CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00085720		2 Total pages filed: 22
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Lj			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Francis		SUFFIX	07/15/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AP 4833 Saratoga Blvd. #11		Y ;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	Corpus Christi, TX 78413	3-2213			Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Michael			
	NICKNAME	LAST Bergsma		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 615 Leopard Street Suite 430	O BOX PLEASE);	AP	T / SUITE #; CITY	Y; STATE; ZIP CODE
(Residence or Business)	Corpus Christi, TX 78401	L			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (361) 537-6964	NE NUMBER E	EXTENSION		
8 REPORT TYPE	January 15 [X July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	, Year
COVERED	01/01/2025	TH	HROUGH	06/30/20)25
10 ELECTION	ELECTION DATE Month Day Year		rimary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) State Board Of Education	n District 2		12 OFFICE SOUGH	IT (if known)
		GO T	TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Francis, Lj (The Hond	prable)	14 Filer ID 00085720	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform	hout the candidate's or offi	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	ME	
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE	THAN PLEDGES, LOANS ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 49,674.69
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 10,817.21
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TI RIOD	HE LAST DAY OF THE	\$ 165,579.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 90,000.00
17 AFFIDAVIT				·
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	des all information required	
		Th	ne Honorable Lj Francis	
			ire of Candidate or Officeh	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office		
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath
<u> </u>	3			3

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 22
	ER NAM ancis, L	19 Filer ID 00085720	(Eth	nics Commission Filers)	
	HEDUL ME OF			SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	46,951.25
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,723.44
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	I. X SCHEDULE E: LOANS				90,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	10,817.21
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
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	DNS	\$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$	48.82

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/22	
2	FILER NAME Francis, Li (7	he Honorable)			3	Filer ID (Ethics Commission 00085720	on Filers)
4			Amount of Contribution (\$)	\$104.48			
_	Deinsinal assu	Katy, TX 77494	lo-	Franksian (Cookarational	_		
8	NA	pation / Job title (See Instructions)	9	Employer (See Instructions NA	5)		
Date Full name of contributor out-of-state PAC (ID#:) O6/06/2025 Aycock, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00			
		Corpus Christi, TX 78414		5 1 (0 1 1 1			
Principal occupation / Job title (See Instructions) Employer (See Instructions Banker 1st Community Bank		5)					
Date Full name of contributor out-of-state PAC (ID#:) 06/04/2025 Bennett, Montgomery Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00			
		Dallas, TX 75254					
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions NA	5)		
	Date 06/04/2025	Charter Schools Now PAC				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/05/2025	Dives-Gomez, Yvonne	ate PAC (ID#:			Amount of Contribution (\$)	\$104.48
	Principal occu Unknown	pation / Job title (See Instructions)		Employer (See Instructions Unknown	<u> </u>		
			•				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/22	
2	FILER NAME Francis, Lj (1	he Honorable)		3	Filer ID (Ethics Commission File 00085720	ers)
4	Date 03/03/2025	 Full name of contributor out-of-state PAC (ID# EDCON PLLC Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$) \$5,0	00.00
8	Principal occu	pharr, TX 78577 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
•	· ····o.pa. ooda	panon, cos and (cos nauconone)		٠,		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID# Haley, Katrina Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$75.00
		Corpus Chriti, TX 78411		<u> </u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions Retired NA		S)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID# Hock, Stacy Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$) \$1,0	00.00
		Austin, TX 78746				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	s)		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID# Lamb, Susan Contributor address; City; State; Zip Code Corpus Christi, TX 78401	:)		Amount of Contribution (\$) \$1	100.00
	Principal occu Developer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID# Milby, Richard Contributor address; City; State; Zip Code Corpus Christi, TX 78410	:)		Amount of Contribution (\$) \$2	250.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruc	ction Guide explains how to compl	ete this forn	1.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/22	
2	FILER NAME Francis, Lj (1	he Honorable)			3	Filer ID (Ethics Commissi 00085720	on Filers)
4	Date 06/01/2025	 Full name of contributor out-of-star out-of-st	te PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu Partner	Houston, TX 77067 pation / Job title (See Instructions)		Employer (See Instructions VSC Management)		
Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Seaman, Eugene Contributor address; City; State; Zip Code Corpus Christi, TX 78413			Amount of Contribution (\$)	\$1,000.00			
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions NA)					
	Date 06/05/2025	Full name of contributor out-of-state Seaman, sharri Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		bay city, TX 77414 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/20/2025	Wallace, Patricia	te PAC (ID#:	unknown		Amount of Contribution (\$)	\$2,500.00
	Principal occu Business Ow	pation / Job title (See Instructions) <i>I</i> ner		Employer (See Instructions Hawn Wallace Interests)		
	Date 05/13/2025	Weekley, Richard				Amount of Contribution (\$)	\$10,000.00
	Principal occu Real Estate	pation / Job title (See Instructions) Developer		Employer (See Instructions Self)		
			•				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/22	
2	FILER NAME Francis, Lj (1	ME .j (The Honorable)		3	Filer ID (Ethics Commission 00085720	on Filers)
4	Date 06/20/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_		Victoria, TX 77903				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
Date Full name of contributor out-of-state PAC (ID#:) 06/12/2025 cantella, chad Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	austin, TX 78733	Employer (See Instructions	<u> </u>		
