CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		1 Filer ID (Ethics Commi 00085663		2 Total pages	filed: 63
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable E	illen			Date Received	
						CALLY FILED
	NICKNAME			CUETIV	07/15/2025	07.2211.22
		AST roxclair		SUFFIX	01/13/2023	
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	UITE#; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	701 HWY 281, Suite H #196					
ADDRESS					Receipt #	Amount
Change of Address	Marble Falls, TX 78654					
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR FII	RST		MI		
TREASURER		abriel		1411		
NAME	IVII.	αυπει				
	NIO(4)445					
		AST Variation		SUFFIX		
	VV	/ander				
				_,		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BC	OX PLEASE);	AP	T / SUITE #; CIT	r; S	TATE; ZIP CODE
ADDRESS	2452 Lakehurst Road					
(Residence or Business)						
,	Spicewood, TX 78669					
7 CAMPAICNI	ADEA CODE DUONEA	WIMPED F	VTENCION			
7 CAMPAIGN TREASURER	AREA CODE PHONE N	NUMBER E	EXTENSION			
PHONE	(512) 522-4896					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after	campaign treasurer
		oour day belore		ranon		officeholder only)
	X July 15	8th day before e	election	Exceeded modified	Final Report (A	Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		П	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
III OFFICE	State Representative District	19		TE OFFICE SOUGH	ii (ii Kilowii)	
	State Representative District	10				
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 63

13 C / OH NAME	Troxclair, Ellen (The	Honorable)	14 Filer ID (100085663	Ethics Comm	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knov	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	1,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	47,412.02
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	88,878.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hen	orable Ellen Troxclair	-	
			Candidate or Officehold		
AFFIX NO	TARY STAMP / SEAL AB	Ç .			
Sworn to and subs	cribed before me by the s	aid	this the		day
		ertify which, witness my hand and seal of office.	, uns the		_ day
Signature of office	cer administering	Printed name of officer administering	Title of officer	administerin	g oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG

			C	JVERS	3 of 63
l	ER NAN	(Ethics Co	ommission Filers)		
	HEDUL AME OF	SUB	TOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,700.00
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	6	\$	47,412.02
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 FOR TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS							SCHEDUL	E A1
	The Instruc	ction Guide explains how	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/63			
2	FILER NAME Troxclair, Ellen (The Honorable)						Filer ID (Ethics Commission 00085663	on Filers)
4	Date 06/27/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00		
_	Delin charal a con-	Boerne, TX 78006	- L		Faralas as (October to the state of the stat			
8	Retired	pation / Job title (See Instruction	S) !	9	Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Cheben, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Principal occu	Boerne, TX 78006 pation / Job title (See Instruction	s) [Employer (See Instructions	;)		
	Retired	paner, cos une (cos meners)	-,		Retired	,		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78738						
	Principal occu Attorney	pation / Job title (See Instruction	s)		Employer (See Instructions Dorsett Johnson	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Freitas, Rebecca Contributor address; City; State; Zip Code Burnet, TX 78611		,		Amount of Contribution (\$)	\$50.00		
				Employer (See Instructions Retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2025 Leo, Michael Contributor address; City; State; Zip Code Buda, TX 78610			Amount of Contribution (\$)	\$200.00			
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	;)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to co	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/63				
2	Priler NAME Troxclair, Ellen (The Honorable)					Filer ID (Ethics Commission 00085663	n Filers)	
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$100.00		
8	Principal occu Insurance Aç	Boerne, TX 78006 pation / Job title (See Instructions) gent	9	Employer (See Instructions Self)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Skaggs, James Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$50.00			
	Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Retired)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00		
	Principal occu Retired	Highland Village, TX 75077 pation / Job title (See Instructions)		Employer (See Instructions Retired)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
Principal occupation / Job title (See Instructions) Retired				Employer (See Instructions Retired)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Wolff, James Contributor address; City; State; Zip Code San Antonio, TX 78209				Amount of Contribution (\$)	\$100.00		
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Tres Olmos LLC)			

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/58 Rpt: 6/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	•
	06/11/2025	2025 Teneo Retreat	
6	Amount (\$) \$725.00	7 Payee address; City; State; Zip Code 1809 Pearl Street	
_		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political conference registration
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/11/2025	2025 Teneo Retreat	
	Amount (\$) \$725.00	Payee address; City; State; Zip Code 1809 Pearl Street	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political conference registration for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/09/2025	Payee name 7-Eleven	
	Amount (\$) \$70.49	Payee address; City; State; Zip Code 917 N Lamar Blvd	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during political travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/58 Rpt: 7/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
l	05/20/2025	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$70.90	917 N Lamar Blvd
l		
l		Austin, TX 78703
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Fuel during political travel
l		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
	Date	Payee name
l	06/09/2025	7-Eleven
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$70.59	917 N Lamar Blvd
l		
		Austin, TX 78703
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Fuel during political travel
l		and the same of th
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	02/12/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	117 W 4th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Parking during campaign travel
		raining duning campaign have
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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 F dyment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 3/58 Rpt: 8/63	Troxclair, Ellen (The Honorable)		00085663	
4 Date	5 Payee name			
01/13/2025	Amazon.com			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$16.23	410 Terry Ave			
	Seattle, WA 98109			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		vel outside of Texas. Com	plete Schedule T.
EXPENDITORE		_ _	stin, TX, officeholder living	expense
		Subscriptio	n tee	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught	Office he	eld
'				
Date	Payee name			
01/14/2025	Amazon.com			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$18.87	410 Terry Ave			
	Seattle, WA 98109			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		vel outside of Texas. Com	
			stin, TX, officeholder living r political office	expense
		Capplies to	r ponticui omec	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> Jaht	Office he	eld
expenditure to benefit C/O		-9		
Date	Payee name			
01/16/2025	Amazon.com			
Amount (\$)	Payee address; City; State; Zip Ci	nde		
\$188.51	410 Terry Ave	ouc		
Ψ100.01	410 Telly / We			
	Seattle, WA 98109			
DUDDOGE		[a,		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Com	nlete Schedule T
EXPENDITURE	Office Overhead/Rental Expense		stin, TX, officeholder living	•
		Supplies fo	r political office	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office he	eld
expenditure to benefit C/O	Н			

