CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple		1 Filer ID (Ethics Commi 00069756		2 Total pages	filed: 40
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Brooks Freder	ick		Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST Landgraf		SUFFIX	07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	2331 Ladue Lane				Receipt #	Amount
Change of Address	Odessa, TX 79762				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Mr.	D. Kirk				
	NICKNAME	LAST		SUFFIX		
		Edwards				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	Γ / SUITE #; CIT`	Y; ST	ATE; ZIP CODE
TREASURER ADDRESS	5030 E. University Blvd., D	-101				
(Residence or Business)	Odessa, TX 79762					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONI (432) 550-2320	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cappointment (of	ampaign treasurer ficeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGH	IT (if known)	
	State Representative Distri	ct 81		State Represe	ntative District 81	
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 40

13 C / OH NAME	Landgraf, Brooks Fre	derick (The Honor	rable)	14 Filer ID 00069756	(Ethics Cor	mmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expendit may have been made without equired to report this information	the candidate's or office	ceholder's kr	nowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E				
	GENERAL						
		COMMITTEE ADD	RESS				
	SPECIFIC						
		COMMITTEE CAM	PAIGN TREASURER NAME				
		COMMITTEE CAM	PAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CO ES OF LOANS, OR	, \$	0.00			
		AL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOAN	S)	\$	23,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$	9,632.07				
	4. TOTAL POLITIC	TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE I	AST DAY OF THE	\$	104,029.89	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT			l swear, or affirm, under penali true and correct and includes a under Title 15, Election Code.				
			The Henerable	e Brooks Frederick L	andgraf		
				f Candidate or Officeho			
AFFIX NO	TARY STAMP / SEAL AB	OVE	3				
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
of		_					
Signature of offi	cer administering	Printed name	of officer administering	Title of offic	er administe	ring oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLN .	3 of 40
l	ER NAN ndgraf,	1E Brooks Frederick (The Honorable)	19 Filer ID 00069756	(Ethics C	ommission Filers)
I		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,000.00
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	\$	107,971.13
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	69,326.46
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.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/40	
2	FILER NAME Landgraf, Br	ooks Frederick (The Honorable)		3	Filer ID (Ethics Commission 00069756	on Filers)
4	Date 06/25/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
ρ	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
	rincipal occu	oation 7 Job title (See matractions)	3 Employer (See Instructions	')		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID# Energy Transfer Partners Texas PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 06/25/2025	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 06/23/2025				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#Rivero, Hector Contributor address; City; State; Zip Code Austin, TX 78731	*:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President &	oation / Job title (See Instructions) CEO	Employer (See Instructions Texas Chemical Counci			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/40	
2	FILER NAME Landgraf, Br	ooks Frederick (The Honorable)		3	Filer ID (Ethics Commission F 00069756	-ilers)
4	Date 06/23/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$10),000.00
_	Deire de al acces	Austin, TX 78701	O Frankrije (Oza hatrostica)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Chemical Council / Association of Chemic Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3	L,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Weekley, Richard Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$5	5,000.00
		Houston, TX 77055				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions) Weekley Properties)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$3	1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

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		ttee L	egal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed at	oove)
				The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/16 Rpt: 6/40	La	andgraf, Bro	ooks Frederick	(The Honora	able)				00069756		
4	Date	5 Pa	ayee name									
	06/06/2025	Αſ	DP Austin									
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Co	de					
	\$922.20	14	105 N MoP	ac Expressway	/							
				,								
		١ ,,	ustin, TX 78	2720								
Ļ						1	<i>a</i> >					
8	PURPOSE OF			Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE	Ac	ccounting/E	Banking				=		officeholder livir	mplete Schedule T.	
								_			ng charges Jan	- June
								oampaign pa	.,	iii proceeii	ig onargee can	ouno.
9	Complete ONLY if direct	Can	adidata/Office	eholder name	Of	ffice sou	abt			Office h	nold	
9	expenditure to benefit C/O		iuiuale/Onic	enoluei name	Oi	nice sou	gni			Office i	ieiu	
_												
	Date	l	ayee name									
	06/04/2025	A٦	T&T Mobilit	У								
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$517.50	PC	O Box 5362	216								
		At	lanta, GA 3	30353								
	PURPOSE						(h)	Description				
	OF	ı		Categories listed at t		dule)	(1)	_ `	outsio	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE	0	ilice Overii	ead/Rental Ex _l	pense			=		officeholder livir		
								Cell phone se	ervi	ce Jan - Ju	ne for COH use	Э.
	Complete ONLY if direct		ndidate/Offic	eholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
_	Date	D ₂	ayee name									
	06/10/2025		amo Rent a	a Car								
						7: 0						
	Amount (\$)		ayee address		State;	Zip Co	ae					
	\$351.22	16	659 Airport	Biva								
		Sa	an Jose, C	A 95110								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		avel Out of					ш			mplete Schedule T.	
	LAFENDITORE							_		officeholder livir		
								Travel for CO)H r	neetings a	nd Conference.	
	Complete ONLY if direct		ndidate/Offic	eholder name	Of	ffice sou	ght			Office h	neld	
L	expenditure to benefit C/O	п										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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	
_	Total manage Calculula E4.	S EU-ED MANE
1	Total pages Schedule F1: Sch: 2/16 Rpt: 7/40	2 FILER NAME Landgraf, Brooks Frederick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069756
4	Date	5 Payee name
	01/05/2025	Black Cultural Council of Odessa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1020 E Murphy Street
		Odessa, TX 79761
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		COH sponsorship of annual charity event.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Boy Scouts Buffalo Trail Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	1101 W. Texas Avenue
		Midland, TX 79701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		COH Sponsorship of charity event.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.81	4815 Mueller Blvd.