	Principal occupation / Job title (See Instructions) consultant Employer (See Instructions cantella partners		,			
	Date Full name of contributor out-of-state PAC (ID#:) 05/03/2025 cardona, anabell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.83	
		weslaco, TX 78596				
	Principal occu president	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID#:_ flanagan, shawn Contributor address; City; State; Zip Code corpus christi, TX 78411)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID#:_ fryer, samuel Contributor address; City; State; Zip Code corpus christi, TX)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/22	
2	FILER NAME Francis, Lj (1	⁻he Honorable)			3	Filer ID (Ethics Commission 00085720	on Filers)
4	Date 06/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$94.06
8	Principal occu	corpus christi, TX 78414 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
_	homemaker	,		homemaker	,		
Date Full name of contributor out-of-state PAC (ID#:) 06/03/2025 gallo, michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00			
	Data disal asses	houston, TX 77067		Faralassa (Cara Instructions	<u></u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions project manager Villa Serena Communiti							
Date O6/03/2025 huffman, grant Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$52.40		
	Principal occu	corpus christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	retired			retired	-,		
	Date 06/06/2025	Full name of contributor out-of-state PAC (hunsaker, jerry Contributor address; City; State; Zip Code corpus christi, TX 78411				Amount of Contribution (\$)	\$300.00
	Principal occu doctor	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (nava, luis jesus Contributor address; City; State; Zip Code mcallen, TX 78503			•	Amount of Contribution (\$)	\$500.00
	Principal occu business ow	pation / Job title (See Instructions) ner		Employer (See Instructions self	s)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/22	
2	FILER NAME Francis, Lj (The Honorable)		3	Filer ID (Ethics Commission 00085720	on Filers)	
4	Date 03/06/2025 Full name of contributor out-of-state PAC (ID#:) pandit, mukta 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00	
	Dringing Local	houston, TX 77094	O Francisco (Con Instruction			
8	business ow		9 Employer (See Instructions self	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/08/2025 russell, mathew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	austin, TX 78741 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	consultant	paner / voo and (coo men actions)	TSA	-,		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: stewart, J.w & c.a Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	port lavaca, TX 77979 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	retired		retired			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Francis, Lj (The Honorable) 00085720 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/09/2025 Bergsma, Mike \$2,723.44 Levent food sponsorship 7 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Bergsma Consulting Geologist 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS				SCHEDULE E
	The Instruction	•	ges Schedule E: 1 Rpt: 11/22		
2	FILER NAME Francis, Lj (The	Honorable)			(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 05/28/2025	7 Name of lender out-of-state PA AARON KINSEY CAMPAIGN	C (ID#:)	9 Loan Amount (\$) \$90,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Midland, TX 79702			11 Maturity Date 11/13/2026
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions	6)	
14	Description of Coll	lateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	_		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instructions	5)	

SCHEDULE F1

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: 1/10 Rpt: 12/22	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	06/30/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$978.35	1340 Poydras St. Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		transaction fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	06/19/2025	Bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.46	
		wharton, TX 77488
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Dougo nama
	06/05/2025	Payee name De Leon, Maricela
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	rayee address, City, State, Zip Code
	42,000.00	
		TX
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		services
	Complete ONLY if direct expenditure to benefit C/Ol	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: 2/10 Rpt: 13/22	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	05/01/2025	De Leon, Maricela
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Services
		Scivices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	03/06/2025	De Leon, Maricela
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	rayoo addioos, oily, odato, zip oodo
	4000.00	
		TX
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2025	HWNT-RGV EMPOWERING WOMEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	p.o box 6676
		mcallen, TX 78502
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sponsorship
		P
	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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 14/22	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	06/23/2025	Jos. A. Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.25	320 Congress Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	attire Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		elected officer suit/attire
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	01/06/2025	Loves #284
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$40.83	8420 n. espressway
	Ψ40.03	0420 II. Capicaaway
		edinburg, TX
	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 gasoline
		gusoniic
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/14/2025	Marks Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.64	5702 Everhart RD
		Corpus Christi, TX 78413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Cleaners Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cleaners
		Gealiers
\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 Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete thi	is form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 4/10 Rpt: 15/22	Francis, Lj (The Honorable)			00085720	
4	Date	5 Payee name				
L	06/09/2025	Marks Cleaners				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$54.35	5702 Everhart RD				
		Course Christi TV 70440				
Ļ		Corpus Christi, TX 78413				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) dry clean	b) Deso	cription Check if travel outside	e of Texas, Com	plete Schedule T.