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/58 Rpt: 9/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	02/11/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.23	410 Terry Ave
		Seattle, WA 98109
8	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
		Subscription fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	02/20/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.42	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for political office
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.30	410 Terry Ave
		Seattle, WA 98109
	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 Supplies for political office
		Supplies for political office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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: 5/58 Rpt: 10/63	Troxclair, Ellen (The Honorable)	00085663		
4	Date	5 Payee name			
	03/06/2025	Amazon.com			
6	Amount (\$) \$183.80	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109			
8	PURPOSE				
-	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/11/2025	Amazon.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.23	410 Terry Ave Seattle, WA 98109			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
L	04/11/2025	Amazon.com			
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 410 Terry Ave			
		Seattle, WA 98109			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 F	ILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 6/58 Rpt: 11/63	Т	roxclair, Ellen (The Honorable	e)		00085663
4	Date	5 F	Payee name			·
	05/12/2025	l A	Amazon.com			
6	Amount (\$)	7 F	Payee address; City;	State; Zip Co	ode	
	\$16.23	4	110 Terry Ave			
		5	Seattle, WA 98109			
8	PURPOSE	(a) (Category (See Categories listed at the to	p of this schedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expen			Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE					Check if Austin, TX, officeholder living expense
						Subscription fee
_	Complete ONLY if direct		andidata/Office leald on record	Office		Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeholder name	Office sou	igni	Office held
_	Data	-				
	Date		Payee name			
	06/12/2025	—	Amazon.com			
	Amount (\$)		Payee address; City;	State; Zip Co	ode	
	\$16.23	4	110 Terry Ave			
		5	Seattle, WA 98109			
	PURPOSE	(a) (Category (See Categories listed at the to	p of this schedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expen	ise		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Subscription fee
	Complete ONLY if direct	L Ca	andidate/Officeholder name	Office sou	<u>I</u> ıght	Office held
	expenditure to benefit C/O	Н			J	
-	Date		Payee name			
	05/01/2025	1	Apple.com			
	Amount (\$)		Payee address; City;	State; Zip Co	nde	
	\$277.13	ı	One Apple Park Way	otate, zip ot	Juc	
	Ψ211110	`	mo rippio i ain may			
		_ ا	Cupertino, CA 95014			
	PURPOSE	-	•		(h)	Description
	OF		Category (See Categories listed at the to Office Overhead/Rental Expen		(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	`	mice Overneau/Rentai Expen	156		Check if Austin, TX, officeholder living expense
						Supplies for campaign
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ıght	Office held
	expenditure to benefit C/Ol	H				
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/58 Rpt: 12/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	01/06/2025	Austin Republican Women
6	Amount (\$) \$48.00	7 Payee address; City; State; Zip Code 17937 Flagler Drive
		Austin, TX 78738
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	Austin Tea Xchange
	Amount (\$) \$43.24	Payee address; City; State; Zip Code 13011 Shops Pkwy
		Austin, TX 78738
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Meal with staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Barnes and Noble
	Amount (\$) \$98.24	Payee address; City; State; Zip Code 5601 Brodie Ln
		Austin, TX 78745
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for campaign
	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

1	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/58 Rpt: 13/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	01/06/2025	Best Buy #204	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$97.39	4970 US 290	
		Austin, TX 78735	
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	01/07/2025	Campaign Advocacy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$480.00	401 NE 46th St	
		Oklahoma, OK 73105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Campaign advertising
		·	Campaign advortioning
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•	Office held
		1	Office held
	expenditure to benefit C/O		Office held
	expenditure to benefit C/Ol	Payee name	Office held
	expenditure to benefit C/Ol Date 01/07/2025	Payee name Campaign Advocacy	Office held
_	Date 01/07/2025 Amount (\$)	Payee name Campaign Advocacy Payee address; City; State; Zip Code	Office held
_	Date 01/07/2025 Amount (\$)	Payee name Campaign Advocacy Payee address; City; State; Zip Code	Office held
	Date 01/07/2025 Amount (\$) \$10,323.08	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105	Office held Description
	Date 01/07/2025 Amount (\$) \$10,323.08	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105	Description Check if travel outside of Texas. Complete Schedule T.
	Date 01/07/2025 Amount (\$) \$10,323.08	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105 (a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 01/07/2025 Amount (\$) \$10,323.08	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105 (a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	Date 01/07/2025 Amount (\$) \$10,323.08 PURPOSE OF EXPENDITURE	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign advertising
	Date 01/07/2025 Amount (\$) \$10,323.08	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 01/07/2025 Amount (\$) \$10,323.08 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign advertising
	Date 01/07/2025 Amount (\$) \$10,323.08 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Campaign Advocacy Payee address; City; State; Zip Code 401 NE 46th St Oklahoma, OK 73105 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign advertising