		Austin, TX 78723
	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.
		X Check if Austin, TX, officeholder living expense
		Utilities for Officeholder living expenses during legislative session.
_	Complete ONU V if allow :	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed	i above)
	orealt out a rayment			The Instruction G	uide explains h	ow to cor	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 3/16 Rpt: 8/40		Landgraf, B	rooks Frederick	(The Honora	able)				00069756		
4	Date	5	Payee name									
	02/07/2025		City of Aust	in								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$62.76		4815 Muelle									
			Austin, TX	78723								
8	PURPOSE	(2)					(h)	Description				
0	OF	(a)		ee Categories listed at		dule)	(D)	Description Check if travel of	nutsii	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE		Office Over	head/Rental Ex	pense			=		officeholder living		
								Utilities for Of				during
								legislative ses	ssic	on.	•	· ·
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	fice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н				·						
_	Date	Π	Payee name									
	03/07/2025		City of Aust	in								
	Amount (\$)	┝	Payee addre		State	Zip Co	do					
	\$82.84		4815 Muelle	•	State,	Zip Coi	uc					
	Ψ02.04		4013 Muelle	ei bivu.								
			Austin, TX	78723								
	PURPOSE	(a)		ee Categories listed at		dule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Ex	pense			=			plete Schedule T.	
								Check if Austin, Utilities for Of		officeholder living		durina
								legislative ses			y expenses	uuririg
	Complete ONLY if direct	<u> </u>	^andidate/Offi	ceholder name	Of	fice soug	aht			Office he	ald.	
	expenditure to benefit C/OI		our laidate/om	ceriolaer riame	O1	nee sout	giit			Omice in	Siu	
	Data	Т	D									
	Date		Payee name	in								
	04/07/2025		City of Aust									
	Amount (\$)		Payee addre	-	State;	Zip Co	de					
	\$81.96		4815 Muelle	er Blvd.								
			Austin, TX	78723								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Ex	pense			ш			plete Schedule T.	
								_		officeholder living		durina
								Utilities for Of legislative ses			g expenses	uuring
	Complete ONII V if alice -	ᆫ	Condidate /Cff	achalder = = ===	0.5	fine sai:					ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januluate/Offi	ceholder name	Off	fice sou	ynt			Office h	eid	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		<u> </u>
1	Total pages Schedule F1: Sch: 4/16 Rpt: 9/40	2 FILER NAME Landgraf, Brooks Frederick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069756
4	Date	5 Payee name
•		
	05/07/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.73	4815 Mueller Blvd.
		Auctin TV 70722
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/21/01/12	X Check if Austin, TX, officeholder living expense
		Utilities for Officeholder living expenses during
		legislative session.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Daysa nama
		Payee name
	06/07/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.60	4815 Mueller Blvd.
		Austin, TX 78723
		Austin, 17 10125
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Utilities for Officeholder living expenses during legislative session.
		iegisiauvė session.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	04/11/2025	Clayton Spangler Photographic Design
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$858.00	235 Point Lick Dr
		Charleston, WV 25306
	PURPOSE	In.
	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
		Panoramic Portraits for Capitol office.
		i anoramic i ortialis ioi Capitoi onice.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed abov	/e)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 5/16 Rpt: 10/40		Landgraf, B	rooks Frederic	k (The Hono	rable)				00069756		
4	Date	5	Payee name									
	06/10/2025		Dillards El P	aso								
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$242.27		750 Sunland	d Park Dr								
			El Paso, TX	79912								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(")		e Categories listed at nead/Rental Ex		iedule)	(5)	_ :	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Office Over	icad/iterital L/	фензе			브		officeholder livin		
								Required attir	re f	or hearing.		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/10/2025		Double Tree	e El Paso								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$289.76		600 N El Pa	so St								
			El Paso, TX	79901								
	PURPOSE	(a)	Category (sc	e Categories listed at	the ten of this coh	rodulo)	(b)	Description				
	OF	 `´	Travel Out of		the top of this sen	leddie)	` '	_ :	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							ш		officeholder livin	g expense	
								Lodging for h	ear	ing.		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	(Office sou	ght			Office h	eld	
	experientare to benefit 6/01											
	Date		Payee name									
	02/07/2025		Ector Count	y Republican \	Vomen							
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$500.00		PO Box 145	37								
			Odessa, TX	79768								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By						nplete Schedule T.	
	LXFLINDITORL		Candidate/C	Officeholder/Po	litical Comm	nittee		_		officeholder livin		
								COH Sponso	rsn	ip of leader	snip event.	
_	Complete ONLY if allows	Ļ	Condidate /Off	achold = = =		Office and	al-+			Off:	ald	
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	(Office sou	gnt			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/16 Rpt: 11/40	Landgraf, Brooks Frederick (The Honorable) 00069756
4	Date	5 Payee name
	02/07/2025	Ellen Noel Art Museum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4909 E University
		Odessa, TX 79762
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		COH Sponsorship of annual charity event.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/28/2025	Fuentes, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$554.10	333 E. Slaughter Lane Apt. 136
	70020	and I state from I all to from
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Contract labor for campaign services.
