CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to c	omplete this form.	1 Filer ID (Ethics Comm 00086010		2 Total pages	filed: 75
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR The Honorable	FIRST Mihaela E.	•	MI		USE ONLY
NAME					Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST Plesa		SUFFIX	07/15/2025	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 796311	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
Change of Address	Dallas, TX 75248				Date Imaged	
					Date imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Todd S.		MI		
	NICKNAME	LAST Hollenshead		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO Box 796311	O PO BOX PLEASE);	AP	T / SUITE #; CITY	Y; S	TATE; ZIP CODE
(Residence or Business)	Dallas, TX 75248					
7 CAMPAIGN TREASURER PHONE	AREA CODE (972) 679-0513	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	30th day befo		Runoff	15th day after o	campaign treasurer fficeholder only)
	X July 15	8th day before	e election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Y 01/01/2025	'ear T	HROUGH	Month Day 06/30/20		
10 ELECTION	ELECTION DAT Month Day Y 11/03/2026	'ear 📗	Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative	District 70		12 OFFICE SOUGH State Represer	HT (if known) ntative District 70	
	•	GO	TO PAGE 2	•		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 75

13 C / OH NAME	C / OH NAME Plesa, Mihaela E. (The Honorable) 14 Filer ID 00086010							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made without difficeholders are required to report this information	ut the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAMI	<u> </u>					
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS					
16 CONTRIBUTION TOTALS	HAN PLEDGES, LOANS, LECTRONICALLY)	\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 7,447.55				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 48,247.86				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 34,878.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 25,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required to					
			norable Mihaela E. Ples					
	uei							
AFFIX NO								
		aidertify which, witness my hand and seal of office.	, this the	day				
·· <u>·</u> ·································		, or office.						
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH

		C	JVER	3 of 75	
l	ER NAN esa, Mil	ME naela E. (The Honorable)	19 Filer ID 00086010	(Ethics C	Commission Filers)
l		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,447.55
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	48,247.86
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	240.00

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	ı Filers)
4	Date 06/24/2025	5 Full name of contributor A OReilly, Deborah6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)	7	Amount of Contribution (\$)	\$17.00
0	Dringing agou	Frisco, TX 75036	l _o .	Employer (See Instructions	_		
8	Not Employe	pation / Job title (See Instructions) d		Not Employed	')		
	Date 06/26/2025	Full name of contributor A OReilly, Deborah Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code)		Amount of Contribution (\$)	\$50.00
		Plano, TX 75025					
	Principal occup teacher	pation / Job title (See Instructions)		Employer (See Instructions Plano ISD	5)		
	Date 06/24/2025	Full name of contributor Ahlburn, Carol Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$35.00
		Dallas, TX 75252					
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
Date 06/27/2025		Full name of contributor Aksoy, Darlene Contributor address; City; State Coppell, TX 75019	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/26/2025	Full name of contributor Almassi, Carol Contributor address; City; State Allen, TX 75013	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			L	<u>-</u>			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	ı Filers)
4	Date 06/24/2025	5 Full name of contributor Alonso, Alfonso6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$47.00
8	Dringing aggr	San Antonio, TX 78230	lo.	Employer (See Instructions	·/		
0	Attorney at la	pation / Job title (See Instructions)	9	self employed	•)		
	Date 06/28/2025	Full name of contributor BIGHAM, CINDY Contributor address; City; State)		Amount of Contribution (\$)	\$5.00
	Principal occur	PLANO, TX 75074 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Retired Teac			RISD	',		
	Date 06/27/2025	Full name of contributor Baratta, Barbara Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$47.00
		Guilford, CT 06437					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
Date 06/26/2025		Full name of contributor Barnes, Vicki Contributor address; City; State Plano, TX 75075	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$17.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 06/29/2025	Full name of contributor Bell, Sarah Contributor address; City; State McKinney, TX 75071	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)				3	Filer ID (Ethics Commission 00086010	ı Filers)
4	Date 06/30/2025	5 Full name of contributor Bergus, Jill6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu self	Dallas, TX 75252 pation / Job title (See Instructions	s)	9	Employer (See Instructions self	<u> </u> 5)		
	Date 06/29/2025	Full name of contributor Booze, Valerie Contributor address; City; S Wilmington, NC 28409	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
	Date 06/30/2025	Full name of contributor Booze, Valerie Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Wilmington, NC 28409	,			<u></u>		
	Not Employe	pation / Job title (See Instructions ed	S)		Employer (See Instructions Not Employed	5)		
	Date 06/24/2025	Full name of contributor Brett Cooper, M Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	Plano, TX 75075 pation / Job title (See Instructions	s)		Employer (See Instructions UT Southwestern Medic	•	Center	
	Date 06/24/2025	Full name of contributor Brown, Jean Contributor address; City; S McKinney, TX 75072	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/30/2025	Caldwell, Robin 6 Contributor address; City; State; Zip (of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe		9	Employer (See Instructions Not Employed)		
	Date 06/28/2025	Full name of contributor out-contributor out-contributor address; City; State; Zip of Pittsburgh, PA 15243-1011	of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/30/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$209.00
	Duinning Langu	Plano, TX 75023		Frankrian (Cookartustiana			
	Donor Relati	pation / Job title (See Instructions) ons Officer		Employer (See Instructions CFT)		
Date 06/27/2025		Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$17.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Heritage Eye Center)		
	Date 06/27/2025	Full name of contributor out-on Cook, Annick Contributor address; City; State; Zip of Savannah, TX 76227	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 5/24 Rpt: 8/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/24/2025	5 Full name of contributor Cross, David6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Arlington, TX 76005 pation / Job title (See Instructions)	١٥	Employer (See Instructions			
0	Not Employe			Not Employed	')		
	Date 06/30/2025	Full name of contributor Crozier, Chad Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75252					
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Independent Financial	i)		
	Date 06/30/2025	Full name of contributor Dickenson, Gail Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$70.00
		Dallas, TX 75225					
	Principal occu lawyer	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 06/26/2025	Full name of contributor Donahue, Robert Contributor address; City; State; Grapevine, TX 76051	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/24/2025	Full name of contributor Dubois, Caro Contributor address; City; State; Austin, TX 78758-7407	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			l .				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 6/24 Rpt: 9/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	ı Filers)
4	Date 06/24/2025	Dyer, Margaret	state PAC (ID#: ode		7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Plano, TX 75023 pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Not Employe			Not Employed	,		
	Date 06/30/2025	Full name of contributor out-of- Eager, Mary Beth Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$70.00
		DALLAS, TX 75252					
	Principal occup Educator	pation / Job title (See Instructions)		Employer (See Instructions The Shelton School	s)		
	Date 06/24/2025	Full name of contributor out-of- Elkins, Sandra Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$17.00
		Plano, TX 75025					
	Principal occup Art Instructor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/30/2025	Elliott, Ronni	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.00
	Principal occup	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 06/24/2025	Elliott, Tim	state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			,				

