CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to comp	plete this form.	1 Filer ID (Ethics Commis 00069726	sion Filers)	2 Total pages filed: 18		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY	
OFFICEHOLDER NAME	The Honorable	Matt F.			Date Received ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	 07/14/2025		
		Shaheen					
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	PO Box 160				Receipt #	Amount	
Change of Address	Prosper, TX 75078						
	1100pc1, 17(10010				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER NAME	Mr.	Arthur L.					
	NICKNAME	LAST		SUFFIX			
	INICINAIVIL	Young		30111X			
		Tourig					
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	1732 Cathedral Dr.						
(Residence or Business)	Plano, TX 75023						
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION				
TREASURER PHONE	(972) 578-9768						
8 REPORT TYPE			atauria	D"	7 450 1		
''' -	January 15	30th day before	election	Runoff	15th day after cam appointment (office	eholder only)	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2025		IROUGH	06/30/202			
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	PI	rimary	Runoff	Other		
		lПG	eneral	Special			
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)		
	State Representative Dis	strict 66 Collin		State Represent	ative District 66		
	1			l			
		GO T	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Shaheen, Matt F. (Th	(Ethics Com	mission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures m	accepted or political expenditu nay have been made without t uired to report this information	the candidate's or office	eholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
_	GENERAL								
		COMMITTEE ADDRE	ESS						
	SPECIFIC								
	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI ONTRIBUTIONS MADE ELEC		\$	0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, O	S R GUARANTEES OF LOANS	5)	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00					
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	19,737.07			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	590,524.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT									
		tru	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.						
			The Hane	rable Matt F. Shahee					
		_		Candidate or Officehol					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid		, this the		day			
	, 20, to co			, and are		_ uuy			
Signature of office	cer administering	Printed name of	officer administering	Title of officer	r administeri	ng oath			

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 18 8 FILER NAME Shaheen, Matt F. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00069726

			3 of 18						
18 FILER NAM Shaheen,	ME Matt F. (The Honorable)	19 Filer ID 00069726	(Ethics Commission Filers)						
	O SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$						
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 CONTRIBUTION	S	\$ 14,697.65						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 5,039.42						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

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	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: 1/6 Rpt: 4/18	Shaheen, Matt F. (The Honorable) 00069726
4	Date	5 Payee name
	03/02/2025	American Legislative Exchange Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2733 Crystal Drive
		Suite 1000
		Arlington, TX 22202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership
		Membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/18/2025	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1014 W. Milton St.
		Austin, TX 78704
	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
		Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2025	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1014 W. Milton St.
		Austin, TX 78704
	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.
	-	Check if Austin, TX, officeholder living expense Consulting
		Consulting
-	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 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: 2/6 Rpt: 5/18	Shaheen, Matt F. (The Honorable) 00069726
4	Date	5 Payee name
	03/07/2025	Collin County GOP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$833.34	2963 W 15th St Suite 2981
		Plano, TX 75075
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lincoln Day Dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	03/18/2025	Padgett, Hayden
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		Plano, TX 75025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By
	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
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to believe even	
	Date	Payee name
	06/02/2025	Rattleff, Amy
	Amount (\$)	Payee address; City; State; Zip Code
	\$940.00	
		Plano, TX 75074
	DUDDOCE	Tu.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement
L	Operation ONE VIII I	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ordan dara raymoni	The Instruction Guide explains how to c	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 3/6 Rpt: 6/18	Shaheen, Matt F. (The Honorable)		00069726	
4 Date	5 Payee name			
04/15/2025	Rattleff, Amy			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$250.00				
	Plano, TX 75074			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Com	
EXI ENDITORE		_	tin, TX, officeholder living	g expense
		Salary		
9 Complete ONLY if direct	Condidate/Officeholder name	laht.	Office by	-1d
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	igni	Office he	eiu
Date	Payee name			
03/03/2025	Rattleff, Amy			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$294.31				
	Plano, TX 75074			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		el outside of Texas. Com tin, TX, officeholder living	
		, <u>—</u>	reimbursement	y expense
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ıght	Office he	eld
expenditure to benefit C/O		·		
Date	Payee name			
06/04/2025	Scott Sanford for Mayor Campaign			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$500.00	5100 Eldorado Pkwy,	oue .		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 102-805			
	McKinney, TX 75070			
DUDDOCE		(b) D		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b) Description Check if trave	el outside of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee		tin, TX, officeholder living	
		Contribution	1	
Complete ONLY if direct	Candidate/Officeholder name Office so	ıght	Office he	eld
expenditure to benefit C/O	н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 4/6 Rpt: 7/18	Shaheen, Matt F. (The Honorable) 00069726
4	Date	5 Payee name
	03/06/2025	Scott Sanford for Mayor Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5100 Eldorado Pkwy,
		Suite 102-805
		McKinney, TX 75070
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/05/2025	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	919 Congress Ave # 450
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership
		Wiembership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H end of the second of the sec
	Date	Payee name
	03/17/2025	Texas Federation of Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 171146
	φοσο.σσ	1 0 20/(1/11/10
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship Ad
_	Operation Objects "	On this to 10 ff a shall an array of the state of the sta
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/18	Shaheen, Matt F. (The Honorable) 00069726
4	Date	5 Payee name
	03/03/2025	Texas House Republican Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 13305
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership
		Membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	03/07/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	941 N Coleman St.
		Prosper, TX 75078
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Post office box
		1 dot office box
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	03/06/2025	Warren, Tammy
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5100 Eldorado Pkwy
		Suite 102-336
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Contribution
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