	Computate ONLY if dispost	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	I&D Group
	Amount (\$)	Payee address; City; State; Zip Code
		, -y, -y,, p
	\$500.00	2626 JBS Parkway A200
	\$500.00	2626 JBS Parkway A200
	\$500.00	2626 JBS Parkway A200 Odessa, TX 79762
	PURPOSE	Odessa, TX 79762 (a) Category (See Categories listed at the top of this schedule) (b) Description
		Odessa, TX 79762 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	PURPOSE OF	Odessa, TX 79762 (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
	PURPOSE OF	Odessa, TX 79762 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	PURPOSE OF EXPENDITURE	Odessa, TX 79762 (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 COH Membership Dues.
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Odessa, TX 79762 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Odescription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COH Membership Dues.
	PURPOSE OF EXPENDITURE	Odessa, TX 79762 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Odescription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COH Membership Dues.
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Odessa, TX 79762 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Odescription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COH Membership Dues.

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a ca	ict ategory not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		(Ethics Commission Filers)
	Sch: 7/16 Rpt: 12/40	<u> </u>	
4	Date	5 Payee name	
	06/06/2025	IRS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$290.70	Internal Revenue Service	
		Ogden, UT 84201	
_	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	oto Cobodulo T
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Comple	
		Campaign payroll taxes for Q	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	d
,	expenditure to benefit C/OI		u
	Date	Payee name	
	06/30/2025	Landgraf, Brooks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$511.70	2331 Ladue Lane	
		Odessa, TX 79762	
	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. Comple	
	LAFENDITORE	Check if Austin, TX, officeholder living e	
		COH mileage reimbursement for out of dist travel Jan-Jun (
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	d
	Date	Payee name	
	01/28/2025	Larson, Mackenzie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$554.10	190 Twistleaf Dr	
		Buda, TX 78610	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Comple	ete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living e	expense
		Contract labor for campaign s	services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	d
	expenditure to benefit C/OI	OH	

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

	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: 8/16 Rpt: 13/40	Landgraf, Brooks Frederick (The Honorable) 00069756						
4	Date	5 Payee name						
	01/20/2025	Law of Offices of Kevin C. Stewart						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,250.00	6801 Yaupon Dr						
		Austin, TX 78759						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Ethics consulting for COH						
		Lunes someaning for corr						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
٠	expenditure to benefit C/O							
_	Date	Davies warms						
	01/17/2025	Payee name Mayorick Campaigns						
		Maverick Campaigns						
Amount (\$) Payee address; City; State; Zip Code								
	\$1,553.00	536 Arlington						
		Houston, TX 77007						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
		COH political consulting						
		Corr political corrections						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
┝	Data							
	Date 01/28/2025	Payee name Mitchell, Bennett						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$554.10	1211 Brentwood St						
		Austin, TX 78757						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Contract labor for campaign services.						
		Contract labor for earripaign services.						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┝	T. 1	
1	Total pages Schedule F1: Sch: 9/16 Rpt: 14/40	2 FILER NAME Landgraf, Brooks Frederick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069756
4	Date	5 Payee name
	01/23/2025	Mojo Choir
6	Amount (\$) \$265.00	7 Payee address; City; State; Zip Code 1800 E 42nd St Odessa, TX 79762
_		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COH print advertisement.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	Monahans Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1525 E Monahans Parkway
		Monahans, TX 79756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		COTT Methibership Dues.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Odessa Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$365.00	700 N Grant Ave
		#200
		Odessa, TX 79761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		COH Membership Dues.
\vdash	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 Committee

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	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:							
Sch: 10/16 Rpt: 15/40	Landgraf, Brooks Frederick (The Honorable) 00069756						
4 Date	5 Payee name						
01/03/2025	Odessa Downtown Lions Club						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$140.00	PO Box 12190						
	Odessa, TX 79768						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
EXPENDITORE	Candidate/Officeholder/Political Committee						
	COH Membership Dues.						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	7						
Date	Payee name						
03/07/2025	Reagan PTA						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	2321 E 21st Street						
	Odessa, TX 79761						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	Candidate/Officeholder/Political Committee						
	Con Sponsorship of annual charity benefit.						
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·						
Data	Davies some						
Date	Payee name						
06/03/2025	Republic Square						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,552.63	401 Guadalupe St.						
	Austin, TX 78701						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense						
LA LADITORL	X Check if Austin, TX, officeholder living expense						
	Officeholder Austin apartment rent for legislative duties.						
Operation Objects "							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
2							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Openations 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: 11/16 Rpt: 16/40	Landgraf, Brooks Frederick (The Honorable) 00069756		
4	Date	5 Payee name		
	03/03/2025	Republic Square		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$3,759.38	401 Guadalupe St.		
		Austin, TX 78701		
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		
		Officeholder Austin apartment rent for legislative		
		duties.		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	04/30/2025	Sequoia Public Affairs		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3,000.00	19419 Cloudy Bay Dr		
Pflugerville, TX 78660				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		COH consulting		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/22/2025	Sequoia Public Affairs		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3,000.00	19419 Cloudy Bay Dr		
		Pflugerville, TX 78660		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense COH consulting		
		Constituting		
	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: 12/16 Rpt: 17/40	Landgraf, Brooks Frederick (The Honorable) 00069756
4	Date	5 Payee name
	01/05/2025	Silver Bells
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 1218
		Kermit, TX 79745
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Con sponsorship of annual charty program.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	01/12/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$820.86	P.O. Box 36647-1CR
		Dallas, TX 75235
	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.
		COLL travel for supportors for sweeping in
		COH travel for supporters for swearing-in.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	02/03/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$423.32	P.O. Box 36647-1CR
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COH travel for supporter for Odessa legislative days.