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	on Filers)
4	Date 06/23/2025	Estate of Rita DeYoung	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Plano, TX 75075	<u> </u>				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/30/2025	Farris, Teri Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	ed		Not Employed			
	Date 06/24/2025	Full name of contributor on the contributor of the contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
		Plano, TX 75025-2311					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/30/2025	Full name of contributor on the contributor on the contributor address; City; State; Z Dallas, TX 75225	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$35.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed)		
	Date 06/24/2025	Full name of contributor of Galceran, Ricardo Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			1				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 8/24 Rpt: 11/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)				3	Filer ID (Ethics Commission 00086010	Filers)
4	Date 06/26/2025	5 Full name of contributor Galceran, Sonia6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$17.00
8	Dringing Loggy	Plano, TX 75023	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Employer (See Instructions	<u></u>		
0	Not Employe	pation / Job title (See Instructions d	,		Not Employed	·)		
	Date 06/30/2025	Full name of contributor Gant, Maria Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
		Plano, TX 75075						
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Contran	5)		
	Date 06/24/2025	Full name of contributor Glover, Kristen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.00
		Gordon, TX 76453						
	Principal occup Pastor	pation / Job title (See Instructions)		Employer (See Instructions United Methodist Churc	•		
Date 06/24/2025		Full name of contributor Goodwin, Thomas Contributor address; City; St Plano, TX 75074	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$17.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> s)		
	Date 06/28/2025	Full name of contributor Grant, Catherine Contributor address; City; St Glenville, WV 26351	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$8.00
	Principal occup retired	pation / Job title (See Instructions			Employer (See Instructions retired	5)		
			<u>'</u>					