SCHEDULE F1

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	/ - Il Con	nmittee	Gift/Awards/ Legal Servio	age Expense /Memorials Exp ces uction Guide			pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed	above)
1	Total pages Schedule F1:	ı				. 1. 1 . 3				3	Filer ID	(Ethics Commi	ssion Filers)
Ļ	Sch: 6/6 Rpt: 9/18		Shaheen, M		ne Honora	abie)					00069726		
4	Date 03/07/2025		Payee name Weaver, St										
Ļ		<u> </u>			te	04-4	7:- 0	-1 -					
Ь	Amount (\$) \$500.00		Payee addre		ity;	State;	Zip Coo	ue					
8	PURPOSE	(a)	Category (S	See Categorie	e lieted at the to	on of this scho	adula)	(b)	Description				
	OF EXPENDITURE		Contributio Candidate/	ns/Donat	ions Made	e Ву			Check if travel		de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder	name	C	Office soug	ght			Office he	eld	

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	ics Commiss	sion Filers)		
	Sch: 1/9 Rpt: 10/18	Shaheen, Matt F. (1	Γhe Honorable)			00069726			
4	CREDIT CARD ISSUER		Name of financial institution Capital One Visa			\$			
6	PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date of Charge			r Paid			
		\$98.07	02/07/2025						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		MailChimp		675 Pon	ce De Leon Ave I	NE, STE 500			
L				Atlanta, (GA 30303				
8	PURPOSE OF	(a) Category	-£41-1	(b) Descri	•				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this scriedule)	Email bla	asts				
l	X Political	· · · · · · · · · · · · · · · · · · ·							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
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			
		\$141.00	01/20/2025						
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Extra Space Storag	е	10900 V	irginia Pkwy				
l				McKinne	y, TX 75071				
	PURPOSE OF	(a) Category		(b) Descri	ption				
	EXPENDITURE	(See Categories listed at the top Storage	of this schedule)	Storage					
	X Political	Clorage							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
	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			
		\$141.00	04/20/2025						
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
l				10900 V	irginia Pkwy				
l		Extra Space Storag	e						
l				McKinne	y, TX 75071				
	PURPOSE OF	(a) Category	(II)	(b) Descri	ption				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Storage					
	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	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 Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 2/9 Rpt: 11/18	Shaheen, Matt F. (1	Γhe Honorable)	00069726					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$141.00	05/20/2025						
7 PAYEE	(a) Payee name Extra Space Storag	e	(b) Payee address; 10900 Virginia Pkwy	City, St	ate, Zip Code			
			McKinney, TX 75071					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Storage	or this scriedule)	Storage					
X Political	-							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH			1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$98.07	01/07/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code			
	MailChimp		675 Ponce De Leon Ave NE, STE 500					
			Atlanta, GA 30303					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Email blasts					
X Political	Advertising Expense							
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				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$141.00	02/20/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code			
			10900 Virginia Pkwy					
	Extra Space Storag	je						
			McKinney, TX 75071					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
EXPENDITURE	Storage	or ans scriedule)	Storage					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 r	iot listed at	oove)		
1 Total pages Schedule F4:		<u> </u>	3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 3/9 Rpt: 12/18	Shaheen, Matt F. (1	Γhe Honorable)	00069726					
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$141.00	03/20/2025						
7 PAYEE	(a) Payee name Extra Space Storag	e	(b) Payee address; 10900 Virginia Pkwy	City,	State,	Zip Code		
	() 0 :		McKinney, TX 75071					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Storage	,	Storage					
X Political			<u> </u>					
Non-Political	(*)	of Texas. Complete Schedule T.	—	officeholder living expen	se			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
FATMENT	\$141.00	06/20/2025	(c) Date(s) Credit Card issued	rau				
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code		
	Extra Space Storage		10900 Virginia Pkwy					
			McKinney, TX 75071					
PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
EXPENDITURE	(See Categories listed at the top Storage	of this scriedule)	Storage					