	EXPENDITURE	ury clean		Check if Austin, TX, o		
			dry (clean		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
┡	· .					
	Date 06/02/2025	Payee name				
L		Murphy Express 8793	0			
	Amount (\$) \$24.94	Payee address; City; State; Zip Code 6625 Saratoga Boulevard	е			
	Ψ24.34	0020 Saratoga Boulevara				
		Corpus Christi, TX 78414				
┝	PURPOSE	•	b) Desc	crintion		
	OF EXPENDITURE	Travel In District	_	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX, o	fficeholder living	expense
			gas			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	9				
F	Date	Payee name				
	01/17/2025	Radcliff, Lon				
H	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$100.00					
L		Corpus Christi, TX				
	PURPOSE OF	,	b) Desc			
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside Check if Austin, TX, o		
				vices	co.ioidoi iiviiig	Спропос
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
L	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 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 com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 16/22	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		·
	06/05/2025	Shoocha Photography		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$1,400.00			
		corpus christi, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Event Expense	Ę	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Crieck if Austin, 1X, uniceriolider living expense
			,	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	06/05/2025	Sunoco Corpus		
┢	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$59.13	6814 WEBER RD		
		Corpus Christi, TX 78415		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Travel In District	Ξ	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense
			٤	juo
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	06/24/2025	arp gril		
H	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$11.90			
		TX		
r	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.
			L	Check if Austin, TX, officeholder living expense
			,	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
ı				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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		Legal Services The Instruction Guide e	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 6/10 Rpt: 17/22		(The Honorable)					00085720		
4	Date	5 Payee nam	е							
	06/27/2025	cava								
6	Amount (\$)	7 Payee addı	ess; City;	State; Zip Co	ode					
	\$12.29	2426 guad	lalupe street							
		austin, TX	78705							
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bev	erage Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						lunch	, 17,	, omeendaer name	у схропос	
9	Complete ONLY if direct		fficeholder name	Office sou	ught			Office he	eld	
L	expenditure to benefit C/OI									
	Date	Payee nam	е							
	06/27/2025	chargepoi	nt, inc							
	Amount (\$)	Payee addı	ess; City;	State; Zip Co	ode					
	\$60.85									
		campbell,	CA 95008							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Ou	t of District			=		de of Texas. Com officeholder living	plete Schedule T.	
						EV srvcs	, 1,	, onicendider living	j experise	
						21 0.100				
⊢	Complete ONLY if direct	L Candidate/O	fficeholder name	Office sou	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI				3					
F	Date	Payee nam	Δ							
	06/23/2025	city park v								
H	Amount (\$)	Payee addi		State; Zip Co	nde					
	\$15.00	i ayoo aaa	oos, only,	Otato, Zip Ot	ouc					
	420.00									
		austin, TX	78701							
Г	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	l	t of District	,					plete Schedule T.	