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/24 Rpt: 12/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/26/2025	5 Full name of contributor HALLER, JOHN6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe			Employer (See Instructions Not Employed	 s)		
	Date 06/24/2025	Full name of contributor Harrell, Jackson Contributor address; City; S Dallas, TX 75252	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u> </u> S)		
	Date 06/30/2025	Full name of contributor Hawk Fyfe, Lori Contributor address; City; S	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$17.00
		McKinney, TX 75070	. 1		Ļ		
	pilot	pation / Job title (See Instructions	5)	Employer (See Instructions southwest	S)		
	Date 06/24/2025	Full name of contributor Haynes, Patrick Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Not employe	Dallas, TX 75244 pation / Job title (See Instructions d	s)	Employer (See Instructions Not employed	<u> </u> s)		
	Date 06/30/2025	Full name of contributor Helmick, Cheryl Contributor address; City; S Plano, TX 75025	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	ı	Total pages Schedule A1: Sch: 10/24 Rpt: 13/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			ı	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/30/2025	5 Full name of contributor Hinojosa, Dawn6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu File clerk	Plano, TX 75023 pation / Job title (See Instructions)		Employer (See Instructions		200	
	Date 06/26/2025	Full name of contributor Hoover, Morgan Contributor address; City; State; Silver Spring, MD 20901	out-of-state PAC (ID#:	Geary Porter and Donov	_	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/28/2025	Full name of contributor Hopkins, Angela Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Detectional	San Antonio, TX 78259		English (On the trusting			
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	»)		
	Date 06/30/2025	Full name of contributor Howard, Dale Contributor address; City; State; Dallas, TX 75252	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/28/2025	Full name of contributor Hubenak, Elizabeth Contributor address; City; State; Albuquerque, NM 87123-413)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	on Filers)
4	Date 06/24/2025	5 Full name of contributor Hubert, Dawna6 Contributor address; City; State;	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$1,000.00
_		Allen, TX 75002					
8	Executive	pation / Job title (See Instructions)		Employer (See Instructions LIFE Association)		
	Date 06/28/2025	Full name of contributor Hudetz, Elizabeth Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	Fort Collins, CO 80525 pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe			Not Employed	,		
	Date 06/30/2025	Full name of contributor Humphrey, Nancy Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$100.00
		Richardson, TX 75082					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)		
	Date 06/24/2025	Full name of contributor Jimenez, Frank Contributor address; City; State; McAllen, TX 78504-1986	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$17.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/26/2025	Full name of contributor Jones, Darrell Contributor address; City; State; Port Townsend, WA 98368	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	ı Filers)
4	Date 06/27/2025	5 Full name of contributor Keegan, Kathleen6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe	Houston, TX 77002 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> ;)		
	Date 06/30/2025	Full name of contributor King, Joseph Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor King, Sheena Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$17.00
	District	McKinney, TX 75071		Faralassa (Ossalasstandisas	<u></u>		
	Agency Lead	pation / Job title (See Instructions) der		Employer (See Instructions State Farm	»)		
	Date 06/24/2025	Full name of contributor Lantz, Tarrah Contributor address; City; Sta Plano, TX 75074	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	<u> </u>		
	Date 06/30/2025	Full name of contributor Laughlin, Ginny Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$70.00
	Principal occu Real estate k	pation / Job title (See Instructions) proker		Employer (See Instructions Self	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 16/75	
2	FILER NAME	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
_					<u> </u>		
4	Date 06/30/2025	5 Full name of contributorLeonard, Steve6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	ľ	Amount of Contribution (\$)	\$250.00
		Plano, TX 75075					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>-</u>		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	06/30/2025	Lopez, Gregi	out of state 1 AC (ID#			γ undure of Continuation (φ)	\$25.00
	00/00/2020		stor Zin Codo				Ψ20.00
		Contributor address; City; Sta	ite, zip Code				
		Dallas, TX 75252					
	Dringinal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	·, 		
	Not Employe			Not Employed)		
				Not Employed	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/24/2025	Love, Faith					\$10.00
		Contributor address; City; Sta	ite; Zip Code				
		Dallas, TX 75287	·				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Analyst			PepsiCo			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Lozano, Jaime					\$17.00
		Contributor address; City; Sta	ate: Zip Code		l		
		, , , , , , , , , , , , , , , , , , ,	,				
		Plano, TX 75074					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	06/26/2025	Ludwig, Patricia	Out-of-state PAC (ID#)		Amount of Continuution (\$)	\$47.00
	00/20/2023	_	· ¬' o l				Ψ41.00
		Contributor address; City; Sta	ite; Zip Code				
		Friend TV 75024					
	Date of the	Frisco, TX 75034	-	Familia (O. 1. i. i.	Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	? a		Not Employed			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/75	
2	FILER NAME	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
_					╄		
4	Date 06/25/2025	5 Full name of contributorLusk, Fred6 Contributor address; City; Si	out-of-state PAC (ID#:)	' 	Amount of Contribution (\$)	\$70.00
0	Dringing Local	Frisco, TX 75035 pation / Job title (See Instructions	a I	Employer (See Instruction)			
0	Retired	pation / Job title (See instructions)	9 Employer (See Instruction none	5)		
	Date 06/30/2025	Full name of contributor Maguire-Powell, Alison Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Denton, TX 76210			Ļ		
	Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instruction Not Employed	s)		
	Date 06/23/2025	Full name of contributor Malandruccolo, Judy Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
		Plano, TX 75075					
	•	pation / Job title (See Instructions	s)	Employer (See Instruction	s)		
	Not employe	20		Not employed			
	Date 06/26/2025	Full name of contributor Markel, Frank Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Plano, TX 75093			Ļ		
	Not Employe	pation / Job title (See Instructions ed	;) 	Employer (See Instruction Not Employed	s)		
	Date 06/30/2025	Full name of contributor Markel, Frank Contributor address; City; S Plano, TX 75093	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instruction Not Employed	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/24 Rpt: 18/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	r Filers)
4	Date 06/24/2025	5 Full name of contributor Marshall, Floyd6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu Not Employe	Arlington, TX 76013 pation / Job title (See Instructionsed	s) <u>(</u>	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/30/2025	Full name of contributor Marshall, Susie Contributor address; City; S Plano, TX 75093-5937	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 06/24/2025	Full name of contributor Martinez, Xavier Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$7.00
		Buda, TX 78610					
	Principal occu Not Employe	pation / Job title (See Instructionsed	s) 	Employer (See Instructions Not Employed	5)		
	Date 06/30/2025	Full name of contributor Mastenbrook, Shirley Contributor address; City; S Plano, TX 75075	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u> </u> S)		
	Date 06/29/2025	Full name of contributor Matthews, Jeremy Contributor address; City; S Plano, TX 75025	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$70.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/75	
2	FILER NAME Plesa, Mihae	la E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/24/2025	 Full name of contributor out-of-state Merrill, Walter Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Allen, TX 75002	1_		_		
8	Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions KBR	5)		
	Date 06/30/2025	Metcalfe, Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	CRE Broker	,		TKJKINC	,		
	Date 06/25/2025	Full name of contributor out-of-state Michael Peacock, Jason Contributor address; City; State; Zip Code	e PAC (ID#:)	•	Amount of Contribution (\$)	\$27.00
		Denton, TX 76201					
	Principal occu Admissions (pation / Job title (See Instructions) Officer		Employer (See Instructions Univ of North Texas	5)		
	Date 06/30/2025	Mitchell, John)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 06/24/2025	Mohl, Barbara)		Amount of Contribution (\$)	\$47.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 17/24 Rpt: 20/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/30/2025	5 Full name of contributor Mohl, Barbara6 Contributor address; City; State			7	Amount of Contribution (\$)	\$17.00
8	Principal occu	Dallas, TX 75252 pation / Job title (See Instructions)	9	Employer (See Instructions	:)		
	Not Employe			Not Employed	,		
	Date 06/28/2025	Full name of contributor Morales, GUADAUPE Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.00
	Dringing con	Robstown, TX 78380		Employer (Coo Instructions	_		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/30/2025	Full name of contributor Moreland, Emily Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$170.00
		Austin, TX 78746					
	Principal occup Real estate b	pation / Job title (See Instructions) proker		Employer (See Instructions Moreland Properties	5)		
	Date 06/24/2025	Full name of contributor Parker, Vickie Contributor address; City; State Richardson, TX 75082	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.00
	Principal occup Occupationa	pation / Job title (See Instructions) I therapist		Employer (See Instructions Self	()		
	Date 06/27/2025	Full name of contributor Patterson, James Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$70.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Spencer Fane	5)		
	,						

