701-3216			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Parking for meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$75.78	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid		
PAYEE	(a) Payee name Etsy		(b) Payee address; 117 Adams St Brooklyn, NY 11201-1401	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	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 this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 20/41 Rpt: 52/73	Craddick, Tom (The	e Honorable)		00020051		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$133.16	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid		
7 PAYEE	(a) Payee name Hoovers Cooking		(b) Payee address; 2002 Manor Rd	City,	State,	Zip Code
	() 2		Austin, TX 78722-2444			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Legislative related meeting	g		
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				Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 04/18/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Prime Video		410 Terry Ave N			
			Seattle, WA 98109-5210			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office holder Austin living	expense		
Non-Political	(2) D a 1 7 1 1 1 1 1	(7. 0. 1. 0. 1. 7.				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	name Onice	e sought	Office field		
PAYMENT	(a) Amount Charged \$45.04	(b) Date of Charge 04/22/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid		
PAYEE	(a) Payee name Amazon.com	1	(b) Payee address; 1200 12Th Ave S Seattle, WA 98144-2712	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission File	ers)		
	Sch: 21/41 Rpt: 53/73	Craddick, Tom (The	e Honorable)		00020051			
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 Issue	r Paid			
		\$138.86	04/25/2025	01/31/2025 06/30/2025				
		,						
7	PAYEE	(a) Payee name	L	(b) Payee address;	City, State, Zip C	Code		
				1400 S Congress Ave Ste	e A190			
		Hopdoddy Burger E	Bar					
				Austin, TX 78704-2493				
8	PURPOSE OF	(a) Category	-f. Al-i	(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Legislative related meetin	g			
	x Political	· · · · · · · · · · · · · · · · · · ·						
	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 Offic	e sought	Office held			
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$48.69	04/25/2025	01/31/2025 06/30/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	Code		
		Amazon.com		1200 12Th Ave S				
		Amazon.com						
L		() 2 :		Seattle, WA 98144-2712				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	_	Office Overhead/Ren		Office supplies				
	X Political							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expense			
L	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
e	xpenditure to benefit C/OH	(a) Amount Chaused	(h) Data of Chause	(a) Data(a) Credit Card Issue	u Doid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	rPaid			
		\$247.00	04/28/2025	02/02/2020 00/00/2020				
	PAYEE	(a) Davisa nama		(h) Davies address:	City Chata Zin C	Sada.		
	PAICE	(a) Payee name		(b) Payee address;	City, State, Zip C	Joue		
		David Kurio Floral [Designs	2003 Wheless Ln				
				Austin, TX 78723-1914				
H	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top		Flowers for legislative offi	ce			
	X Political	Office Overhead/Ren	tal Expense					
	Non-Political	(c) Chock if traval autoida	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expense			
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Office held			
e	xpenditure to benefit C/OH	2 3 3 3 3 3 3 3 3.	- Jillo	- 9 · ·				
	·	<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

e Travel in Dis se Travel Out o s/Contract Labor OTHER (ent

	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: 22/41 Rpt: 54/73	Craddick, Tom (The	e Honorable)			00020051				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 04/29/2025		Credit Card Issuel 25 06/30/2025	r Paid				
7	PAYEE	(a) Payee name Amazon.com		(b) Payee 1200 127 Seattle. V		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip	otion					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held				
	PAYMENT	(a) Amount Charged \$499.00	(b) Date of Charge 05/01/2025		Credit Card Issue 25 06/30/2025	r Paid				
	PAYEE	(a) Payee name Avid Storage			address; dera Blvd TX 79705-2541	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$1,062.06	(b) Date of Charge 05/02/2025		Credit Card Issuel 25 06/30/2025	r Paid				
	PAYEE	(a) Payee name Cort Furniture Rent	al		address; search Blvd Ste (X 78758-6036	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Furniture	for office holder					
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	2 2011824	X Check if Austin, TX,		ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 23/41 Rpt: 55/73	Craddick, Tom (The	e Honorable)			00020051		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$127.74	05/02/2025	01/31/202	5 06/30/2025			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon.com		1200 12Th				
	(a) Oatawari			A 98144-2712			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Office Overhead/Ren		Office Sup	piles			
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 \$129.85	(b) Date of Charge 05/02/2025		Credit Card Issuer 5 06/30/2025	· Paid		
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Hopdoddy Burger E	Bar	1400 S Co	ngress Ave Ste	A190		
				78704-2493			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Legislative	ion e related meeting	g		
X Political	Toda/Beverage Expe	1100					
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		
PAYMENT	(a) Amount Charged \$22.72	(b) Date of Charge 05/04/2025		Credit Card Issuer 5 06/30/2025	Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	A		1200 12Th	n Ave S			
	Amazon.com						