	LAI LINDITORE					ш	, TX,	officeholder living	g expense	
						parking				
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office	labt			Office he	old	
	expenditure to benefit C/OI		mocholuer name	Office sou	agrit			Office H	Jiu	
\vdash										
Ļ										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Polling lense Printing	Expens Expens			Travel in District Travel Out of District OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 7/10 Rpt: 18/22	Francis, Lj	(The Honorable)					00085720			
4	Date	5 Payee name	9								
	02/05/2025	enterprise									
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	Code						
ľ	\$64.00	r ayee addin	oss, ony,	Otate, Zip e	Jouc						
	Ψ04.00										
			·								
		corpus chr	ISTI, IX								
8	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Travel In D	pistrict						nplete Schedule T.		
						car rental	I, IX,	, officeholder livin	g expense		
						cai rentai					
_	Operation ONLY if allower	0	£ -	0#:				O#: I-	-1-1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ougnt			Office h	eiu		
	Date	Payee name	e								
	06/19/2025	hilton hotel	americas								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	Code						
	\$253.46										
		houston, T	×								
	DUDD005				Las						
	PURPOSE OF		See Categories listed at the to	pp of this schedule)	(b)	Description Check if travel	outci	ido of Toyas Con	nplete Schedule T.		
	EXPENDITURE	Travel Out	of District			=		, officeholder livin			
						ப hotel					
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u> </u>			Office h	eld		
	expenditure to benefit C/O										
_	Data										
	Date	Payee name									
	06/01/2025	hilton hotel	americas								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	Code						
	\$829.71										
		houston, T	X								
	PURPOSE	(a) Category (s	See Categories listed at the to	on of this schedule)	(b)	Description					
	OF	Travel Out		op or and correction	1.		outsi	ide of Texas. Con	nplete Schedule T.		
	EXPENDITURE					Check if Austin	, TX	, officeholder livin	g expense		
						hotel					
L											
	Complete ONLY if direct		ficeholder name	Office so	ought			Office h	eld		
	expenditure to benefit C/OI	1									
Ec:	me provided by Tevas F	thios Commiss	ion vanana	, othics state tv	110				Version V// 1 0 f10d0fc		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
_	Sch: 8/10 Rpt: 19/22	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		'
	05/19/2025	hilton hotel americas		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$1,234.47			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				hotel
_	Complete ONLY if direct	Condidate (Office helder some		Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ougnt	Office held
_				
	Date	Payee name		
	06/18/2025	iah parking area		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$244.00			
		houston, TX		
	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.
	ZA ZADITORZ			Check if Austin, TX, officeholder living expense
				parking charge overnight +
	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/OI		ougrit	Office field
	Data			
	Date 06/23/2025	Payee name		
		perrys steak house		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$87.00			
		TX		
	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 dinner
	Complete ONLY if direct	Candidate/Officeholder name Office s	ouaht	Office held
	expenditure to benefit C/OI		Jugiit	Office Hold
L				

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 20/22	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		<u>'</u>
l	06/30/2025	pilot flying J		
6	Amount (\$) \$55.29	7 Payee address; City; State; Zip Co	ode	
		george west, TX 78022		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gasoline + EV srvcs
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ight	Office held
	Date	Payee name		
l	06/22/2025	pilot flying J		
	Amount (\$) \$48.14	Payee address; City; State; Zip Co	ode	
		george west, TX 78022	T	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EV SIVCS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
l	06/27/2025	platt austin		
	Amount (\$) \$16.84	Payee address; City; State; Zip Co	ode	
		austin, TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 10/10 Rpt: 21/22	2 FILER NAME Francis, Lj (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085720
4	Date 02/12/2025	5 Payee name santa fe steak house		
6	Amount (\$) \$99.85	7 Payee address; City; State; Zip Cod	de	
8	PURPOSE OF EXPENDITURE	houston, TX (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 dinner
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date 06/01/2025	Payee name shell oil		
	Amount (\$) \$61.10	Payee address; City; State; Zip Coo	de	
L	DUDDOSE	houston, TX	/ b\	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(D)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 06/25/2025	Payee name whataburger		
	Amount (\$) \$19.36	Payee address; City; State; Zip Cod	de	
		austin, TX		
	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 Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Francis, Lj (The Honorable) 00085720 8 Amount (\$) Date 5 Name of person from whom amount is received 06/17/2025 HILTON HOTEL AMERICAS \$48.82 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX Purpose for which amount is received Check if political contribution returned to filer Incorrect charge for lodging