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/58 Rpt: 14/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	01/31/2025	Campaign Monitor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.19	11 Lea Ave
		Nashville, TN 37210
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 Online campaigning service
		Chimic cumpaigning service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	"
F	Date	Payee name
	02/28/2025	Campaign Monitor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$116.19	11 Lea Ave
		Nashville, TX 37210
	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 Online campaigning service
		Chimic dampaighing convict
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	Campaign Monitor
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$116.19	11 Lea Ave
		Nashville, TN 37210
Г	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 Online campaigning service
		Online campaigning service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	-	
1	Total pages Schedule F1:	
	Sch: 10/58 Rpt: 15/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	04/30/2025	Campaign Monitor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.19	11 Lea Ave
		Nashville, TN 37210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online campaigning service
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/02/2025	Campaign Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.19	11 Lea Ave
		Nashville, TN 37210
	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 Online campaigning service
		Online campaigning service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
 	Data	
	Date	Payee name
	06/30/2025	Campaign Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.19	11 Lea Ave
		Nashville, TN 37210
	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
		Online campaigning service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/58 Rpt: 16/63		Troxclair, Ellen (The Honorable)		00085663
4	Date	5	Payee name		·
	01/06/2025		Capitol Giftshop		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$10.83		1400 Congress		
			Austin, TX 78701		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Gift for constiuent
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Н			
	Date	Τ	Payee name		
	03/04/2025		Capitol Giftshop		
	Amount (\$)	T	Payee address; City; State; Zip Co	de	
	\$38.97		1400 Congress		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Gift for constiuent
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	Н			
	Date	T	Payee name		
	05/27/2025		Central Market		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$56.78		4001 N Lamar		
			Austin, TX 78756		
	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
					Meal with staff
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	Н			
1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/58 Rpt: 17/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	•
	02/11/2025	Chadwick, Caroline	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	PO Box 712	
		Center, TX 75935	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	I — I —	n, TX, officeholder living expense
		Ethics report	ing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office Held
_	Date	Davida nama	
	05/27/2025	Payee name Chevron	
	Amount (\$) \$55.54	Payee address; City; State; Zip Code 2710 Bee Caves Rd	
	\$33.34	2710 Dee Caves Ru	
		Augtin TV 70746	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	n, TX, officeholder living expense
		,	campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	03/20/2025	Clark's Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$255.01	1200 W 6th St	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	EXPENDITORE	l	n, TX, officeholder living expense
		Meal with sta	AΠ
	Computate ONLY if dispet	Constitute (Office helder nove	Office heald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) 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: 13/58 Rpt: 18/63 Troxclair, Ellen (The Honorable) 00085663 4 Date Payee name 01/13/2025 Costco 6 Amount (\$) Payee address; City; State; Zip Code \$332.78 4301 W William Cannon Austin, TX 78749 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** Check if Austin, TX, officeholder living expense Supplies for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2025 Costco Amount (\$) Payee address; City; State; Zip Code \$82.48 4301 W William Cannon Austin, TX 78749 **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 Supplies for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2025 Costco Amount (\$) Payee address: City: State; Zip Code \$120.90 4301 W William Cannon Austin, TX 78749 **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 Supplies for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 14/58 Rpt: 19/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	05/07/2025	Dish Society
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.33	1900 Aldrich St
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with staff
		Wied With Stall
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/11/2025	Flanders, Thomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.43	7405 Langston, House B
		Austin, TX 78723
	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
		Reimbursement for campaign expenditures
		Trombalcomont for campaign experiantales
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	David and the second se
	Date 01/06/2025	Payee name
		Four Hands Home Outlet
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,512.79	2020 W Anderson Ln
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Supplies for political office
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

SCHEDULE F1

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

Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense E Legal Services S

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: 15/58 Rpt: 20/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	02/23/2025	Freedom Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1400 Lavaca
		Austin, TX 78701
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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Dues
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
	05/01/2025	Fresas
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.08	915 N Lamar
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	401 Congress Ave
		Austin, TX 78701
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online Banking Fee
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 16/58 Rpt: 21/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	02/28/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	401 Congress Ave
		Austin, TX 78701
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
		Online Banking Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/12/2025	Galaxy Café
H	Amount (\$)	Payee address; City; State; Zip Code
	\$80.46	1000 W Lynn
		Austin, TX 78703
	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 Meal with staff
		Wicki With Stan
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/02/2025	Google
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.87	1600 Amphitheatre Parkway
	,	
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign email host service fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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 Com

