FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082014 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Robbie S. NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX** Partida-Kipness CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Robbie S. NAME NICKNAME LAST **SUFFIX** Partida-Kipness **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 405-6480 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

Forms provided by Texas Ethics Commission

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Version V4.1.0.f10d0fd8

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Partida-Kipness, Rob	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures made by political of e without the candidate's or office information only if they receive no	eholder's knowledge or								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	RAL								
		COMMITTEE ADDRESS								
	SPECIFIC									
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES (OF LOANS)	\$ 0.00						
EXPENDITURE TOTALS	\$ 0.00									
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,660.33						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 43,716.64						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOTTING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
			ler penalty of perjury, that the ac ncludes all information required t on Code.							
		The Ho	onorable Robbie S. Partida-l	Kipness						
		Sig	gnature of Candidate or Officeho	lder						
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE									
Sworn to and subso	Sworn to and subscribed before me, by the said, this the day									
of	, 20, to c	ertify which, witness my hand and seal of o	office.							
Signature of office	er administering oath	Printed name of officer administering	g oath Title of office	er administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 13
18 FILER NA Partida-K	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 5,660.33
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 4/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	01/31/2025	Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	PO Box 28775
		Dallas, TX 75229
8	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 bank service charge
		Dank Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davis same
	02/28/2025	Payee name Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 28775
		D. II TV 75000
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		bank service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/31/2025	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 28775
		Dallas, TX 75229
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		bank service charge
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 5/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date 04/30/2025	5 Payee name Bank of Texas
-		
0	Amount (\$) \$2.00	7 Payee address; City; State; Zip Code PO Box 28775
	72.00	. 6 25% 257.76
		Dallas, TX 75229
8	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 bank service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/30/2025	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 28775
		Dallag TV 75220
	PURPOSE	Dallas, TX 75229
	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
		bank service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/10/2025	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.50	PO Box 28775
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Chick if Austin, TX, officeholder living expense
		Check reorder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 3/10 Rpt: 6/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	06/30/2025	Bank of Texas
6	Amount (\$) \$2.00	7 Payee address; City; State; Zip Code PO Box 28775
	PURPOCE	Dallas, TX 75229
8	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
		bank service charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2025	Brandon Vance Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 397657
		Dallas, TX 75339
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		campaign donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/09/2025	Cynthia Garza Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 225231
		Dallas, TX 75222
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORL	Candidate/Officeholder/Political Committee
		campaign donation
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political 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		mmittee	Legal Services	•		Vages	s/Contract Labor		OTHER (enter	a category not listed at	oove)
				The Instruction C	Suide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 4/10 Rpt: 7/13		Partida-Kipr	ness, Robbie S	. (The Hono	orable)				00082014		
4	Date	5	Payee name									
	06/10/2025		Dallas Black	Chamber of C	Commerce							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$118.30		2922 MLK B	Blvd								
			Dallas, TX 7	'5215								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							—		officeholder livir		
								Advertising sp	por	nsorship of	event	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	06/18/2025		Felicia Pitre	Campaign								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		PO Box 710	421								
			Dallas, TX 7	7 5371								
_	DUDDOGE	(-)					(I-)					
	PURPOSE OF	(a)		e Categories listed at		edule)	(a)	Description	outoi	do of Toyon Co	mploto Cobodulo T	
	EXPENDITURE			s/Donations M Officeholder/Po	,	ittoo				officeholder livir	nplete Schedule T.	
			Cariuluale/C	Jilice Holdel/PC	illicai Comin	iillee		campaign do			ід ехрепізе	
								capa.g ac.				
	Complete ONLY if direct			ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		zarialdate/Offic	cholder hame		Jilice 30u	giit			Office i	iciu	
		_										
	Date		Payee name									
	01/08/2025		Hilaree Cas	ada								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		10529 Le M	ans Dr								
			Dallas, TX 7	'5238								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF			/Memorials Ex		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							_		officeholder livir		
								Christmas bo	nus	s for senior	staff attorney	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	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 Com