				A 98144-2712			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
l <u> </u>	Office Overhead/Ren		Office sup	piies			
X Political				_			
Non-Political	(c) Sireda attack deside of rotate. Complete deficulties in Sireda attack in the sireda attac						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule	F4: 2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)					
Sch: 24/41 Rpt: 56/	73 Craddick, Tom (The	e Honorable)		00020051							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$367.29	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid							
7 PAYEE	(a) Payee name Perry's Restaurant	-Austin	(b) Payee address; 114 W 7th St	City,	State,	Zip Code					
9 BUBBOOF OF	(a) Catagony		Austin, TX 78701-3000								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Legislative related meetin	g							
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/	ОН										
PAYMENT	(a) Amount Charged \$38.52	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Longhorn Steakho	use	4809 W Highway 290								
	() 2 :		Austin, TX 78735-6801								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Legislative related meetin	g							
Non-Political	(a) Check if troval autoida	of Texas. Complete Schedule T.	Check if Austin TV	office helder living over							
	(4)	<u>'</u>	e sought	office held	ense						
Complete ONLY if dire	ОН		·								
PAYMENT	(a) Amount Charged \$173.37	(b) Date of Charge 05/06/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid							
PAYEE	(a) Payee name Century Graphics A	And Sign	(b) Payee address; 501 W Industrial Ave Midland, TX 79701-5098	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	OSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Printed material for office								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check			Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if dire expenditure to benefit C/	e sought	Office held									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 25/41 Rpt: 57/73	Craddick, Tom (The	e Honorable)			00020051		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$21.69	(b) Date of Charge 05/07/2025		Credit Card Issuer 5 06/30/2025	Paid		
7	PAYEE	(a) Payee name Amazon.com		(b) Payee at 1200 12Th		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Office supplies						
					Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$53.15	(b) Date of Charge 05/07/2025		Credit Card Issuer 5 06/30/2025	Paid		
	PAYEE	(a) Payee name Hoovers Cooking		(b) Payee ac 2002 Mand Austin, TX		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Legislative	on related meeting	g		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$79.61	(b) Date of Charge 05/07/2025		Credit Card Issuer 5 06/30/2025	Paid		
	PAYEE	(a) Payee name Olive Garden		(b) Payee at 3940 S La		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Descripti		g			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 26/41 Rpt: 58/73	Craddick, Tom (The	e Honorable)			00020051		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$243.40	(b) Date of Charge 05/08/2025) Credit Card Issuer 125 06/30/2025	r Paid		
7	PAYEE	(a) Payee name David Kurio Floral [Designs	(b) Payee 2003 Wh	eless Ln	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descrip	X 78723-1914 otion			
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent			for legislative offic	ce		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$26.74	(b) Date of Charge 05/08/2025) Credit Card Issuer 125 06/30/2025	r Paid		
	PAYEE	(a) Payee name La Madeleine			apital Of Texas H		State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip	ke Hills, TX 78746 ption ve related meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$656.19	(b) Date of Charge 05/09/2025) Credit Card Issuer 25 06/30/2025	r Paid		
	PAYEE	(a) Payee name Salt Traders Coasta	al Cooking	(b) Payee 1101 S N Austin, T	Ло-Рас Ехру	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Legislativ	otion ve related meeting	g		
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Office	eriolder/Folitica		ruction Guide explains how	-	THEN (effici a category	not listed a	bove)
1 Total pages Sch	nedule F4:		<u> </u>	·	3 Filer ID (Ethic	s Commis	sion Filers)
Sch: 27/41 Rp		Craddick, Tom (The	e Honorable)		00020051		,
4 CREDIT CARD ISSUER		Name of fina	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT		(a) Amount Charged \$271.26	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issuel 01/31/2025 06/30/2025	r Paid		
7 PAYEE		(a) Payee name Petroleum Museum	n Gift Store	(b) Payee address; 1500 W Interstate 20 Midland, TX 79701-2041	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	<u> </u>	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office supplies			
Non-Politic	cal	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY expenditure to ber		Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT		(a) Amount Charged \$363.64	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid		
PAYEE		(a) Payee name Midland High Scho	ol Football	(b) Payee address; 906 W Illinois Ave	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	<u> </u>	(a) Category (See Categories listed at the top Event Expense	of this schedule)	Midland, TX 79701-6154 (b) Description Sponsorship			
Non-Politic	cal	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY expenditure to ber		Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT		(a) Amount Charged \$9.73	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid		
PAYEE		(a) Payee name Michael's		(b) Payee address; 3201 Bee Cave Rd Ste 11 Austin, TX 78746-6696	City, 12	State,	Zip Code
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office supplies			
Non-Politic	al	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense	