		COTT travel for supporter for Ouessa legislative days.
	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 C

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	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 13/16 Rpt: 18/40	Landgraf, Brooks Frederick (The Honorable) 00069756				
4	Date	5 Payee name				
	04/18/2025	Southwest Airlines				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$478.33	P.O. Box 36647-1CR				
		Dallas, TX 75235				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
Check if Austin, TX, officeholder living expense COH travel for Governor Easter events for						
		supporters.				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	05/25/2025	Southwest Airlines				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$459.84	P.O. Box 36647-1CR				
		Dallas, TX 75235				
	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				
		COH travel for supporters for Memorial Day honors.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/02/2025	Southwest Airlines				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$296.67	P.O. Box 36647-1CR				
		Dallas, TX 75235				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		COH travel for supporters for Sine Die activities.				
	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 Committee

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					
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
1	Sch: 14/16 Rpt: 19/40	2 FILER NAME Landgraf, Brooks Frederick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069756				
4	Date	5 Payee name				
	04/04/2025	Texas Conservative Coalition				
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 2659 Austin, TX 78768				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues.				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/29/2025	USAA				
	Amount (\$)	Payee address; City; State; Zip Code				
\$15,526.86 9800 Fredericksburg Road						
		San Antonio, TX 78288				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Credit card payment for expenditures reported on Schedule F4.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/28/2025	USAA				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10,709.30	9800 Fredericksburg Road				
		San Antonio, TX 78288				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Credit card payment for expenditures reported on				
		Schedule F4.				
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
			_			
1	Total pages Schedule F1: Sch: 15/16 Rpt: 20/40	2 FILER NAME Landgraf, Brooks Frederick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069756	s)			
4	Date	5 Payee name				
•	03/28/2025	USAA				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$8,010.30	9800 Fredericksburg Road				
		San Antonio, TX 78288				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Credit Card Payment				
Check if Austin, 1x, officenoider living expense						
		Credit card payment for expenditures reported on Schedule F4.	1			
		Scriedule 14.				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	04/28/2025	USAA				
_	Amount (\$)	Payee address; City; State; Zip Code				
	• •					
\$13,570.87 9800 Fredericksburg Road						
		Con Antonio TV 70000				
		San Antonio, TX 78288				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense	_			
		Credit card payment for expenditures reported on Schedule F4.	I			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	05/28/2025	USAA				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10,405.01	9800 Fredericksburg Road				
		San Antonio, TX 78288				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Credit card payment for expenditures reported on Schedule F4.	l			
_	0 1. 5					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	portandio to bolloni 0/01					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ges/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	·			3	Filer ID	(Ethics Commission Filers)	
Ė	Sch: 16/16 Rpt: 21/40	_	Landgraf, Brooks Frederick (The Honorable	e)			00069756	(Euros Commission Filets)	
4	Date	5	Payee name						
	06/28/2025		USAA						
6	Amount (\$)	7	Payee address; City; State; Zip	Code	9				
	\$14,080.40		9800 Fredericksburg Road						
			San Antonio, TX 78288						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(k	Description				
	EXPENDITURE		Credit Card Payment		ш		ide of Texas. Comp		
		Check if Austin, TX, officeholder living expense Credit card payment for expenditures reported on							
					Schedule F4.		nontion expe	chaltares reported off	
9	Complete ONLY if direct		Candidate/Officeholder name Office	sough	 nt		Office he	eld	
	expenditure to benefit C/OI	4		_					
	Date		Payee name						
L	01/11/2025	L	Winkler Loving County Livestock Association	on					
	Amount (\$)		Payee address; City; State; Zip	Code	e				
\$4,500.00 307 S Poplar St. #1									
			Kermit, TX 79745						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(k	Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		ш		ide of Texas. Comp officeholder living		
			Candidate/Onicendider/Political Committee	Check if Austin, TX, officeholder living expense COH sponsorship of annual charity event.					
					2 2 oponoo		. _F 0. c	2	
	Complete ONLY if direct		Candidate/Officeholder name Office	sough	nt		Office he	eld	
	expenditure to benefit C/OI	Η							
		_				_			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 1/19 Rpt: 22/40	Landgraf, Brooks F		00069756						
4	CREDIT CARD ISSUER	Name of final	\$ 9,460.06							
6	PAYMENT	(a) Amount Charged \$224.04	(b) Date of Charge 01/15/2025	(c) Date(s) 01/29/20) Credit Card Issuer 125	Paid				
7	PAYEE	(a) Payee name Adobe Systems Inc	corporated	Suite 102	tance Dr	e Dr				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri	otion tware subscription	n.				
	Non-Political	(6)				officeholder living exp	ense			
9 е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$6,276.61	(b) Date of Charge 03/01/2025	(c) Date(s 03/28/20) Credit Card Issuer 125	Paid				
PAYEE		(a) Payee name Belay Solutions		(b) Payee address; City, State, Zip 885 Woodstock Rd Roswell, GA 30075				Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Salaries/Wages/Contr		(b) Description COH Contract labor for Q2						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$241.58	(b) Date of Charge 04/09/2025	(c) Date(s 04/28/20) Credit Card Issuer 125	Paid				
	PAYEE	(a) Payee name Best Buy		(b) Payee address; City, State, Zij 6300 E Highway 191 Odessa, TX 79762			Zip Code			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tal Expense	(b) Descri	otion hnology equipme	nt					
L	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
l _										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 2/19 Rpt: 23/40	Landgraf, Brooks F	00069756							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	9,460.0	06		
6	PAYMENT	(a) Amount Charged \$1,246.65	(b) Date of Charge 04/14/2025	(c) Date(s) 04/28/20	Credit Card Issue 25	r Paid				
7	PAYEE	(a) Payee name Book People		(b) Payee 603 N La Austin, T	ımar Blvd	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	1					pporters and colleagues.			