X Political	ŭ							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$98.07	04/07/2025						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	MailChimp		675 Ponce De Leon Ave NE, STE 500					
			Atlanta, GA 30303					
PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
EXPENDITURE 	(See Categories listed at the top Advertising Expense	of this schedule)	Email blasts					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Comm	ssion Filers)			
Sch: 4/9 Rpt: 13/18	Shaheen, Matt F. (1	The Honorable)	00069726					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$98.07	05/07/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code			
	MailChimp 675 Ponce De Leon Ave			NE, STE 500				
			Atlanta, GA 30303					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
<u></u>	Advertising Expense	of this schedule)	Email blasts					
X Political								
Non-Political		of Texas. Complete Schedule T.		officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	() 4 () 4	[(1) D () (0)	1() 5 : () 6 : 11: 6 : 11	D : 1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$98.07	06/07/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code			
	MailChimp 675 Ponce De Leon Ave Atlanta, GA 30303			IE, STE 500				
PURPOSE OF	(a) Category	of this calculate	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	or this schedule)	Email blasts					
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				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$98.07	03/07/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code			
			675 Ponce De Leon Ave NE, STE 500					
	MailChimp							
			Atlanta, GA 30303					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
<u></u>	Advertising Expense	of this scriedule)	Email blasts					
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete	this form.			,		
1	Total pages Schedule F4:	F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 5/9 Rpt: 14/18	Shaheen, Matt F. (1			00069726					
4	CREDIT CARD ISSUER	Name of financial institution 5 see previous			OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$191.75	01/01/2025							
7	PAYEE	(a) Payee name			address; Varner Rd	City,	State,	Zip Code		
		GoDaddy								
				Tempe, A	AZ 85284					
8	PURPOSE OF	(a) Category								
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Website						
	X Political	5 P								
	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 Issuer	Paid				
		\$796.37	01/14/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		American Airlines 4333 Amon Carter Blvd		on Carter Blvd						
		American Amires								
	DUDD005.05	(a) Cataman			i, TX 76155					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	DCA - AUS flight to attend oral arguments at US					
	X Political	Travel Out of District		Supreme		allenu oral arg	uments	ai US		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$17.49	01/15/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Libor		1455 Market St. Ste 400						
		Uber								
					cisco, TX 94103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion					
	X Political	Travel Out of District		Uber						
	Non-Political	(a) Charles the second and the	of Toyon Complete Celebrish T	<u> </u>	Chapte if Accessing The	office holder thin a				
	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Cneck if Austin, TX,	officeholder living expe	ense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Sandidate/Officeriolder	Titalic Office	Jought		Office Held				
Ĕ	,									

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:	es Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 6/9 Rpt: 15/18	Shaheen, Matt F. (The Honorable)			00069726				
4 CREDIT CARD ISSUER	Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$373.46	06/10/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	James Avenu		1141 S Preston Rd					
	James Avery		Suite #30					
	Prosper, TX 75078							
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Employee gifts					
X Political	OnlyAwards/Memorial	з Ехрепас						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$41.13	01/15/2025						
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code		
			1455 Market St. Ste 400					
	San Francisco, TX 94103			1				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Uber					
X Political	Travel Out of District		Obei					
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 Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$36.23	01/16/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1455 Market St. Ste 400					
Uber								
			San Francisco, TX 94103					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Uber					
X Political	Travel Out of District							
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 Office	e sought	Office held				
expenditure to benefit C/OH	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