Complete ONLY expenditure to ber		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 this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)		
Sch: 28/41 Rpt: 60/73	Craddick, Tom (The	e Honorable)		00020051			
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 Issuer	r Paid			
	\$1,250.29	05/15/2025	01/31/2025 06/30/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code		
	Core Craft, etc.		1112 N Big Spring St				
			Midland, TX 79701-3342				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Committee gifts				
X Political	Gift/Awards/Memorials Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid			
	\$13.34	05/15/2025	01/31/2023 00/30/2023				
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code		
	Century Graphics A	and Sign	501 W Industrial Ave				
			Midland, TX 79701-5098				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Office Overhead/Ren		Printed material for office				
X Political							
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$8.65	05/18/2025	01/31/2025 06/30/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code		
	Prime Video		410 Terry Ave N				
			Seattle, WA 98109-5210				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office holder Austin living	expense			
X Political	James Systilleda/Neil	а. Ехропос					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)				
	Sch: 29/41 Rpt: 61/73	Craddick, Tom (The	e Honorable)			00020051						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$						
	PAYMENT	(a) Amount Charged \$284.84	(b) Date of Charge 05/19/2025		Credit Card Issuei 25 06/30/2025	r Paid						
7	PAYEE	(a) Payee name Specs #11			address; Ila Link Rd TX 77025-3305	City,	State,	Zip Code				
8	PURPOSE OF	(a) Category		(b) Descrip								
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		` ′ '	ve related meetin	g						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$55.68	(b) Date of Charge 05/19/2025		Credit Card Issuei 25 06/30/2025	r Paid						
	PAYEE (a) Payee name Postnet-Austin			(b) Payee 1401 Lav		City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Shipping	of this schedule)	(b) Descrip Office sh	otion							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$125.45	(b) Date of Charge 05/20/2025		Credit Card Issuer 25 06/30/2025	r Paid						
	PAYEE	(a) Payee name Target		(b) Payee 5621 N II Austin, T		City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Descrip Office su								
L	Non-Political	`	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 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 (Ethics Commission Filers)				sion Filers)			
	Sch: 30/41 Rpt: 62/73	Craddick, Tom (The	e Honorable)			00020051					
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$28.63	(b) Date of Charge 05/20/2025		redit Card Issuer 5 06/30/2025	Paid					
7	PAYEE	(a) Payee name Paper Source			ar Blvd Ste 100	City,)-105	State,	Zip Code			
Ļ		() 0 :		<u> </u>	78703-5410						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Office supp							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense				
9	9 Complete ONLY if direct Candidate/Officeholder name Off			e sought		Office held					
€	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$44.37	(b) Date of Charge 05/20/2025		redit Card Issuer 5 06/30/2025	[*] Paid					
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code			
		LIfe Uniform		10515 N M	,						
L					78759-5740						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supp							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense				
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Oneok ii 7 dodini, 17X,	Office held					
6	expenditure to benefit C/OH			. .							
	PAYMENT	(a) Amount Charged \$48.69	(b) Date of Charge 05/20/2025		redit Card Issuer 5 06/30/2025	Paid					
	PAYEE	(a) Payee name Amazon.com		(b) Payee ad 1200 12Th		City,	State,	Zip Code			
				Seattle, WA	A 98144-2712						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Committee	on dinner items						
1	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense				
e	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 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: 31/41 Rpt: 63/73	Craddick, Tom (The	e Honorable)			00020051					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$948.10	(b) Date of Charge 05/21/2025		Credit Card Issuer 5 06/30/2025	Paid					
7	PAYEE	(a) Payee name Fresas		(b) Payee ac 915 N Lam	nar Blvd	City,	State,	Zip Code			
Ļ		() 0 :		<u> </u>	78703-4946						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Legislative	on related meetin	g					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense				
	expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$20.69	(b) Date of Charge 05/22/2025		Credit Card Issuer 5 06/30/2025	Paid					
	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code			
		Tiff's Treats		1806 Nuec							
L				<u> </u>	78701-1141						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expel		(b) Description Office mee							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	'	7 Check if Austin, TX.	officeholder living exp	ense				
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held					
e	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$60.56	(b) Date of Charge 05/22/2025	1 ' ' ' '	Credit Card Issuer 5 06/30/2025	[*] Paid					
	PAYEE	(a) Payee name Jason's Deli		(b) Payee ac 1001 E 41s Austin, TX	st St Ste 940	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Descripti		g					
	Non-Political		Check if Austin, TX,	officeholder living exp	ense						
e	Complete ONLY if direct expenditure to benefit C/OH Consider travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Officeholder name					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 t	his form.			