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$259.28	(b) Date of Charge 04/03/2025	(c) Date(s) 04/28/20	Credit Card Issue 25	r Paid				
	PAYEE (a) Payee name D Cava			(b) Payee 515 Con Austin, T	gress Ave	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting with staff to discuss legislative issues.						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living expense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/21/2025	(c) Date(s) 02/28/20) Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name Texas House Repu	blican Caucus	(b) Payee address; PO Box 13305 Austin, TX 78711		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	,	(b) Descrip Officerho	lder annual men	· 				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this f	form.					
1 Total pages Schedule F4:	. Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 3/19 Rpt: 24/40	Landgraf, Brooks F	rederick (The Honorab	le)		00069756				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITU CHARGED CARD		\$ 9,460.06				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
	\$6,276.61	01/01/2025	01/29/2025						
7 PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
	Belay Solutions		885 Woodsto	ock Rd					
			Roswell, GA						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Salaries/Wages/Conti		COH Contrac	ct labor for Q2	L				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
	\$756.30 01/15/2025 01/29/2025								
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
	Sparklight	4701 E 52nd St							
			Odessa, TX 79762						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description Campaign phone line and wifi service semiannual charge.							
X Political	Office Overhead/Rent	iai Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$281.90	(b) Date of Charge 02/15/2025	(c) Date(s) Cre 02/28/2025	dit Card Issuer	Paid				
PAYEE	(a) Payee name	<u>I</u>	(b) Payee addr	ess;	City,	State,	Zip Code		
			24 Albion Rd				·		
	Steiff		#220						
			Lincoln, RI 02865						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Event Expense	(See Categories listed at the top of this schedule)		Congratulation gifts for COH supporters.					
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 File	r ID (Ethics Commis	sion Filers)		
	Sch: 4/19 Rpt: 25/40	Landgraf, Brooks F	rederick (The Honorabl	e)	00069	756			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	\$	9,460.	06		
6	PAYMENT	(a) Amount Charged \$781.44	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Car 01/29/2025	d Issuer Paid				
7	PAYEE	(a) Payee name Amazon.com		(b) Payee address; Box 81226	City,	State,	Zip Code		
Ļ	PURPOSE OF	(a) Category		Seattle, WA 98108 (b) Description	-1220				
8	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Reni		1 ' '		or officeholder during			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if A	Austin, TX, officehold	er living expense			
9				e sought	Office	e held			
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$411.04	(b) Date of Charge 02/17/2025	(c) Date(s) Credit Car 02/28/2025	d Issuer Paid				
Г	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		Alonti Cafe		12001 N MoPac Ex	xpressway Se	rvice Rd Ste C			
L				Austin, TX 78758					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff meeting to discuss legislative issues.					
	Non-Political	(a) Chapte if traval autoida	of Toyon Complete Cohodule T						
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Austin, TX, officehold				
€	expenditure to benefit C/OH					. Held			
	PAYMENT	(a) Amount Charged \$1,386.15	(b) Date of Charge 03/24/2025	(c) Date(s) Credit Car 03/28/2025	d Issuer Paid				
PAYEE (a) Payee name Capitol Extension Gift Shop			Gift Shop	(b) Payee address; City, State, Zip Co 1400 N Congress Ave E1.006 Austin, TX 78701			Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense			(b) Description Gifts of ornaments and Texas trinkets for COH supporters.					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office	held	_		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 5/19 Rpt: 26/40	Landgraf, Brooks F	rederick (The Honorab	le)	00069756					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 9,460.06					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$700.84	06/25/2025	06/28/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Double Tree Hotel		1617 N Interstate 35 Fro	ntage Rd					
	(a) Catamani		Austin, TX 78702						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging for p	nost sassion maatings					
X Political	Political Travel Out of District			oost session meetings.					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			—	K, officeholder living expense					
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held					
expenditure to benefit C/OH			1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 03/28/2025	er Paid					
	\$274.52	03/04/2025	03/20/2023						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Hill Country Springs	s, Inc.	PO Box 2220						
			Manchaca, TX 78652						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Drinking water for Capitol Office visitors						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/28/2025	er Paid					
	\$971.63	06/12/2025	00/28/2023						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	l l l l l l l l l l l l l l l l l l l		2700 17 Mile Dr						
	Inn at Spanish Bay								
			Pebble Beach, CA 93953	3					
PURPOSE OF	(a) Category	of this schodulo)	(b) Description						
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense		Officeholder legislative u	pdate meetings with stakeholders.					