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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 I	ilers)
Sch: 17/58 Rpt: 22/63 Troxclair, Ellen (The Honorable) 00085663	
4 Date 5 Payee name	
01/02/2025 Google	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$30.70 1600 Amphitheatre Parkway	
Mountain View, CA 94043	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Campaign email host service fee	
Campaign email nost service lee	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
orporations to solicities of the contraction of the	
Date Payee name	
02/03/2025 Google	
Amount (\$) Payee address; City; State; Zip Code	
\$30.70 1600 Amphitheatre Parkway	
Mountain View, CA 94043	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Campaign email host service fee	
Campaign enail nost service ree	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/03/2025 Google	
Amount (\$) Payee address; City; State; Zip Code	
\$12.96 1600 Amphitheatre Pkwy	
Mountain View, CA 94043	
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, 1X, officenoider living expense	
Campaign email host service fee	
Complete ONLY if direct Condidate/Officeholder name Office south	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 18/58 Rpt: 23/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	03/03/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign email host service fee
		Campaigh email host service lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
—	Date	Para a same
		Payee name
	03/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign email host service fee
		Campaigh email host service lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	04/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign email host service fee
		Campaign email nost service lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 19/58 Rpt: 24/63	Troxclair, Ellen (The Honorable) 00085663
4 Date	5 Payee name
04/01/2025	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.96	1600 Amphitheatre Parkway
	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign email host service fee
	Sampaigh email host service rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5 .	
Date	Payee name
05/01/2025	Google
Amount (\$)	Payee address; City; State; Zip Code
\$30.70	1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign email host service fee
	Campaign official floor solving for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•
<u> </u>	
Date	Payee name
05/01/2025	Google
Amount (\$)	Payee address; City; State; Zip Code
\$12.96	1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign email host service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit 6/6	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 20/58 Rpt: 25/63	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663	
4	Date	5 Payee name	_
	06/02/2025	Google	
6	Amount (\$) \$12.96	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	П
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email host service fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/02/2025	Google	
	Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email host service fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/09/2025	H-E-B Gas	
	Amount (\$) \$99.21	Payee address; City; State; Zip Code 12400 W Hwy 71	
		Bee Cave, TX 78738	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during campaign travel	
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 21/58 Rpt: 26/63	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	04/02/2025	H-E-B	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.63	2400 S Congress Ave	
		Austin, TX 78704	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for political office	
		Cappines for political office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	
	04/16/2025	HARLAND CLARKE	
H	Amount (\$)	Payee address; City; State; Zip Code	
\$331.62 15955 La Cantera Pkwy			
		, and the second	
		San Antonio, TX 78256	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign checks	
		Campaigh checks	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	
	02/03/2025	HEB #714	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$121.33	2000 RR 620 S	
	4121.00	2000 1111 020 0	
		Lakeway, TX 78734	
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for political office	
L	Operated ONE V. T.	Overdish to 100% or health and a second of the second of t	
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment		The Instruction Guide explains h	now to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	I	Filer ID	(Ethics Commission Filer	s)
l	Sch: 22/58 Rpt: 27/63		Troxclair, Ellen (The Honorable)				(00085663		
4	Date	5	Payee name			•				
	01/06/2025		HEB #754							
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le					
l	\$32.94		2400 S Congress Ave							
l										
			Austin, TX 78704							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel outs				
						Check if Austin, TX Supplies for poli			expense	
						Supplies for poli	111	cai onice		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name O	office soug	ıht			Office he	ld	
ľ	expenditure to benefit C/O		Surface (Surface)		,			0001.0		
F	Date	Τ	Payee name							
	01/14/2025		HEB #754							
┝	Amount (\$)	\vdash	Payee address; City; State;	Zip Coo	le					
	\$116.47		2400 S Congress Ave	·						
			, and the second							
			Austin, TX 78704							
Н	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b)	Description				
	OF EXPENDITURE	``	Office Overhead/Rental Expense	oddie)		Check if travel outs				
	EXPENDITORE					Check if Austin, TX			expense	
						Supplies for poli	ITI	саі опісе		
H	Complete ONLY if direct	Ц,	Candidate/Officeholder name O	office soug	ıht		_	Office he	ıld	
	expenditure to benefit C/O		Sandidate/Officerolder flame	mee soug	,,,,,			Office fic	ıu	
H	Date	Π	Payee name							
	02/14/2025		HEB #754							
H	Amount (\$)	H	Payee address; City; State;	Zip Cod	le					
	\$91.22		2400 S Congress Ave	·						
			Austin, TX 78704							
F	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE		Office Overhead/Rental Expense	, l		Check if travel outs				
l	LXI ENDITORE					Check if Austin, TX			expense	
						Supplies for poli	ıtl	cai oilice		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name O	office soug	ıht		_	Office he	ld	
	expenditure to benefit C/O		- Indiana China Ch	ooag	,			2.1100 110	· -	
\vdash							_			
L										1011

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 23/58 Rpt: 28/63	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	02/24/2025	HEB #754	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$12.65	2400 S Congress Ave	
		Austin, TX 78704	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for political office	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
⊨	D :		=
	Date	Payee name	
	03/17/2025	HEB #754	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.10	2400 S Congress Ave	
		Austin, TX 78704	
	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	
		Supplies for political office	
L	0 1: 0.11.7.7.1.		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	05/13/2025	HEB #754	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$99.21	2400 S Congress Ave	
		Austin, TX 78704	
	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	
		Supplies for political office	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/58 Rpt: 29/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	02/03/2025	HEB Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.23	12400 W Hwy 71
		Bee Cave, TX 78738
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 Fuel during campaign travel
		Taci duning campaign traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/16/2025	HEB Gas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$77.98	12400 W Hwy 71
		Bee Cave, TX 78738
	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 Fuel during campaign travel
		Table daring daripalight davoi
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/09/2025	Hall, Ciara
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	4323 S Congress Ave #220
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Work
		Campaign work
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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				
<u>_</u>	Tatal name C	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1:				
	Sch: 25/58 Rpt: 30/63	Troxclair, Ellen (The Honorable) 00085663			
4	Date	5 Payee name			
	04/30/2025	Hall, Ciara			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	4323 S Congress Ave #220			
		Austin, TX 78745			
Ļ					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign Work			
		Jampaigh Work			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
9	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	06/03/2025	Hall, Ciara			
	Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00 4323 S Congress Ave #220					
		Austin, TX 78745			
_	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.			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign Work			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H	Date	Payee name			
	01/23/2025	Payee name Hill Country Children's Advocacy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,000.00	1001 N Hill St			
		Burnet, TX 78611			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	TAI LIADITORE	Candidate/Officeholder/Political Committee			
		Donation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 26/58 Rpt: 31/63	Troxclair, Ellen (The Honorable) 00085663			
4	Date	5 Payee name			
	02/27/2025	Hill Country Children's Advocacy			
6	Amount (\$) \$825.00	7 Payee address; City; State; Zip Code 1001 N Hill St Burnet, TX 78611			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/02/2025	Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.82	10019 S I-35 Frontage Rd			
		Austin, TX 78747			
	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			
		Supplies for political office			
		Supplies for political office			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
F	Date	Payee name			
	02/03/2025	Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$47.81	10019 S I-35 Frontage Rd			
		Austin, TX 78747			
	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			
		Supplies for political office			
	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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/58 Rpt: 32/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	03/03/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.83	10019 S I-35 Frontage Rd
		Austin, TX 78747
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
		Supplies for political office
		Соррание из режими стор
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.80	10019 S I-35 Frontage Rd
		Austin, TX 78747
	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
		Supplies for political office
		Соррание из режими стор
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.82	10019 S I-35 Frontage Rd
		Austin, TX 78747
	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 Supplies for political office
		Cappiles 161 political cirios
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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: 28/58 Rpt: 33/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	06/02/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.81	10019 S I-35 Frontage Rd
		Austin, TX 78747
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 Supplies for political office
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	02/07/2025	Hollingsworth Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$910.00	128 SH-191 Spur
		Spicewood, TX 78669
	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 Storage Units
		Storage Offics
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 01/06/2025	Payee name
		Home Consignment
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.22	12812 Shops Pkwy #100
		Austin, TX 78738
	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 Supplies for political office
		Supplies for political office
_	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 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				
┢	Total manage Calcadala 54	<u>_</u>			
1	Total pages Schedule F1: Sch: 29/58 Rpt: 34/63	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663			
4	Date	5 Payee name			
	01/07/2025	Home Depot #6570			
6	Amount (\$) \$95.20	7 Payee address; City; State; Zip Code 3600 RR 620 S Bee Cave, TX 78738			
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 Supplies for political office			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/07/2025	Home Depot #6570			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4.96	3600 RR 620 S			
		Bee Cave, TX 78738			
	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			
		Supplies for political office			
		Supplies for political office			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/07/2025	Homegoods #503			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$345.19	5400 Brodie Ln			
		Austin, TX 78745			
	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 Supplies for political office			
		Supplies for political office			
	Complete ONLY 'C. "	Condidate/Officeholder come			
	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
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 co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/58 Rpt: 35/63		Troxclair, Ellen (The Honorable)		00085663
4	Date	5	Payee name		
	01/07/2025		Homesense		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$242.48		14028 US 183 Sb		
			Austin, TX 78717		
8	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
					Supplies for political office
_					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ght	Office held
	experience to some Gree	_			
	Date		Payee name		
	01/09/2025		Homesense		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$41.10		14028 US 183 Sb		
			Austin, TX 78717		
	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 Supplies for political office
					Supplies for political office
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		our inductor of moor found	giit	emoc noid
-	Date	Т	Davies name		
	01/08/2025		Payee name Instant Delivery		
		┢		do	
	Amount (\$) \$154.00		Payee address; City; State; Zip Co 5 W 5th St	ue	
	φ154.00		3 W 301 30		
			Austin TV 70701		
		L	Austin, TX 78701		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
					Political office furniture delivery
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	Н			
l					