1	Total pages Schedule F4:						cs Commis	sion Filers)
	Sch: 32/41 Rpt: 64/73	Craddick, Tom (The	e Honorable)			00020051		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$581.64	(b) Date of Charge 05/22/2025		Credit Card Issuei 25 06/30/2025	Paid		
7	PAYEE	(a) Payee name David Kurio Floral [Designs	(b) Payee a 2003 What		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip		ce		
	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		
	PAYMENT	(a) Amount Charged \$52.24	(b) Date of Charge 05/25/2025		Credit Card Issuer 25 06/30/2025	Paid		
	PAYEE	(a) Payee name Tiff's Treats		(b) Payee a 1806 Nuc		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip	otion			
	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 \$40.05	(b) Date of Charge 05/25/2025	. , ,	Credit Card Issuer 25 06/30/2025	Paid		
	PAYEE	(a) Payee name La Madeleine			address; pital Of Texas H e Hills, TX 78746	•	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descrip Legislativ	e related meetin			
lacksquare	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o corrept	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
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 Commission Filers)							
	Sch: 33/41 Rpt: 65/73	Craddick, Tom (The	e Honorable)			00020051					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$9.68	(b) Date of Charge 05/27/2025		Credit Card Issuer 5 06/30/2025	Paid					
7	PAYEE	(a) Payee name USPS		(b) Payee ad 475 Lenfar	nt Plz Sw	City,	State,	Zip Code			
L				<u> </u>	n, DC 20260-00	004					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Stamps	on						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$58.64	(b) Date of Charge 05/27/2025		Credit Card Issuer 5 06/30/2025	Paid					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Tiff's Treats		1806 Nued							
L					78701-1141						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Office mee							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX.	officeholder living exp	ense				
H	Complete ONLY if direct	Candidate/Officeholder		T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense							
6	expenditure to benefit C/OH			-							
	PAYMENT	(a) Amount Charged \$326.06	(b) Date of Charge 05/27/2025	` ' ` '	Credit Card Issuer 5 06/30/2025	Paid					
	PAYEE	(a) Payee name Pappasitos		(b) Payee at 6513 N Int Austin, TX		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Descripti Legislative	on related meetin	g					
L	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
E	Complete ONLY if direct expenditure to benefit C/OH (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offi					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 dutie explains now to complete this form.						
1 Total pages Schedule F4	2 FILER NAME	FILER NAME				sion Filers)	
Sch: 34/41 Rpt: 66/73	Craddick, Tom (The	e Honorable)		00020051			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$1,288.17	(b) Date of Charge 05/29/2025	(c) Date(s) Credit Card Issuel 01/31/2025 06/30/2025	r Paid			
7 PAYEE	(a) Payee name Hermes		(b) Payee address; 125 Grant Ave San Francisco, CA 94108	City, 3-5403	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Legislative staff g						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	oense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held			
PAYMENT	(a) Amount Charged \$671.15	(b) Date of Charge 05/29/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid			
PAYEE	(a) Payee name Hermes		(b) Payee address; 125 Grant Ave San Francisco, CA 94108	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Legislative staff gifts	. 0.100			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Offic	ce sought	Office held			
PAYMENT	(a) Amount Charged \$82.49	(b) Date of Charge 05/31/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid			
PAYEE	(a) Payee name Jason's Deli		(b) Payee address; 1001 E 41st St Ste 940 Austin, TX 78751	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Legislative related meetin	g			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	lle T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Offic	ce 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 (Ethics Commission Filers)						
Sch: 35/41 Rpt: 67/73	Craddick, Tom (The	e Honorable)		00020051						
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						
	\$499.00	06/01/2025	01/31/2025 06/30/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
	Avid Storage		3111 Caldera Blvd							
			Midland, TX 79705-2541							
8 PURPOSE OF	(a) Category	of this cabadula)	(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaign storage rent							
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 \$1,062.06	(b) Date of Charge 06/03/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
	Cort Furniture Rent	al	8940 Research Blvd Ste	С						
PURPOSE OF	(a) Category		Austin, TX 78758-6036 (b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Furniture for office holder Austin living expense							
X Political										
Non-Political		of Texas. Complete Schedule T.								