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
_	Deignigal	Plano, TX 75025	٦	Familia de la Constitución de la composição de la composi			
8	Writer	pation / Job title (See Instructions)	9	Employer (See Instructions Cytiva	5)		
	Date 06/27/2025	Full name of contributor)		Amount of Contribution (\$)	\$250.00
	Principal occu	PLANO, TX 75093-7991 pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
	Attorney	pation / cos title (coe motitudions)		Tenet Healthcare	•,		
	Date 06/25/2025	Full name of contributor)	•	Amount of Contribution (\$)	\$50.00
		Plano, TX 75024-7347					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID# Powers, Cyndi Contributor address; City; State; Zip Code Austin, TX 78723)		Amount of Contribution (\$)	\$5.55
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID# Provencher, Denise Contributor address; City; State; Zip Code Plano, TX 75023	:		•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 19/24 Rpt: 22/75	
2	FILER NAME	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
_					ļ_		
4	Date 06/24/2025	 Full name of contributor out-of-state PAC (ID#: Rawlins, Diana Contributor address; City; State; Zip Code)	 	Amount of Contribution (\$)	\$50.00
		Richardson, TX 75080					
8	Principal occu Retiree	pation / Job title (See Instructions)	9	Employer (See Instructions not employed	5)		
	Date	Full name of contributor	_)	Г	Amount of Contribution (\$)	
	06/30/2025	Reinke-Walter, Pam		/		(1)	\$70.00

		Contributor address; City; State; Zip Code					
		Dallas, TX 75252					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Responsible Citizens of Greater North Texas					\$75.00
		Contributor address; City; State; Zip Code	•••••				
		Denton, TX 76208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	_)		Amount of Contribution (\$)	
	06/24/2025	Roos, Martha					\$100.00
		Contributor address; City; State; Zip Code			l		
		00.18.18.18.18.18.18.18.18.18.18.18.18.18.					
		Plano, TX 75093					
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	5)		
	Not Employe	d		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	_)	Г	Amount of Contribution (\$)	
	06/24/2025	Rutishauser, Robert		,		,	\$47.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	5)		
	Not Employe			Not Employed			
_			_				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)
4	Date 06/30/2025	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Dallas, TX 75252 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
0	Not Employe		9	Not Employed	')		
	Date 06/27/2025	Full name of contributor Segall, Ronald Contributor address; City; Stat				Amount of Contribution (\$)	\$100.00
		Dallas, TX 75252					
	Principal occur Manufacture	pation / Job title (See Instructions) rs Rep		Employer (See Instructions Ron Segall	i)		
	Date 06/24/2025	Full name of contributor Sever, Ann Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$17.00
		Houston, TX 77077					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	i)		
	Date 06/24/2025	Full name of contributor Shook, Laurie Contributor address; City; Stat Murphy, TX 75094	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions OpenText	<u>(</u>		
	Date 06/24/2025	Full name of contributor Smith, Anita Contributor address; City; Stat Plano, TX 75023	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/24 Rpt: 24/75	
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	າ Filers)
4	Date 06/30/2025	Full name of contributorSmith, AnitaContributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Plano, TX 75023	<u>)</u>	Employer (See Instructions	<u>s)</u>		
Ü	Not Employe		,	Not Employed	3)		
	Date 06/30/2025	Full name of contributor Stone, Rebecca Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Plano, TX 75024	,		Ĺ		
	Not Employe	pation / Job title (See Instructions) ed)	Employer (See Instructions Not Employed	S)		
	Date 06/30/2025	Full name of contributor Strug, Joan Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$35.00
		Plano, TX 75025					
	Principal occu Not Employe	pation / Job title (See Instructions))	Employer (See Instructions Not Employed	5)		
	Date 06/30/2025	Full name of contributor Sullivan, Patrick Contributor address; City; St. Plano, TX 75024)		Amount of Contribution (\$)	\$30.00
	Principal occu Controller	pation / Job title (See Instructions)	Employer (See Instructions CrestMarc Residential I			
	Date 06/30/2025	Full name of contributor Tamminga, Carol Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions It Southwestern Medica		chool	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/24 Rpt: 25/75		
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	Filers)	
4	Date 06/27/2025 5 Full name of contributor out-of-state PAC (ID#:) Terao, Sherry 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00			
8	Principal occu Not Employe	Silver Spring, MD 20901 pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Terao, Sherry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00			
	Silver Spring, MD 20901 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instruction Not Employed			<u>l</u> S)				
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Thomas, William Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$50.00		
	Principal occu	Minneapolis, MN 55408 pation / Job title (See Instructions		Employer (See Instructions	<u>s)</u>			
	artist	(000	,	self	-,			
Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$10.00			
	San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Not Employed Not Employed			Employer (See Instructions Not Employed	<u>l</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2025 Turner, Frank Contributor address; City; State; Zip Code PLANO, TX 75025		•	Amount of Contribution (\$)	\$50.00			
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/75		
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)			3	Filer ID (Ethics Commission 00086010	n Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Turpin, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00			
8		Plano, TX 75075 pation / Job title (See Instructions) nications Engineer	9	Employer (See Instructions Solid Gear	j ;)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Wolfe, Kimmy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$47.00			
	Allen, TX 75013 Principal occupation / Job title (See Instructions) Stay at home mom Employer (See Instruction self			Employer (See Instructions self	<u> </u> 5)			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.00			
	Dringing! goog	DALLAS, TX 75252 Incipal occupation / Job title (See Instructions) Employer (See Instructions)		·/				
	retired	pation / 300 title (See Instituctions)		none	•)			
Date Full name of contributor out-of-state PAC (II 06/24/2025 Young, Susan Contributor address; City; State; Zip Code		out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$15.00		
			Employer (See Instructions Not Employed	<u> </u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:) Youngblood, Clay Contributor address; City; State; Zip Code Plano, TX 75023			Amount of Contribution (\$)	\$10.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 24/24 Rpt: 27/75	=		
2	FILER NAME Plesa, Mihae	ela E. (The Honorable)	;	3 Filer ID (Ethics Commission Filers) 00086010	_	
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_cote, scott Contributor address; City; State; Zip Code 			7 Amount of Contribution (\$) \$5.00)
	<u> </u>	Allen, TX 75002	Ta = 1 (0			
8	Software En	upation / Job title (See Instructions) ugineer	9 Employer (See Lucidworks	Instructions))	
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 heath, mary Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$15.00)
		carmine, TX 78932	l = 1 /0			
	Principal occupation / Job title (See Instructions) not employed Employer (See Instructions none			Instructions))	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ I prentice, cara Contributor address; City; State; Zip Code)	Amount of Contribution (\$))
	Principal occu	Plano, TX 75075 upation / Job title (See Instructions)	Employer (See	Instructions)	.	_
	Not Employe		Not Employed)	