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/58 Rpt: 36/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	•
	06/12/2025	Jimmy John's Lakeway	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.39	2410 Ranch Rd 620 S #100	
		Lakeway, TX 78738	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 dourbeverage Expense	avel outside of Texas. Complete Schedule T.
		☐ Check if A Meal with	ustin, TX, officeholder living expense
		Mod Wal	otan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/19/2025	Lanier Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.00	111 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	avel outside of Texas. Complete Schedule T.
	LAFLINDITORL		ustin, TX, officeholder living expense
		Parking di	uring campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Davisa nama	
	02/27/2025	Payee name Lanier Parking	
		<u> </u>	
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 111 Congress Ave	
	Ψ12.00	TIT Congress / WC	
		Austin, TX 78701	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if tr.	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	ustin, TX, officeholder living expense
		Parking do	ıring campaign travel
	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)
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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/58 Rpt: 37/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	03/14/2025	MinuteFuel #5
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.00	9828 E S Hwy 71
		Spicewood, TX 78669
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
		Fuel during campaign travel
		a do daming dampaign dans.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies same
	04/14/2025	Payee name My Grandmas Of New England
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.90	1636 Hyde Park Ave
		Boston, MA 02136
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gift for staff
		Sitt for Stall
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/07/2025	Namecheap
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.48	4600 E Washington St
		Phoenix, AZ 85034
	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
		Website domain name
	Operation ONLY if alice at	Our didn't 10 ff as hadden as a second to the second to th
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 33/58 Rpt: 38/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	01/29/2025	Nespresso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.00	111 W 33rd St
		New York City, NY 10120
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/24/2025	Nespresso
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	111 W 33rd St
		New York City, NY 10120
	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
		Supplies for political office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/09/2025	Nespresso
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.40	111 W 33rd St
		New York City, NY 10120
	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 Supplies for political office
		Supplies for political office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 i dyment	The Instruction Guide explains how to com	nple	e this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 34/58 Rpt: 39/63	Troxclair, Ellen (The Honorable)		00085663	
4	Date	5 Payee name		•	
	05/29/2025	Nespresso			
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de		
	\$81.00	111 W 33rd St			
		New York City, NY 10120			
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. Com	
				Check if Austin, TX, officeholder living Supplies for political office	g expense
				Supplies for political office	
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office h	old
,	expenditure to benefit C/OI		jiic	Office III	ciu
_	Date	Davies warms			
	06/20/2025	Payee name Neuwirth, Macy			
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Cod 6406 Nasco Dr	ь		
	\$1,000.00	0400 Nasco Di			
		Austin TV 70757			
		Austin, TX 78757			
	PURPOSE OF	, -	(b)	Description Check if travel outside of Texas. Com	nnlete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living	
				Campaign work	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office h	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/19/2025	Next Level Valet			
	Amount (\$)	Payee address; City; State; Zip Cod	de		
	\$23.65	701 Brazos St			
		Austin, TX 78701			
	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. Com	
	LXI LINDITORE			Check if Austin, TX, officeholder living	
				Parking during campaign tra	avei
_	Complete ONLY if direct	Candidate/Officeholder name Office soud	ıb+	O#: h	old
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	JIIL	Office h	c iu