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	(a) Data(a) Cradit Card Issue	r Doid						
PATMENT	(a) Amount Charged \$310.62	06/04/2025	(c) Date(s) Credit Card Issue 01/31/2025 06/30/2025	r Palu						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
			PO Box 503478							
	Spectrum									
			Saint Louis, MO 63150-0	001						
PURPOSE OF (a) Category (See Seteration listed at the ten of this caled the			(b) Description							
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			Communications for office	e holder Austin living expense						
X Political										
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		, 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 Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 36/41 Rpt: 68/73	Craddick, Tom (The	e Honorable)		00020051						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6	PAYMENT	(a) Amount Charged \$36.25	(b) Date of Charge 06/04/2025	(c) Date(s) Credit Card Issuel 01/31/2025 06/30/2025	r Paid						
7	PAYEE	(a) Payee name Hopdoddy Burger E	3ar	(b) Payee address; 1400 S Congress Ave Ste	City, State e A190	e, Zip Code					
L		() 2 :		Austin, TX 78704-2493							
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Legislative related meetin	g						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living expense						
9	9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought	Office held						
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$60.43	(b) Date of Charge 06/10/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid						
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code					
		Hopdoddy Burger E	Bar	1400 S Congress Ave Ste	e A190						
L				Austin, TX 78704-2493							
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Legislative related meetin	g						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense						
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	T. Check if Austin, TX, officeholder living expense ffice sought Office held							
	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 06/18/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	r Paid						
r	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State	e, Zip Code					
		Prime Video		410 Terry Ave N							
1				Seattle, WA 98109-5210							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office holder Austin living	expense						
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense						
_	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The 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: 37/41 Rpt: 69/73	Craddick, Tom (The	e Honorable)			00020051						
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 01/01/2025		edit Card Issuer 06/30/2025	Paid						
7 PAYEE	(a) Payee name Google Services			theatre Pkwy	City,	State,	Zip Code				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top- Office Overhead/Rent		(b) Description Internet serv		-1351						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged \$9.99	(b) Date of Charge 01/01/2025	(c) Date(s) Cr 01/31/2025	edit Card Issuer 06/30/2025	Paid						
PAYEE	PAYEE (a) Payee name DoorDash			ontgomery St	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description	co, CA 94105- n elated meeting							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. П	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged \$482.00	(b) Date of Charge 01/02/2025	(c) Date(s) Cr 01/31/2025	edit Card Issuer 06/30/2025	Paid						
PAYEE	(a) Payee name (b) Payee address; 2504 N Loop 250 W Extra Space Storage Midland, TX 79707-6024		o 250 W	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense			n torage rent							
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						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

	The Instr	uction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 38/41 Rpt: 70/73	Craddick, Tom (The	e Honorable)			00020051		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$75.54	(b) Date of Charge 01/05/2025		redit Card Issuer 5 06/30/2025	Paid		
7 PAYEE	(a) Payee name Amazon.com		(b) Payee ad 1200 12Th	Ave S	City,	State,	Zip Code
0 PURPOSE OF	(a) Catagony			A 98144-2712			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top office Overhead/Rent		(b) Description Office supp				
Non-Political	(c) Check if travel outside of	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 source of the control			e sought		Office held		
PAYMENT	(a) Amount Charged \$171.02	(b) Date of Charge 01/05/2025		redit Card Issuer 5 06/30/2025	Paid		
PAYEE	PAYEE (a) Payee name Godaddy.com			dress; ayden Rd Ste 2	City, 226	State,	Zip Code
				AZ 85260-699	3		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top office Overhead/Rent		(b) Description Domain rer				
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$183.25	(b) Date of Charge 01/06/2025		redit Card Issuer 5 06/30/2025	Paid		
PAYEE	(a) Payee name Spectrum		(b) Payee ad PO Box 50 Saint Louis		City,	State,	Zip Code
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description	on ations for office	holder Austin	living exp	pense
Non-Political	of Texas. Complete Schedule T.	Х	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

Midland High School Baseball Software Midland, TX 79701-6154		The Instruction Guide explains how to complete this form.										