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/Political Co		I Committee Le	gal Services ne Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/46 Rpt: 28/75	Plesa, Mihaela	a E. (The Honorable))				00086010	
4	Date	5 Payee name							
	02/19/2025	823 Congress	Parking						
6	Amount (\$)	7 Payee address;	City;	State; Zip Co	ode				
	\$8.66	823 Congress	Ave						
		Austin, TX 78	701						
8	PURPOSE OF	(a) Category (See (categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE	Travel Out of	District			느		de of Texas. Com officeholder living	
						Parking for ev			Схренос
						3			
9	Complete ONLY if direct	Candidate/Office	nolder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	1							
	Date	Payee name							
	01/03/2025	AA Coins							
	Amount (\$)	Payee address;	City; S	State; Zip Co	ode				
	\$1,386.72	526 N 9th Stre	et,						
		Lafayette, IN 4	17904						
	PURPOSE OF		categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE	Gift/Awards/M	emorials Expense			=		de of Texas. Com officeholder living	
						Challenge co		-	•
	Complete ONLY if direct	Candidate/Office	nolder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI								
	Date	Payee name							
	05/30/2025	AMM Political	Strategies, LLC						
	Amount (\$)	Payee address;	City;	State; Zip Co	ode				
	\$249.69	507 N Sylvani	a Ave						
L		Fort Worth, TX	(76111						
	PURPOSE	(a) Category (See (Categories listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE	Advertising Ex	pense			=		de of Texas. Com officeholder living	
						Texts	, IA,	officerolaer living	expense
	Complete ONLY if direct	Candidate/Office	nolder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	1			-				

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a categ) The Instruction Guide explains how to complete this form.	ory not listed above)
<u>_</u>	T-t-1		-i Oii = ="1
1	Total pages Schedule F1: Sch: 2/46 Rpt: 29/75	Plesa, Mihaela E. (The Honorable) 3 Filer ID (Eth 00086010)	nics Commission Filers)
4			
4	Date	Payee name	
	03/07/2025	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$141.34	1900 University Ave	
		Auctin TV 7070E	
		Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living exper	nse
		Session apartment wifi	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Data	Para and	
	Date	Payee name	
	04/07/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.06	1900 University Ave	
		Austin TV 7070E	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living exper	nse
		Session apartment wifi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	05/08/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.54	1900 University Ave	
		Austin, TX 78705	
	PURPOSE		
	OF		Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper	
		Session apartment wifi	
		Coolon aparament will	
	Complete ONLY if direct	Condidate/Officeholder name Office sought Officeholder	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Superiord to belief 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 3/46 Rpt: 30/75	Plesa, Mihaela E. (The Honorable) 00086010						
4 Date	5 Payee name						
06/05/2025	AT&T						
6 Amount (\$) \$60.61	7 Payee address; City; State; Zip Code 1900 University Ave						
	Austin, TX 78705						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Session apartment wifi						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
03/04/2025	Access Valet						
Amount (\$)	Payee address; City; State; Zip Code						
\$18.00	823 Congress Ave						
	Austin, TX 78701						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/30/2025	ActBlue						
Amount (\$) \$255.21	Payee address; City; State; Zip Code 366 Summer Street						
	Somerville, MA 02144						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Serv	ruction Guide explains how to co	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/46 Rpt: 31/75	Plesa, Mihaela E. (The Honorable)				00086010	,
4	Date	5 Payee name						
	01/02/2025	Alden Self Storage						
6	Amount (\$)	7 Payee address; (City; State; Zip C	ode				
	\$30.00	1710 14TH STREE	T					
		PLANO, TX 75074						
8	PURPOSE OF		es listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Office Overhead/Re	ental Expense		_		de of Texas. Comp officeholder living	
					Campaign sto			ехрепзе
					Campaignot	ر. م.ر. ا	90	
9	Complete ONLY if direct	Candidate/Officeholder	name Office so	l ught			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	02/03/2025	Alden Self Storage						
	Amount (\$)	Payee address; (City; State; Zip C	ode				
	\$30.00	1710 14TH STREE	ΞT					
		PLANO, TX 75074						
	PURPOSE	(a) Category (See Categori	es listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Re	ental Expense				de of Texas. Comp	
					_		officeholder living	expense
					Campaign sto	лa	ge	
	Complete ONLY if direct	Candidate/Officeholder	name Office so	ıaht			Office he	eld
	expenditure to benefit C/OI		That is a second of the second	agiit			Omoo no	
-	Date	Payee name						
	03/03/2025	Alden Self Storage						
	Amount (\$)	•	City; State; Zip C	oue				
	\$30.00	1710 14TH STREE	:1					
		PLANO, TX 75074						
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Office Overhead/Re	ental Expense				de of Texas. Comp	
					Campaign sto		officeholder living	expense
					Jampaign Sil	, a	9~	
_	Complete ONLY if direct	Candidate/Officeholder	name Office so	labt			Office he	ald.
	Complete ONLY if direct expenditure to benefit C/OI		name Office Sof	uyılı			Onice ne	au