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

5/Wages/Contract Labor OTHER (enter a category not listed above

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 7/9 Rpt: 16/18	Shaheen, Matt F. (The Honorable)			00069726				
4	CREDIT CARD ISSUER	Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer		Paid			
		\$32.21	01/14/2025						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Uber 1455 Market St. Ste 40		ket St. Ste 400					
				San Franc	isco, TX 94103				
8	PURPOSE OF	(a) Category	.	(b) Descript	ion				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Uber					
	X Political	Traver out or Biotriot							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
		\$22.75	01/15/2025						
PAYEE (a) Payee name		l	(b) Payee a	ddress;	City,	State,	Zip Code		
	Uber			1455 Mark	ket St. Ste 400				
				San Franc	isco, TX 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Uber	ion				
	X Political	Travel Out of District	·	Obei					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, 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	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$43.19	01/15/2025						
	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code	
l			1455 Market St. Ste 400						
		Uber							
				San Franc	isco, TX 94103				
1	PURPOSE OF	(a) Category	of this cohodule)	(b) Descript	ion				
	EXPENDITURE	(See Categories listed at the top of this schedule) Travel Out of District		Uber					
	X Political								
L	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 Office	e sought		Office held			
е	xpenditure to benefit C/OH								

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/Officeholder/Politica	•	ruction Guide explains how	to complete this form.	OTHER (enter a cate)	gory not listed at	oove)		
1 Total pages Schedule F4:	: 2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)			
Sch: 8/9 Rpt: 17/18	Shaheen, Matt F. (1	The Honorable)		00069726				
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
	\$925.54	05/21/2025						
7 PAYEE	(a) Payee name (b) Payee address; Texas Capitol Gift Shop 1400 N. Congress			City, Avenue	State,	Zip Code		
			Austin, TX 78701					
8 PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-ibb-1-\	(b) Description					
EXPENDITURE X Political	Gift/Awards/Memorial		Employee gifts					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
	\$320.00	06/10/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Texas Capitol Gift Shop		1400 N. Congress	Avenue				
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Employee gifts					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
	\$88.00	05/21/2025						
PAYEE	(a) Payee name	L	(b) Payee address; City, State,			Zip Code		
	UPS		900 S Preston Rd S	Ste 50				
			Prosper, TX 75078					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE		ee Categories listed at the top of this schedule) Employee gifts						
X Political	Shipping							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH			-					
	•							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense laries/Wages/Contra		avel Out of District 「HER (enter a category	not listed al	oove)	
	The Inst	ruction Guide explains how	to complete thi	is form.				
1 Total pages Schedule F4:	chedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 9/9 Rpt: 18/18	Shaheen, Matt F. (1	The Honorable)			00069726			
4 CREDIT CARD	Name of finar	5 TOTAL O	F UNITEMIZED	 				
ISSUER	see pr	revious		D TO A CREDIT	\$			
		T	CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$169.88	06/08/2025						
7 PAYEE	(a) Davisa marea		(h) Davisa as	dalua a a .	Cit.	Ctata	Zin Code	
/ PATEE	(a) Payee name		(b) Payee ac 6801 W Pa		City,	State,	Zip Code	
	Prestonwood Gift S	shop	0001 W F	IIK BIVU				
			Plano, TX 75093					
8 PURPOSE OF	(a) Category							
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	Employee	gifts					
X Political	Oner wards/wemonar	3 Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	:nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH		T						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$547.00	06/11/2025						
PAYEE	(a) Dayoo nama		(h) Dayon as	ldrocc:	City,	State,	Zip Code	
	(a) Payee name Truluck's		(b) Payee address; City, State, Zip Code 300 Colorado St				Zip Code	
			Soo Colorado Ci					
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of this schedule) Food/Beverage Expense		Team dinner					
X Political								
Non-Political	<u> </u>	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			
expenditure to benefit C/OH								
I								