A CREDIT CARD ISSUER Name of financial institution see previous See pr	1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	ion Filers)					
SSUER See previous EXPENDITURES CHARGED TO A CREDIT	Sch: 39/41 Rpt: 71/73	Craddick, Tom (The	e Honorable)		00020051							
\$150.00 01/08/2025 01/31/2025 06/30/2025 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip 906 W Illinois Ave Midland, TX 79701-6154 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Sponsorship 9 Complete QNLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYMENT (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip 4801 Emma Browning Ave Million Air Austin Austin Tx 78719-3303 PURPOSE OF EXPENDITURE (a) Payee name (b) Payee address; City, State, Zip 4801 Emma Browning Ave Austin, TX 78719-3303 PURPOSE OF EXPENDITURE (c) Check if travel cutsise of Tevas. Complete Schedule T. Check if Austin, TX officeholder living expense (d) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip 4801 Emma Browning Ave Austin, TX 78719-3303 PURPOSE OF EXPENDITURE (c) Check if travel cutsise of Tevas. Complete Schedule T. Check if Austin, TX officeholder living expense Complete QNLY if direct expenditure to benefit C/OH (c) Check if Issue cutsise of Tevas. Complete Schedule T. Check if Austin, TX officeholder living expense (d) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip 1806 Nueces St 1806 Nueces St Austin, TX 78701-1141 PURPOSE OF EXPENDITURE (a) Category (b) Description Complete QNLY if direct Complete QNLY if direct Complete Complete Schedule T. Check if Austin, TX differbotic living expense Complete Complete QNLY if direct Complete				EXPENDITURES CHARGED TO A CREDIT								
PAYEE (a) Payee name (b) Payee address; City, State, Zip 906 W Illinois Ave Midland High School Baseball (b) Payee address; City, State, Zip 906 W Illinois Ave Midland, TX 79701-6154 (c) Description Sponsorship	6 PAYMENT	(a) Amount Charged	(b) Date of Charge		r Paid							
Midland High School Baseball Midland, TX 79701-6154 8 PURPOSE OF EXPENDITURE Political Candidate/Officeholder name		\$150.00	01/08/2025	01/31/2025 06/30/2025								
Midland High School Baseball Midland, TX 79701-6154	7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
B PURPOSE OF EXPENDITURE (a) Category (because isseed at the top of this schedule) (c) Categories isseed at the top of this schedule) (c) Categories isseed at the top of this schedule) (c) Categories isseed at the top of this schedule) (c) Categories isseed at the top of this schedule T. Categories isseed at the top of this schedule Diffice sought Categories C		Midland High School	ol Baseball	906 W Illinois Ave								
EXPENDITURE Political				<u> </u>								
Event Expense Sportsorship			of this schedule)	1,,								
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$781.11 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip 4801 Emma Browning Ave Austin, TX 78719-3303 PURPOSE OF EXPENDITURE (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 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 (b) Description Midland-Austin travel (c) Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge 01/31/2025 06/30/2025 (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 (d) Payee address; City, State, Zip 1806 Nueces St Austin, TX 78701-1141 (a) Political (b) Payee address; City, State, Zip 1806 Nueces St Austin, TX 78701-1141 (b) Payee address; City, State, Zip 1806 Nueces St Office Meld O	<u> </u>	1 '	or this somedate)	Sponsorsnip								
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$781.11 (b) Date of Charge 01/31/2025 06/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip 4801 Emma Browning Ave 5801 Emma Browning Ave 6801 Emma Browning Ave 6801 Emma Browning Ave 7801 Emma Browning Ave 8801 Emma Brownin	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			officeholder living expense	е						
PAYMENT (a) Amount Charged \$781.11 (b) Date of Charge 01/09/2025 (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name Million Air Austin Austin, TX 78719-3303 (b) Payee address; City, State, Zip 4801 Emma Browning Ave Austin, TX 78719-3303 (b) Description Austin, TX 78719-3303 (c) Description Midland-Austin travel Travel Out of District (c)				e sought	Office held							
### ST81.11 O1/09/2025 O1/31/2025 06/30/2025	expenditure to benefit C/OH		-									
Million Air Austin	PAYMENT	1 ' '	. ,		r Paid							
PURPOSE OF EXPENDITURE X Political Candidate/Office holder name City Date of Charge Di/31/2025	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE		Million Air Austin		4801 Emma Browning Av	e							
EXPENDITURE Csec Categories listed at the top of this schedule Travel Out of District Midland-Austin travel												
Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$89.69 (b) Date of Charge 01/09/2025 (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name Tiff's Treats (b) Payee address; City, State, Zip 1806 Nueces St Austin, TX 78701-1141 PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Check if Austin, TX, officeholder living expense	EXPENDITURE	(See Categories listed at the top	of this schedule)	1,,								