SCHEDULE F1

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

ment Solicitation/Fundraising Expense
rnse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	-	
1	Total pages Schedule F1:	
L	Sch: 5/46 Rpt: 32/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	04/02/2025	Alden Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1710 14TH STREET
	,	
		DI ANO TV 75074
		PLANO, TX 75074
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
		Sumpaign storage
<u>_</u>	Complete ONLY if dire	Condidate/Officeholder name Office sought Office hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Alden Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1710 14TH STREET
		PLANO, TX 75074
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Dete	
	Date	Payee name
	06/02/2025	Alden Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1710 14TH STREET
		PLANO, TX 75074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign storage
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/46 Rpt: 33/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	02/03/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$214.99	2121 7th Ave
		Seattle , WA 98101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinide Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.47	2121 7th Ave
		Seattle , WA 98101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.94	2121 7th Ave
		Seattle , WA 98101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
_	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 Event Expense Fees

Food/Beverage Expense Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials 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: 7/46 Rpt: 34/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	03/12/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	2121 7th Ave
		Seattle , WA 98101
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
		Office supplies
		Стос варрнее
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	03/12/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.73	2121 7th Ave
	φ45.73	ZIZI / UI AVE
		0
		Seattle , WA 98101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	03/18/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.97	2121 7th Ave
		Seattle , WA 98101
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Office supplies
ldash	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
ldash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 8/46 Rpt: 35/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	05/12/2025	Arnold, Elaine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.00	7809 Valburn Drive
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sine Die shirts
		Sine Die Stilles
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	02/19/2025	Austin Convention Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	500 E Cesar Chavez St
		Austin, TX 78701
	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 Parking
		raining
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 05/22/2025	Payee name
		Austin Embroidery Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2201 Denton Dr
		Ste 107
		Austin, TX 78758
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee Chair Gift
		Committee Chair Gilt
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/46 Rpt: 36/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	03/07/2025	Austin Engraving Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$726.60	909 Cherico St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts for Vice Chairs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	Austin Engraving Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	909 Cherico St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Vice Chair gift
		vice Chair girt
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/06/2025	Austin Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.72	304 E Cesar Chavez St
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking for event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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				
_	Tatal manage Calculula E4.	<u> </u>			
1	Total pages Schedule F1: Sch: 10/46 Rpt: 37/75	2 FILER NAME Plesa, Mihaela E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086010			
4	Date	5 Payee name			
	06/05/2025	Austin Proper			
6	Amount (\$) \$223.65	7 Payee address; City; State; Zip Code 600 W 2nd st Austin, TX 78701			
	DUDDOCE				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign meeting			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/03/2025	Avenir Apartments			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,907.00	1109 N Interstate 35			
		Austin, TX 78702			
	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			
		X Check if Austin, TX, officeholder living expense Session apartment rent			
		Session apartment ront			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/03/2025	Avenir Apartments			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,910.73	1109 N Interstate 35			
		Austin, TX 78702			
	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 Session apartment			
		Jession apartment			
-	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/46 Rpt: 38/75 Plesa, Mihaela E. (The Honorable) 00086010 4 Date Payee name 03/03/2025 **Avenir Apartments** 6 Amount (\$) Payee address; State; Zip Code \$2,986.61 1109 N Interstate 35 Austin, TX 78702 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Session apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 **Avenir Apartments** Amount (\$) Payee address; City; State; Zip Code \$2,929.11 1109 N Interstate 35 Austin, TX 78702 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Session apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/02/2025 **Avenir Apartments** Amount (\$) Payee address: City; State; Zip Code \$2,928.94 1109 N Interstate 35 Austin, TX 78702 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Session apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 12/46 Rpt: 39/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	06/03/2025	Avenir Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,925.30	1109 N Interstate 35
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Session apartments
		Session aparanents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	01/27/2025	Bargain Mugs
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.43	1840 Lemoyne Ave
		Syracuse, NY 13208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol mugs
		Capitol Hugs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/19/2025	Brother's Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.20	11505 Oak Knoll Dr
		Austin , TX 78759
	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
		Parking for event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/46 Rpt: 40/75	Plesa, Mihaela E. (The Honorable)		00086010
4	Date	5 Payee name		•
	02/25/2025	Brother's Valet		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$20.45	11505 Oak Knoll Dr		
		Austin , TX 78759		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Travel Out of District	ļ	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		ı	Check if Austin, TX, officeholder living expense
				Parking for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	at.	Office held
9	expenditure to benefit C/OI		IL	Office field
_	Data			
	Date	Payee name		
	02/28/2025	Brother's Valet		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$19.95	11505 Oak Knoll Dr		
		Austin , TX 78759		
	PURPOSE OF	, ,	b) .	Description
	EXPENDITURE	Travel Out of District	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Parking for event
				· ·
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/20/2025	Brother's Valet		
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>	
	\$15.45	11505 Oak Knoll Dr		
		Austin , TX 78759		
	PURPOSE		h)	Description
	OF	Travel Out of District	-, 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		į	Check if Austin, TX, officeholder living expense
				Parking for event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	parameter administration of the			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 14/46 Rpt: 41/75	Plesa, Mihaela E. (The Honorable) 00086010	
4	Date	5 Payee name	_
l	05/08/2025	Brother's Valet	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$19.00	11505 Oak Knoll Dr	
l			
l		Austin , TX 78759	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel Out of District Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Event parking	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
l	Date	Payee name	
	01/27/2025	Buffer	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$42.00	2443 Fillmore St #380-7163	
l			
		San Francisco, CA 94115	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Social media	
		Social media	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	y	
⊨	Date	Payee name	_
l	02/26/2025	Buffer	
⊢	Amount (\$)		
l	\$44.69	Payee address; City; State; Zip Code 2443 Fillmore St #380-7163	
l	Ψ-1-00	2443 T IIIITIOTO 31 #300 T 203	
l		San Francisco, CA 94115	
┡	DUDD005	<u> </u>	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Social media	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/46 Rpt: 42/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	03/27/2025	Buffer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.69	2443 Fillmore St #380-7163
		San Francisco, CA 94115
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
		Social media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/28/2025	Buffer
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.69	2443 Fillmore St #380-7163
		San Francisco, CA 94115
	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
		Social media
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/27/2025	Buffer
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.69	2443 Fillmore St #380-7163
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	_/	Check if Austin, TX, officeholder living expense Social media
		Social media
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/46 Rpt: 43/75	Plesa, Mihaela E. (The Honorable)	00086010
4	Date	5 Payee name	
	05/22/2025	CVS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.80	500 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin	n, TX, officeholder living expense
		Committee C	Hall Caru
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
_	Date	Davisa nama	
	03/07/2025	Payee name Capitol Gift Shop	
		<u> </u>	
	Amount (\$) \$259.80	Payee address; City; State; Zip Code	
	\$259.80	1400 Congress Ave	
		A:	
		Austin , TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Ontrividad Structural Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Gifts for House	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/24/2025	Capitol Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.00	1400 Congress Ave	
		•	
		Austin , TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	ı, TX, officeholder living expense
		Capitol office	mounting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	pondition to benefit 0/01		