I =	X Political								
Non-Political	`	of Texas. Complete Schedule T.							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
	,-								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 6/19 Rpt: 27/40	Landgraf, Brooks F	rederick (The Honorabl	le)		00069756		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	9,460.0	06
6	PAYMENT	(a) Amount Charged \$3,750.87	(b) Date of Charge 02/06/2025	(c) Date(s 02/28/20) Credit Card Issue 125	r Paid		
7	PAYEE	(a) Payee name Lucchese Austin		(b) Payee 11401 C Austin, T	entury Oaks Terra	City, ace	State,	Zip Code
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Leather boot gifts for C			ption	l staff.			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
9	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/06/2025	(c) Date(s 02/28/20) Credit Card Issuel 025	r Paid		
	PAYEE (a) Payee name Young Womens Leadership			(b) Payee 1800 E V		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Descri		ıal charity ever	ıt.	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$308.96	(b) Date of Charge 01/14/2025	(c) Date(s 01/28/20) Credit Card Issuel 025	r Paid		
	PAYEE	(a) Payee name Ruth's Chris		(b) Payee 107 W 6 Austin, T	th St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description COH meeting to discuss legislative issues.				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete the	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 7/19 Rpt: 28/40	Landgraf, Brooks F	rederick (The Honorab	le)		00069756			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	9,460.0	06	
6 PAYMENT	(a) Amount Charged \$354.47	(b) Date of Charge 03/29/2025	(c) Date(s) 04/28/202	Credit Card Issuei 25	r Paid			
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Chick-fil-A #2992		24th & Guadalupe Texas Union					
			Austin, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
X Political	Food/Beverage Expe		COH mee	ting to discuss l	egisialive issu	38.		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	pense		
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$284.00	(b) Date of Charge 01/09/2025	(c) Date(s) 01/29/202	Credit Card Issuei 25	r Paid			
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
	El Dorado Cafe		10663 W	University				
			Odessa, 7					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descript	tion meeting for cons	stituents			
Non-Political	(a) 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Toward Consults Cohodula T		Observation TV	-##			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$554.42	(b) Date of Charge 02/25/2025	(c) Date(s) 02/28/202	Credit Card Issuei 25	r Paid			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Ellen Noel Art Muse	eum	4909 E Ur	niversity				
			Odessa, T	TX 79762				
PURPOSE OF	(a) Category		(b) Descript					
EXPENDITURE X Political	Contributions/Donations Made By			COH donation to annual charity event.				
Non-Political								
Complete ONLY if direct expenditure to benefit C/OH	name Offic	e sought	-	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 8/19 Rpt: 29/40	Landgraf, Brooks F	rederick (The Honorabl	e)		00069756		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	9,460.0	06
6	PAYMENT	(a) Amount Charged \$1,026.00	(b) Date of Charge 01/22/2025	01/29/20		r Paid		
7	PAYEE	(a) Payee name Nationbuilder			ill 0 eles, CA 90013	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	PENDITURE (See Categories listed at the top of this schedule) Advertising Expense Campaign website hosting expense				9		
	(c) Greek interestable of sexual complete conclude in				Check if Austin, TX,	officeholder living expe	nse	
9 е	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought		Office held		
	PAYMENT	(a) Amount Charged \$422.35	(b) Date of Charge 04/22/2025	(c) Date(s 04/28/20) Credit Card Issuer)25	r Paid		
	PAYEE	(a) Payee name HEB #465			th Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Austin, T (b) Descri Capitol o		ks and supplies	·.	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$421.58	(b) Date of Charge 02/23/2025	(c) Date(s 02/28/20) Credit Card Issuer)25	r Paid		
	PAYEE	(a) Payee name HEB #465		(b) Payee 2701 E 7 Austin, T	th Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Capitol office snacks, drinks and supplies.			
L	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica			inting Expense alaries/Wages/Cor		THER (enter a category	y not listed at	oove)
	The Inst	ruction Guide explains how	v to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 9/19 Rpt: 30/40	Landgraf, Brooks F	rederick (The Honorab	ole)		00069756		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	9,460.0	06
6 PAYMENT	(a) Amount Charged \$2,289.49	(b) Date of Charge 02/05/2025	(c) Date(s) 02/28/202	Credit Card Issuer 25	Paid		
7 PAYEE	(a) Payee name Lucchese Austin		Austin, T	entury Oaks Terra X 78758	City, ace	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	,	(b) Descrip Leather b	oot gifts for COH	l staff.		
Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH					Office held		
PAYMENT	(a) Amount Charged \$302.95	(b) Date of Charge 02/15/2025	(c) Date(s) 02/28/202	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	USPS		4551 E 52				
	() 2 :		Odessa,				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Campaign PO Box annual rental.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		ce sought	Check ii Addaii, 174,	Office held	31130	
PAYMENT	(a) Amount Charged \$691.81	(b) Date of Charge 04/08/2025	(c) Date(s)	Credit Card Issuer	Paid		
PAYEE	(a) Payee name Texas Ave Gifts		(b) Payee a 2103 W T		City,	State,	Zip Code
	TOAGO ANG OILO		Midland,				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip Congratu	tion lation gifts for CC	OH supporters.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	ce sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)		
	Sch: 10/19 Rpt: 31/40	Landgraf, Brooks F	rederick (The Honorabl	e)		00069756			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	9,460.0	06	
6	PAYMENT	(a) Amount Charged \$305.92	(b) Date of Charge 03/23/2025	(c) Date(s) 03/28/20) Credit Card Issuei 125	r Paid			
7	PAYEE	(a) Payee name Amazon.com		(b) Payee Box 8122		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political			otion					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
9 -	9 Complete ONLY if direct candidate/Officeholder name Office expenditure to benefit C/OH			e sought		Office held			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid			
	Aimeni	\$400.00	04/21/2025	(e) Bate(s)	, Greatt Gard 199der	i i did			
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Crystal Ball Founda	ation	P.O. Box					
					TX 79762				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descri	otion nation to charity e	event.			