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$89.69 (b) Date of Charge 01/31/2025 06/30/2025 (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip 1806 Nueces St Tiff's Treats Austin, TX 78701-1141 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Date(s) Credit Card Issuer Paid 01/31/2025 06/30/2025 (b) Payee address; City, State, Zip 1806 Nueces St Austin, TX 78701-1141 (b) Description Office meeting (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	I <u> </u>											
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$89.69 (b) Date of Charge 01/31/2025 06/30/2025 PAYEE (a) Payee name Tiff's Treats (b) Payee address; City, State, Zip 1806 Nueces St Austin, TX 78701-1141 PURPOSE OF EXPENDITURE X Political Political Political Political Political Political Political Political Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Non-Political	<u> </u>	· ·									
PAYEE (a) Payee name Tiff's Treats (b) Payee address; City, State, Zip 1806 Nueces St Austin, TX 78701-1141 PURPOSE OF EXPENDITURE X Political Non-Political Office meeting (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought O1/31/2025 06/30/2025 (b) Payee address; City, State, Zip 1806 Nueces St (b) Description Office meeting (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	· ·	Candidate/Officeholder	name Offic	e sought	Office held							
Tiff's Treats 1806 Nueces St Austin, TX 78701-1141 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Code Meeverage Expense	PAYMENT			. , . , ,	r Paid							
Tiff's Treats Austin, TX 78701-1141 PURPOSE OF EXPENDITURE (a) Category (b) Description Office meeting X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought Austin, TX 78701-1141 (b) Description Office meeting Check if Austin, TX, officeholder living expense	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Office meeting Office meeting Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Tiff's Treats		1806 Nueces St								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Office meeting Office meeting Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held				Austin, TX 78701-1141								
Food/Beverage Expense X Political Food/Beverage Expense Cliffice Infecting Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		1 ' ' ' ' ' '										
X Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Food/Beverage Expense			Office meeting								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	X Political	X Political										
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	е						
expenditure to benefit C/OH	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 this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 40/41 Rpt: 72/73	Craddick, Tom (The	e Honorable)		00020051		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$150.47	(b) Date of Charge 01/10/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid		
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; 1200 12Th Ave S	City,	State,	Zip Code
	(-) O-t		Seattle, WA 98144-2712			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies			
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				Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$67.45	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	· Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Next Level Valet		701 Brazos St Ste 500			
			Austin, TX 78701-3232			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Parking for meeting			
Non-Political	(a) Chapte if traval autaids	of Toyon, Complete Schodule T	Charle if Austin TV	office belder living over		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Carialdate/Officeriolder	Tiarric Office	2 Sought	Office field		
PAYMENT	(a) Amount Charged \$769.21	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer 01/31/2025 06/30/2025	Paid		
PAYEE	PAYEE (a) Payee name Alonti Cafe & Catering		(b) Payee address; 1001 Fannin St Houston, TX 77002-6706	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			g		
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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By	- Gift/Awards	/Memorials Expense F	Printing Expense Tr	avel in District avel Out of District	
	Candidate/Officeholder/Political	•		•	THER (enter a category not listed above)	
1	The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 41/41 Rpt: 73/73	Craddick, Tom (The	e Honorable)		00020051	
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED		
	ISSUER	see previous		EXPENDITURES	\$	
		·		CHARGED TO A CREDIT CARD		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
		\$278.81	01/15/2025	01/31/2025 06/30/2025		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Pak Mail-Austin		3801 N Capital Of Texas Hwy		
				A TV 70740 4440		
8	DUDDOCE OF	(a) Category		Austin, TX 78746-1416	(b) Description	
ľ	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Office holder shipping		
	X Political	Shipping		osoor ormpping		
	Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder	·	ice sought	Office held	
expenditure to benefit C/OH						