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 8/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	06/09/2025	Judge Hector Garza Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 223944
		Dallas, TX 75222
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	04/22/2025	Laura Cadena Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1010 Singleton Blvd 2078
		Dallas, TX 75212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		campaign donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/02/2025	Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.29	6060 N Central Expwy Ste500
		Dallas, TX 75206
	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
		rent for virtual campaign office
	Complete ONLY if allowed	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6/10 Rpt: 9/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	02/03/2025	Lucid Private Offices
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.29	6060 N Central Expwy Ste500
		Dallas, TX 75206
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 rent for virtual campaign office
		Tent for virtual campaign office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/03/2025	Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.29	6060 N Central Expwy Ste500
		Dallas, TX 75206
	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 rent for virtual campaign office
		Tent for virtual campaign office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/01/2025	Lucid Private Offices
	Amount (\$) \$161.29	
	\$101.29	6060 N Central Expwy Ste500
		D. II. TV 77000
		Dallas, TX 75206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		rent for virtual campaign office
		. Sincise Tindad Sampangir Sincs
_	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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 7/10 Rpt: 10/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	02/24/2025	Marriott Quorum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	14901 Dallas Pkwy
		Dallas, TX 75254
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking for League of Women Voters luncheon
		parking for League of Women Voters function
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Michelle Canion-Price
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3235 W Pentagon Pkwy #A150
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taylor Camplete Schedule T
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas bonus for asst. business administrator
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2025	Myrna Gasc
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2649 Creekway Dr
		Carrollton, TX 75010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas bonus for business administrator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/10 Rpt: 11/13	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	06/26/2025	NALEO Education Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	1000 Corporate Center Ste 310
		Monterrey Park, TX 91754
8	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
		conference registration
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		<u> </u>
	Date	Payee name
L	06/20/2025	Paula Rosales Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1111 W Mockingbird Ln Ste 1200
		Dallas, TX 75247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		campaign donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorure to benefit C/Of	1
	Date	Payee name
L	04/21/2025	Prisma Garcia Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	912 Sumac Dr
		Dallas, TX 75217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LIIDITOILE	Candidate/Officeholder/Political Committee
		campaign donation
	Operation Children	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- Farment to bottom of or	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict i category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 9/10 Rpt: 12/13		Partida-Kipr	ess, Robbie S	. (The Honor	rable)				00082014		
4	Date	5	Payee name						_			
	01/09/2025		Ruben Mori	n								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$250.00		600 Comme	rce St Ste 200		•						
			Dallas, TX 7	5202								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(4)		e Categories listed at Memorials Exp		dule)	(5)	:	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Oner wards	Wemonas Exp	CHSC			=		officeholder living		
								Christmas bo	nu	s for court c	lerk	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	1										
	Date		Payee name									
	03/04/2025		Sadoughi's									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$31.40		67 Highland	Park Village								
			Dallas, TX 7	5205								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			age Expense	·	,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	LAFENDITORE							ш		officeholder livin	g expense	
								lunch with co	nst	ituent		
_	Compulate ONLY if direct		Condidate/Offic			4 :				Office h	- l - l	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	O	ffice sou	gnt			Office h	eid	
	Date		Payee name									
	01/24/2025		Southwest A	Airlines								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$528.97		2702 Love F	Field Drive								
			Dallas, TX 7	5235								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out of	of District							plete Schedule T.	
								flight to Austin		officeholder living	g expense	
								9.11 10 / 103111	••			
-	Complete ONLY if direct	L		ceholder name	Ω:	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O		a. aa. a . a . a . a . a . a . a		O	55 500	9,11			Ooc 11		
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gi Committee Le	ees ood/Beverage Expense ift/Awards/Memorials Expense egal Services	Polling Expense Printing Expense Salaries/Wages	se s/Contract Labor	Travel in Distric	
	•		he Instruction Guide expla	ins how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 13/13	Partida-Kipne	ess, Robbie S. (The H	onorable)		00082014	
4	Date	5 Payee name					
	06/20/2025	State Bar of T	- Texas				
٦	Amount (\$)	7 Payee address		ate; Zip Code			
ľ				ate, Zip Code			
	\$518.00	1414 Colorad	J0 St				
l							
		Austin, TX 78	701				
8	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule) (b)	Description		
l	OF	Fees		,		outside of Texas. Co	mplete Schedule T.
l	EXPENDITURE				\Box	, TX, officeholder livir	ng expense
l					annual bar du	ies	
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sought		Office h	neld
	expenditure to benefit C/OI	1					
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