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held			
	PAYMENT	(a) Amount Charged \$587.40	(b) Date of Charge 01/14/2025	(c) Date(s) 01/29/20) Credit Card Issuer 125	r Paid			
	PAYEE	(a) Payee name Delta		(b) Payee 1030 Del Atlanta, (City,	State,	Zip Code	
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Travel Out of District			(b) Descrip Travel fo	otion r COH volunteer	for meeting.			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
Γ									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 11/19 Rpt: 32/40	Landgraf, Brooks F	rederick (The Honorabl	le)		00069756			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	9,460.0	06	
6	PAYMENT	(a) Amount Charged \$307.64	(b) Date of Charge 05/19/2025	(c) Date(s 05/28/20) Credit Card Issue)25	r Paid			
7	PAYEE	(a) Payee name F1 Grill			address; es Hermanas Blvo TX 79765	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) X Political COH meeting to discuss			district issues.				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
	9 Complete ONLY if direct Candidate/Officeholder name Off expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$297.30	(b) Date of Charge 01/13/2025	(c) Date(s 01/28/20) Credit Card Issue 025	r Paid			
	PAYEE	(a) Payee name HEB #710		(b) Payee 8801 S (Austin, T	Congress Ave.	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		ıks and supplie	S.		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$389.09	(b) Date of Charge 03/13/2025	(c) Date(s 03/29/20) Credit Card Issue 025	r Paid			
	PAYEE	(a) Payee name HEB #710		(b) Payee 8801 S (Congress Ave.	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			tal Expense	(b) Descri Capitol o	office snacks, drin				
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0 001.554	Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/19 Rpt: 33/40	Landgraf, Brooks F	rederick (The Honorabl	le)		00069756			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	9,460.0	06	
6	PAYMENT	(a) Amount Charged \$284.00	(b) Date of Charge 05/28/2025	(c) Date(s) 06/28/20	Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name A-List Embroidery		(b) Payee 720 US 1 #220 Austin, T	.83 S	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	ITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Embroidery of gifts for con			mmittee membe	ers.			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
				e sought		Office held			
е	xpenditure to benefit C/OH	() 1	[(1) D () (0)	100000	0 12 0 11	5 : 1			
	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 03/19/2025	03/28/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Sharing Hands a R	espite		A St. Ste. 2500 TX 79705				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description COH sponsorship of annual charity event.					
	X Political	Contributions/Donation Candidate/Officeholde	ns Made By						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$2,064.33	(b) Date of Charge 05/28/2025	(c) Date(s) 06/28/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name Patagonia		(b) Payee 316 Con	address; gress Ave	City,	State,	Zip Code	
		i atagonia		Austin, T	X 78701				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense			(b) Description Apparel gifts for committee members.					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin TX	officeholder living exp	ense		
\vdash	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Oncor ii Austin, 1X,	Office held			
expenditure to benefit C/OH									
H		l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)		
	Sch: 13/19 Rpt: 34/40	Landgraf, Brooks F	rederick (The Honorabl	le)		00069756			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	. OF UNITEMIZEI IDITURES GED TO A CRED	\$	9,460.0	06	
6	PAYMENT	(a) Amount Charged \$1,099.00	(b) Date of Charge 01/08/2025	(c) Date(s 01/29/20) Credit Card Issu)25	uer Paid			
7	PAYEE	(a) Payee name Texas Tribune		6th Floor Austin, T	gress Avenue TX 78701	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description COH donation to nonprof			ofit.					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, T	X, officeholder living ex	pense		
	expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$589.63	(b) Date of Charge 01/12/2025	(c) Date(s) 01/28/20) Credit Card Issu 025	uer Paid			
	PAYEE	(a) Payee name Poncho Outdoors			address; adway #4A k, NY 10003	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		H purposes.			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$305.30	(b) Date of Charge 05/26/2025	(c) Date(s 05/28/20) Credit Card Issu)25	uer Paid			
	PAYEE	(a) Payee name HEB #710		(b) Payee 8801 S C Austin, T	Congress Ave.	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			tal Expense	(b) Descri	office snacks, dr	inks and supplic			
L	Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct				Check if Austin, T	X, officeholder living ex	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 14/19 Rpt: 35/40	Landgraf, Brooks F	rederick (The Honorabl	le)		00069756			
4	CREDIT CARD ISSUER		ncial institution revious		EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	9,460.0)6	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	T		redit Card Issuer	Paid			
		\$454.42	06/15/2025		06/28/2025					
7	PAYEE	(a) Payee name		Ī	(b) Payee ac	ldress;	City,	State,	Zip Code	
		HEB #465			2701 E 7th	Street				
				-	Austin, TX					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		(b) Description					
	X Political	Office Overhead/Rental Expense Capitol office snacks, drinks			ks and supplies	•				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	nse				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e:	sought		Office held			
ex	xpenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid			
		\$223.63	02/27/2025		02/28/2025)				
PAYEE (a) Payee name			Ī	(b) Payee ac	ldress;	City,	State,	Zip Code		
		La Margarita Resta	urant		1301 S Gra	ant Ave				
					Odessa, T	K 79761				
	PURPOSE OF	(a) Category		- 1	(b) Description					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		COH meetings with supporters to discuss district issues.					issues.	
	x Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>_</u>						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e:	sought		Office held			
ex	xpenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) C 06/28/2025	redit Card Issuer	Paid			
		\$500.00	06/12/2025		00/20/2023	,				
\vdash	PAYEE	(a) Payee name		+	(b) Payee ac	ldress;	City,	State,	Zip Code	
				- 1	3100 La Fo		<i>3.</i>		•	
		Midland Odessa Sy	mphony							
					Midland, T	X 79706				
	PURPOSE OF	(a) Category		T	(b) Description	on				
	EXPENDITURE	(See Categories listed at the top	· ·		COH spons	sorship of annu	al charity event.			