SCHEDULE F1

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

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	Т	he Instruction Guide	e explains how to co	mpl	ete this form.			
1	Total pages Schedule F1:	FILER NAME				3	3	Filer ID	(Ethics Commission File
	Sch: 35/58 Rpt: 40/63	Troxclair, Elle	en (The Honorab	le)				00085663	
4	Date	Payee name							
	05/19/2025	Odom, Made	leine						
6	Amount (\$)	Payee address	s; City;	State; Zip Co	ode				
	\$76.00	3150 Rolling	Valley Ln						
		Brenham, TX	77833						
8	PURPOSE	Category (See	Categories listed at the t	on of this schedule)	(b)	Description			
	OF EXPENDITURE		ead/Rental Expe			Check if travel out	itsic	de of Texas. Com	plete Schedule T.
	LAPENDITORE					Check if Austin, T			
						Reimbursemer	π	for campaig	n expenditures
_	Complete ONLY if direct	Candidata/Office	shalder neme	Office and	ıabt			Office he	NA.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Office	enoluer name	Office sou	ugnt			Office he	eiu
_									
	Date	Payee name	lain.						
	06/04/2025	Odom, Made							
	Amount (\$)	Payee address		State; Zip Co	ode				
	\$1,000.00	3151 Rolling	Valley Ln						
		Brenham, TX	77833						
	PURPOSE	Category (See	Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wag	jes/Contract Lab	or		Check if travel out Check if Austin, T			
						Campaign work		onicential inving	expense
						oapa.g	••		
_	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O				J				
	Date	Payee name							
	03/27/2025	PMC Parking	I						
	Amount (\$)	Payee address		State; Zip Co	nde				
	\$28.79	583 W 6th St		State, Zip O	Juc				
	¥200	000 11 011. 01							
		Austin, TX 78	R701						
	DUDDOCE				(h)	Description			
	PURPOSE OF	Category _{(See} Travel In Dist	Categories listed at the t	op of this schedule)	(0)	Description Check if travel out	ıtsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Havel III Dist	irici			Check if Austin, T			
						Parking during	C	ampaign tra	vel
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/Ol				_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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		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: 36/58 Rpt: 41/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	04/07/2025	Photographic Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$549.00	235 Point Lick Dr	
		Charleston, WV 25306	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		House compo	osite photo
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI	'	
	Date	Payee name	
	04/04/2025	Round Rock Donuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.92	106 W Liberty Ave	
		Round Rock, TX 78664	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Ood/Deverage Expense	outside of Texas. Complete Schedule T.
		H	, TX, officeholder living expense campaign travel
		wear during c	ampaign traver
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		C.1100 1.1010
	Date	Payee name	
	02/14/2025	Ryan Data & Research	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	PO Box 202675	
	Ψ200.00	1 O BOX 202013	
		Austin, TX 78720	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overboad/Pontal Expanse	outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	TX, officeholder living expense
		Campaign da	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: Sch: 37/58 Rpt: 42/63	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663			
Ļ	<u> </u>				
4	Date	5 Payee name			
	06/30/2025	Shell Fredericksburg			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$35.85	24 Farm to Market 1376			
		Fredericksburg, TX 78624			
		FleuerickSburg, 17 78024			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Fuel during campaign travel			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experiulture to benefit C/Oi				
	Date	Payee name			
	06/06/2025	Sonic Llano			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.12	505 W Young St			
	Ψ13.12	303 W Foung St			
		Llano, TX 78643			
	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			
		Meal during campaign travel			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialture to benefit C/Oi	1			
	Date	Payee name			
	01/08/2025	Square Space, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.77	8 Clarkson St			
		New York City, NY 10014			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign website host service fee			
		Campaign website nost service ree			
_	Complete ONLY !! -!!	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	oxponianci o pononi orom				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 38/58 Rpt: 43/63	Troxclair, Ellen (The Honorable) 00085663			
4	Date	5 Payee name			
	01/23/2025	Square Space, Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$12.00	8 Clarkson St			
		New York City, NY 10014			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Campaign website host service fee			
		Campaign website nost service ree			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
3	expenditure to benefit C/OI				
	Date	Power name			
	01/27/2025	Payee name Square Space, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.38	8 Clarkson St			
		N			
		New York City, NY 10014			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign website host service fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/10/2025	Square Space, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.77	8 Clarkson St			
		New York City, NY 10014			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Campaign website host service fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi 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			
_	T	<u>_</u>		
1	Total pages Schedule F1: Sch: 39/58 Rpt: 44/63	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663		
4	Date	5 Payee name		
	02/24/2025	Square Space, Inc.		
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 8 Clarkson St New York City, NY 10014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website host service fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	02/26/2025	Square Space, Inc.		
	Amount (\$) \$38.38	Payee address; City; State; Zip Code 8 Clarkson St New York City, NY 10014		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website host service fee		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	03/10/2025	Square Space, Inc.		
	Amount (\$) \$50.77	Payee address; City; State; Zip Code 8 Clarkson St		
		New York City, NY 10014		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website host service fee		
	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

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/58 Rpt: 45/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	I
	05/08/2025	Square Space, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.36	8 Clarkson St	
		New York City, NY 10014	
	PURPOSE	-	
8	OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Campaign website host service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	05/22/2025	Square Space, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.00	8 Clarkson St	
	Ψ01.00	o olamoon or	
		Now York City, NV 10014	
		New York City, NY 10014	
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete scriedule 1. Check if Austin, TX, officeholder living expense
			Campaign website host service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/09/2025	Square Space, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.36	8 Clarkson St	
	Ψ00.00	o olarison of	
		Now York City NV 10014	
		New York City, NY 10014	
	PURPOSE OF		Description Check if travel outside of Tayon, Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign website host service fee
	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

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/58 Rpt: 46/63 Troxclair, Ellen (The Honorable) 00085663 4 Date Payee name 04/08/2025 Squarespace 6 Amount (\$) Payee address; City; State; Zip Code \$53.36 8 Clarkson St New York City, NY 10014 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** Check if Austin, TX, officeholder living expense Campaign website host service fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/07/2025 Starbucks Lakeway Amount (\$) Payee address; City; State; Zip Code \$24.60 2410 620 Austin, TX 78738 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Refreshments during campaign travel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/16/2025 Starbucks Lakeway Amount (\$) Payee address: City; State; Zip Code \$30.88 2410 620 Austin, TX 78738 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Refreshments with staff

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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

	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: 42/58 Rpt: 47/63	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	05/12/2025	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$34.42	501 W 15th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Cor	
	-	Check if Austin, TX, officeholder livin Refreshments with staff	g expense
		Trongstille with stail	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
	expenditure to benefit C/O		
	Date	Payee name	
	02/05/2025	Stephen F Austin Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	701 Congress Ave	
		Austin, TX 78701	
	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. Cor	
		Check if Austin, TX, officeholder livin Parking during campaign tra	
		T arking during campaign an	avei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
	expenditure to benefit C/O		
	Date	Payee name	
	02/18/2025	Summer Moon Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.56	2011 Little Elm Trail	
		Cedar Park, TX 78613	
	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. Cor	
	-	Check if Austin, TX, officeholder livin Refreshments during camp	
		Trenesiments during earnp	aigh havei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
	expenditure to benefit C/O		

SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 43/58 Rpt: 48/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	02/18/2025	Sunoco Llano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.59	200 E Hwy 71
		Llano, TX 78643
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	03/31/2025	Sunoco Llano
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.99	200 E Hwy 71
l		Llano, TX 78643
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Refreshments during campaign travel
l		Trenesiments during earlpaight daver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	03/31/2025	Sunoco Llano
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.75	200 E Hwy 71
	400.110	200 2 1111, 12
		Llano, TX 78643
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Fuel during campaign travel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 44/58 Rpt: 49/63	Troxclair, Ellen (The Honorable) 00085663			
4	Date	5 Payee name			
	01/13/2025	Target			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$195.96	2300 W Ben White Blvd			
		Austin, TX 78749			
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 Supplies for political office			
		Supplies for political office			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
\vdash	Dete				
	Date	Payee name			
	01/17/2025	Target			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$75.78	2300 W Ben White Blvd			
		Austin, TX 78749			
	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 Supplies for political office			
		Supplies for political office			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	5 .				
	Date	Payee name			
	02/10/2025	Target			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$97.30	2300 W Ben White Blvd			
		Austin, TX 78749			
	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			
		Supplies for political office			
_	Operation ONE V. C. F.	Ora didata (Office hadden grown			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	·				

SCHEDULE F1

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

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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 45/58 Rpt: 50/63	Troxclair, Ellen (The Honorable)		00085663	
4 Date	5 Payee name	•		
01/03/2025	Texaco Lakeway			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$153.86	2200 Lakeway Blvd			
	Lakeway, TX 78734			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	Check if travel of	outside of Texas. Com	
LAI LINDITORE		_	TX, officeholder living	expense
		Fuel during Ca	ampaign travel	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	nld
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		yııı	Onice ne	สน
D-4-				
Date	Payee name			
01/06/2025	Texaco Lakeway			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$90.05	2200 Lakeway Blvd			
	Lakeway, TX 78734			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Travel In District		outside of Texas. Com , TX, officeholder living	
		-	ampaign travel	CAPCINC
		3	1 3	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/OI	+			
Date	Payee name			
01/09/2025	Texaco Lakeway			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$74.05	2200 Lakeway Blvd			
	,			
	Lakeway, TX 78734			
PURPOSE	-	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District		outside of Texas. Com	plete Schedule T.
EXPENDITURE	Travel in District	Check if Austin,	, TX, officeholder living	expense
		Fuel during ca	ampaign travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office he	eld
experiorare to benefit C/OI	1			

SCHEDULE F1

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Tra Tra	avel in District avel Out of Dis	rtrict category not listed above)
L	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Fil	iler ID	(Ethics Commission Filers)
	Sch: 46/58 Rpt: 51/63	Troxclair, Ellen (The Honorable)	00	0085663	
4	Date	5 Payee name	-		
	01/14/2025	Texaco Lakeway			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$84.70	2200 Lakeway Blvd			
		Lakeway, TX 78734			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Haver in District		of Texas. Com iceholder living	plete Schedule T.
		Fuel during			expense
		i doi ddini,	, campa	agii aavoi	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
3	expenditure to benefit C/Oh			Office fie	aru -
	Date	Payee name			
	01/27/2025	Texaco Lakeway			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$63.70	2200 Lakeway Blvd			
		Lakeway, TX 78734			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		vel outside o	of Texas. Com	plete Schedule T.
	EXPENDITURE	l		iceholder living	expense
		Fuel during	g campa	ign travel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office he	eld
	experialitate to benefit 6/01				
	Date	Payee name			
	02/07/2025	Texaco Lakeway			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$73.26	2200 Lakeway Blvd			
		Lakeway, TX 78734			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		vel outside o	of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Au		iceholder living	expense
		Fuel during	g campa	ign travel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
L	expenditure to benefit C/OF	n			
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 Salaries/Wages/Contract Labor

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Sch: 47/58 Rpt: 52/63 Troxclair, Ellen (The Honorable) 00085663 4 Date 5 Payee name 702/14/2025 Texaco Lakeway	ssion Filers)
4 Date 5 Payee name	
02/14/2025 Texaco Lakeway	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$68.98 2200 Lakeway Blvd	
Lakeway, TX 78734	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel In District Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense	
Fuel during campaign travel	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/20/2025 Texaco Lakeway	
Amount (\$) Payee address; City; State; Zip Code	
\$86.81 2200 Lakeway Blvd	
Lakeway, TX 78734	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Travel In District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Fuel during campaign travel	
a doi daining campaigh davoi	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/24/2025 Texaco Lakeway	
Amount (\$) Payee address; City; State; Zip Code	
\$81.55 2200 Lakeway Blvd	
Lakeway, TX 78734	
OF Travel In District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Check if Austin, TX, officeholder living expense Fuel during campaign travel	
Fuel during campaign travel	
Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Check if Austin, TX, officeholder living expense Fuel during campaign travel Office sought Office held	
Fuel during campaign travel	
Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Check if Austin, TX, officeholder living expense Fuel during campaign travel 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