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	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: 17/46 Rpt: 44/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
L	04/17/2025	Clayton Spangler Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	235 Point Lick Drive
		Charleston, WV 25306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office panoramic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/24/2025	Collin College
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	2550 Bending Branch Way
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Townhall venue
		Tomman voltage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/17/2025	Constancio, Juliet
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	611 Settlers Valley Cv
	·	, and the second se
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff
		Stati
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/46 Rpt: 45/75	Plesa, Mihaela E. (The Honorable)	00086010
4	Date	5 Payee name	
	03/17/2025	Constancio, Juliet	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	611 Settlers Valley Cv	
		Pflugerville, TX 78660	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gaidines/Wages/Goritiaet Eaber	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Staff	iii, 17, oilicendider living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	04/14/2025	Constancio, Juliet	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,250.00	611 Settlers Valley Cv	
		Pflugerville, TX 78660	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/ Cornilact Eabor	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Staff	iii, 17, oilicendider living expense
		J. J	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
⊨	Date	Payee name	
	05/13/2025	Payee name Constancio, Juliet	
┡			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,250.00	611 Settlers Valley Cv	
		Pflugerville, TX 78660	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/Contract Labor	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Staff	iii, 17, oiliceriolider living expense
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
l			

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/46 Rpt: 46/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	02/24/2025	Constancio, Juliet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	611 Settlers Valley Cv
		Pflugerville, TX 78660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Constancio, Juliet
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	611 Settlers Valley Cv
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Power name
	05/20/2025	Payee name Constancio, Juliet
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	611 Settlers Valley Cv
	7=20.00	
		Pflugerville, TX 78660
	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. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff
	Operation ONE V. C. F.	Our distance (Office health are now as the control of the control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/46 Rpt: 47/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	01/13/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.62	1601 Trapelo Road Suite 329
		Waltham, MA 02451
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
		Emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
—	Data	
	Date	Payee name
	02/11/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.62	1601 Trapelo Road Suite 329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Emails
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/11/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.62	1601 Trapelo Road Suite 329
		Waltham, MA 02451
	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
		Emails
_	Operation ONE V. C. F.	On didn't 10 ff a balden name
	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 -Candidate/Officeholder/Political Commit