	X Political	Contributions/Donations Made By Candidate/Officeholder/Political Committee			ittee					
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin					TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e:	sought		Office held			
ex	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 15/19 Rpt: 36/40	Landgraf, Brooks F	rederick (The Honorab	le)	00069756							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 9,460.06							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$421.69	06/20/2025	06/28/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code							
	Sushi Juuan		1612 Lavaca St								
			Austin, TX 78701								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	o to discuss logislative issues							
X Political	Food/Beverage Expense			s to discuss legislative issues.							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense							
9 Complete ONLY if direct Candidate/Officeholder name Office sough			e sought	Office held							
expenditure to benefit C/OH											
PAYMENT (a) Amount Charged (b) Date of Charged \$2,671.23 06/25/20			(c) Date(s) Credit Card Issue 06/28/2025	r Paid							
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code							
	Uber		800 Market St								
			San Francisco, CA 94102)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description COH travel for legislative duties and campaign purposes								
X Political	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	from Jan - June 2025.								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$1,011.31	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issue 06/28/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code							
	1.0		509 Rio Grande								
	J Cavers										
			Austin, TX 78701								
PURPOSE OF	(a) Category	of this schedule)	(b) Description								
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			discuss legislative issues.							
X Political											
Non-Political	`	of Texas. Complete Schedule T.	_								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 16/19 Rpt: 37/40	Landgraf, Brooks Frederick (The Honorable)				00069756			
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	9,460.0	06	
6	PAYMENT	(a) Amount Charged \$220.24	(b) Date of Charge 05/30/2025	(c) Date(s) 06/28/202	Credit Card Issuei 25	r Paid			
7	PAYEE	(a) Payee name Wu Chow Austin		(b) Payee a 500 W 5th	St #168	City,	State,	Zip Code	
L		() 0 :		Austin, TX 78701					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with stakeholders discuss legislative issues.					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH			_					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$410.00	04/06/2025						
PAYEE		(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Odessa Council for the Arts		415 N Gra	ant Ave #200				
				Odessa, T	X 78761				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By		(b) Descript COH dona	ion ation to nonprofi	t.			
	X Political	Candidate/Officeholde							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$3,731.35	(b) Date of Charge 05/03/2025	(c) Date(s) 05/25/202	Credit Card Issuei 25	r Paid			
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
l		Depublic Course		401 Guadalupe St.					
	Republic Square								
L				Austin, TX 78701					
PURPOSE OF (a) Category		of this cohodulo)	(b) Description						
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Officeholder Austin apartment rent for legislative duties.						
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	' г	X Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
е	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	i ne inst	ruction Guide explains now	to complete this form.					
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 17/19 Rpt: 38/40	Landgraf, Brooks F	rederick (The Honorab	le)	00069756				
4 CREDIT CARD ISSUER		Name of financial institution see previous 5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD		\$ 9,460.06				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$634.49	01/10/2025	01/29/2025					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code			
	Walmart		4210 JBS Parkway					
			Odessa, TX 79762					
8 PURPOSE OF	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Apartment home items for officeholder during legislative session.					
l <u>—</u>								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, T			K, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$2,716.51	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issue 02/28/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Republic Square (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		401 Guadalupe St.					
			Austin, TX 78701					
PURPOSE OF EXPENDITURE			(b) Description Officeholder Austin apartment rent for legislative					
X Political			duties.					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense Office held				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	Office held						
PAYMENT	(a) Amount Charged \$3,373.57	(b) Date of Charge 04/03/2025	(c) Date(s) Credit Card Issue 04/28/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Republic Square		401 Guadalupe St.					
			Austin, TX 78701					
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)		(b) Description Officeholder Austin apartment rent for legislative						
X Political	Office Overhead/Ren		duties.	nent rent for legislative				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category	not listed at	oove)	
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 18/19 Rpt: 39/40		rederick (The Honorab	le)	00069756			
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 9,460.06			
6 PAYMENT	(a) Amount Charged \$965.43	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issue 06/28/2025	Paid			
7 PAYEE	(a) Payee name Yeti		(b) Payee address; 220 South Congress Ave	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description				
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		Cup gifts for committee members.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$1,904.94	(b) Date of Charge 04/29/2025	(c) Date(s) Credit Card Issue 05/28/2025	r Paid			
PAYEE	(a) Payee name Homemade Wines		(b) Payee address; 400 N Texas Odessa, TX 79761	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description COH Gifts for civic event.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$508.95	(b) Date of Charge 05/24/2025	(c) Date(s) Credit Card Issue 05/28/2025	r Paid			
PAYEE	(a) Payee name Sgt Pepper's		(b) Payee address; 3200 N Garfield St Midland, TX 79705	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Congratulation gifts for COH supporters.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
1							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

The Instruction Guide explains how to complete this form.

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	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 19/19 Rpt: 40/40	Landgraf, Brooks F	le)	00069756				
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 9,460.06		06	
6	PAYMENT	(a) Amount Charged \$493.54	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issue 02/28/2025	r Paid			
7	PAYEE	(a) Payee name Amazon.com		(b) Payee address; Box 81226 Seattle, WA 98108-1226	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Apartment items for officeholder during legislative session.				
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		X Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate/Officeholder expenditure to benefit C/OH			name Office	e sought	Office held			
E	expenditure to benefit C/OH							