	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: 48/58 Rpt: 53/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	02/27/2025	Texaco Lakeway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.83	2200 Lakeway Blvd
		Lakeway, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	03/07/2025	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.96	2200 Lakeway Blvd
		Lakeway, TX 78734
	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		Fuel during campaign travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	5.	
	Date	Payee name
	03/20/2025	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.87	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
		T doi ddinig danipaigh tidvoi
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/58 Rpt: 54/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	03/21/2025	Texaco Lakeway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	2200 Lakeway Blvd
		Lakeway, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Refreshments during campaign travel
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.50	2200 Lakeway Blvd
		Lakeway, TX 78734
	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 Fuel during campaign travel
		Fuel during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 04/24/2025	Payee name Texaco Lakeway
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.48	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
	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 Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 50/58 Rpt: 55/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	04/18/2025	Texaco Lakeway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.35	2200 Lakeway Blvd
		Lakeway, TX 78734
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 Fuel during campaign travel
		Tadi danng dampaign daver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	04/16/2025	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.35	2200 Lakeway Blvd
		Lakeway, TX 78734
	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 Fuel during campaign travel
		ruei dulling campaigh travei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/01/2025	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.78	2200 Lakeway Blvd
		Lakeway, TX 78734
	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
		Fuel during campaign travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

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		,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 51/58 Rpt: 56/63	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	06/04/2025	Texaco Lakeway	
6	Amount (\$) \$82.56	7 Payee address; City; State; Zip Code 2200 Lakeway Blvd	
		Lakeway, TX 78734	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	•
	EXPENDITURE	Haver in District	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			during campaign travel
			adding campaign date.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/13/2025	Texaco Lakeway	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.31	2200 Lakeway Blvd	
		Lakeway, TX 78734	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Haver in District	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		I	during campaign travel
			2 [2
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/28/2025	Texas Conservative Coaltion	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	919 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	1003	eck if travel outside of Texas. Complete Schedule T.
		I — I —	eck if Austin, TX, officeholder living expense bership Dues
		Mem	Belonip Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 52/58 Rpt: 57/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	03/17/2025	Texas Honey Ham
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.46	3736 Bee Caves Rd #6
		West Lake Hills, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
		Wedi daning campaign traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Date	Davisa nama
		Payee name
	03/24/2025	Texas Honey Ham
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.37	3736 Bee Caves Rd #6
		West Lake Hills, TX 78746
	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
		Meal during campaign travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	D :	
	Date	Payee name
	03/04/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1400 Lavaca
		Austin, TX 78701
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se 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 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: 53/58 Rpt: 58/63	Troxclair, Ellen (The Honorable) 00085663
4		5 Payee name
L	02/06/2025	Texas Leg Ladies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.56	1400 Lavaca St
		Auctin TV 70701
8	PURPOSE	Austin, TX 78701
ľ	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/O	
⊨	Date	Payee name
	06/12/2025	The Broadmoor Colorado Springs
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$997.23	1 Lake Ave
		Colorado Springs, CO 80906
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for political travel
Г	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/Of	
	Date	Payee name
	01/09/2025	The Capitol Grill
	Amount (\$) \$40.61	Payee address; City; State; Zip Code 1400 Congress
	Ψ40.01	1400 Congress
		Austin, TX 78701
┝	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meal with staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 54/58 Rpt: 59/63	Troxclair, Ellen (The Honorable) 00085663	3
4	Date	5 Payee name	
l	01/15/2025	The Capitol Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$13.48	1400 Congress	
L		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. C	
l		Meal during campaign trav	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	02/20/2025	The Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4.60	1400 Congress	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. C	
		Refreshments during cam	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	03/20/2025	The Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.90	1400 Congress	
		Austin, TX 78701	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. C	•
l		Meal with staff	9
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI	DH	

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: 55/58 Rpt: 60/63	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	03/31/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.04	1400 Congress
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Meal during campaign travel
_	Operation ONE V # discort	One district Office health are asset of the second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.93	1400 Congress
		Austin, TX 78701
	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
		Meal with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/08/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.98	1400 Congress
		3
		Austin, TX 78701
	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
		Refreshments during campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	cyperiulture to beliefft C/OI	1

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

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 56/58 Rpt: 61/63	Troxclair, Ellen (The Honorable) 00085663
4	Date 03/18/2025	5 Payee name Travis County Republican Party
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 7901 Cameron Rd
8	PURPOSE OF EXPENDITURE	Austin, TX 78754 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date 02/20/2025	Payee name UT PTS Parking
	Amount (\$) \$9.00	Payee address; City; State; Zip Code 1815 Trinity St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking during campaign travel
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date 03/27/2025	Payee name Valet Tips
	Amount (\$) \$5.49	Payee address; City; State; Zip Code 1816 Trinity St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking during campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Committee

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 57/58 Rpt: 62/63	Troxclair, Ellen (The Honorable) 00085663					
4	Date	5 Payee name					
	04/07/2025	Valor Education Foundation					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$100.00	11720 S Mopac					
		Austin, TX 78739					
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.					
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution					
		Contribution					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
٠	expenditure to benefit C/O						
	Date	Payee name					
	01/06/2025	WinRed					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$125.00	4250 Fairfax Dr					
	Ψ123.00	4230 T amax Di					
		Arlington, VA 22203					
	DUDDOCE						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Online contribution service					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI						
	Date	Payee name					
	03/07/2025	WinRed					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	4250 Fairfax Dr					
		Arlington, VA 22203					
	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 Online contribution service					
		Offilitie Contribution Service					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 58/58 Rpt: 63/63	Troxclair, Ellen (The Honorable)	00085663				
4	Date	5 Payee name					
	06/30/2025	Winred					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$69.56						
		Arlington, VA 22203					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Fees	`´	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			Check if Austin, TX, officeholder living expense			
				Online contribution processing fees for reporting period			
				<u> </u>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held			
	experiantare to benefit Great						
	Date	Payee name					
	02/24/2025	Yellow Dog Coffee					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$6.22 9807 S Hwy 71						
		Spicewood, TX 78669					
	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.			
	EXI ENDITORE			Check if Austin, TX, officeholder living expense			
				Refreshments during campaign travel			
	Complete ONLY if direct	Condidate/Officeholder name Office seu	abt	Office hold			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	05/16/2025	milk honey					
	Amount (\$) Payee address; City; State; Zip Code						
	\$188.80	100A Guadalupe St					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense Gift for staff			
				Circles Stati			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held			
	expenditure to benefit C/OI		ສານ	Office Hold			