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: 21/46 Rpt: 48/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	04/11/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.62	1601 Trapelo Road Suite 329
		Waltham, MA 02451
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 Emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	<u> </u>
	Date	Payee name
	05/12/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.62	1601 Trapelo Road Suite 329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Emails
		Emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/10/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.79	1601 Trapelo Road Suite 329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Emails
		Eilidiis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 F	iler ID	(Ethics Commission Filers)
	Sch: 22/46 Rpt: 49/75	Plesa, Mihaela E. (The Honorable)		00086010	
4	Date	5 Payee name	•		
	01/21/2025	Costco			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$120.88	1701 Dallas Pkwy			
		Plano, TX 75093			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	el outside	e of Texas. Comp	olete Schedule T.
	EXPENDITURE	l — — — — — — — — — — — — — — — — — — —		officeholder living	
		Food and dri	inks f	or Capitol o	office
_	0 1: 0.11.7.7.1.			O.C. 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ld
	·				
	Date	Payee name			
	04/24/2025	DoorDash			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$33.29	5001 Brentwood Stair Rd			
		Fort Worth, TX 76112			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 Toda/Beverage Expense			olete Schedule T.
		Food for med		officeholder living	expense
		1 dod for me.	oung		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ld
	expenditure to benefit C/OI				
	Date	Payee name			
	04/30/2025	DoorDash			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$41.43	5001 Brentwood Stair Rd			
	Ψ110	Soot Brontwood Stail Nd			
		Fort Worth, TX 76112			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel	el outside	e of Texas. Com	olete Schedule T.
	EXPENDITURE	1 Toda/Beverage Expense		officeholder living	
		Staff dinner			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ld
	expenditure to benefit C/OI) H 			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/46 Rpt: 50/75		Plesa, Mihaela E. (The Honorable)		00086010
4	Date	5	Payee name		•
	01/02/2025		Dropbox, Inc		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$21.31		PO Box 77767		
			San Francisco, CA 94107		
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 Image hosting
					image nosting
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		and and a co	ug	
_	Date	Г	Payee name		
	02/03/2025		Dropbox, Inc		
_	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$21.31		PO Box 77767		
	72.02				
			San Francisco, CA 94107		
_	PURPOSE	(2)		(h)	Deparintion
	OF	(a)	Category (See Categories listed at the top of this schedule) Fees	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 003		Check if Austin, TX, officeholder living expense
					Image hosting
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit eroi				
	Date		Payee name		
	03/03/2025		Dropbox, Inc		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$21.30		PO Box 77767		
			San Francisco, CA 94107		
	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
					Image hosting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		-		
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/46 Rpt: 51/75	Plesa, Mihaela E. (The Honorable)		00086010
4	Date	5 Payee name		•
	04/02/2025	Dropbox, Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$21.31	PO Box 77767		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Image hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit Grot	'		
	Date	Payee name		
	05/05/2025	Dropbox, Inc		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$21.31	PO Box 77767		
		San Francisco, CA 94107		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Image hosting
	Complete ONLY if direct	Candidate/Officeholder name Office so		Office head
	Complete ONLY if direct expenditure to benefit C/OI		agnı	Office held
	Date	Payee name		
	06/02/2025	Dropbox, Inc		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$21.30	PO Box 77767		
		San Francisco, CA 94107		
	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 Image hosting
				mage nosung
	Complete ONLY if direct	Candidate/Officeholder name Office sou	labt	Office held
	expenditure to benefit C/OI		agni	Office field

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		mittee Legal Services	emorials Expense tion Guide explai		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abo	ve)
<u> </u>	T-t-1			a.a.o oxpitai			-	_	E11B	/F4b: C	- Files-1
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commission	ıı Filers)
L	Sch: 25/46 Rpt: 52/75		Plesa, Mihaela E. (Th	e Honorable)					00086010		
4	Date	5	Payee name								
	05/12/2025		Filson								
6	Amount (\$)	7	Payee address; City	· Sta	ate; Zip Co	de					
ľ	\$324.75	l	1039 E 15th St	,	, <u>Lip</u> 00	uo					
	Ψ324.73		1009 L 1501 50								
			Plano, TX 75074								
8	PURPOSE	(a)	Category (See Categories I	sted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/Memorial		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						—		officeholder living	expense	
							Committee Cl	hai	r Gift		
9	Complete ONLY if direct		andidate/Officeholder na	me	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
—	Date		Payoo namo								
	01/08/2025	l	Payee name Firefighting's Finest M	overe							
		_	Firefighting's Finest M								
	Amount (\$)	l	Payee address; City	; Sta	ate; Zip Co	de					
	\$125.00	:	2306 Sherwin St								
			Garland, TX 75041								
	PURPOSE	(a)	Category (2 2 1 1 1			(h)	Description				
	OF		Category (See Categories I Travel Out of District	sted at the top of this	scnedule)	(2)	_ `	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		Travel Out of District				X Check if Austin,				
							Move to Sess	ior	apartment		
\vdash	Complete ONLY if direct	C	andidate/Officeholder na	me	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI			•		J					
H	D :										
	Date		Payee name								
L	01/10/2025		Firefighting's Finest M	overs							
	Amount (\$)		Payee address; City	Sta	ate; Zip Co	de					
	\$405.00] :	2306 Sherwin St								
		,	Garland, TX 75041								
	DUDDOCE					/b\	Described				
	PURPOSE OF		Category (See Categories I	sted at the top of this	schedule)	(a)	Description	nuto:	do of Toyon Co	aloto Schodulo T	
	EXPENDITURE		Travel Out of District						de of Texas. Comp officeholder living		
							Move to Sess			CAPCIIGO	
								,,,,,,,	. aparament		
	Complete ONII V if alias -t	<u> </u>	andidata/Office helds :: : :	ma	Office	ak+			Office I-	uld.	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder na	me	Office sou	ynt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/46 Rpt: 53/75 Plesa, Mihaela E. (The Honorable) 00086010 4 Date Payee name 01/07/2025 Gusto 6 Amount (\$) Payee address; City; State; Zip Code \$50.11 525 20th Street San Francisco, CA 94107 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 Gusto Amount (\$) Payee address; City; State; Zip Code \$50.00 525 20th Street San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Gusto Amount (\$) Payee address: City; State; Zip Code \$37.31 525 20th Street San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/46 Rpt: 54/75 Plesa, Mihaela E. (The Honorable) 00086010 4 Date Payee name 04/02/2025 Gusto 6 Amount (\$) Payee address; City; State; Zip Code \$193.71 525 20th Street San Francisco, CA 94107 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2025 Gusto Amount (\$) Payee address; City; State; Zip Code \$56.49 525 20th Street San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2025 Gusto Amount (\$) Payee address: City; State; Zip Code \$56.49 525 20th Street San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1: Sch: 28/46 Rpt: 55/75	2 FILER NAME Plesa, Mihaela E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086010
4	Date 01/13/2025	5 Payee name HEB	
6	Amount (\$) \$199.79	7 Payee address; City; State; Zip Code 2301 South Congress Ave Austin, TX 78704	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Drink for opening day
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 01/14/2025	Payee name HEB	
	Amount (\$) \$67.22	Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinks for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 01/21/2025	Payee name HEB	
	Amount (\$) \$30.35	Payee address; City; State; Zip Code 1000 E 41st St	
		Austin, TX 78751	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coffee for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/46 Rpt: 56/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	02/03/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.29	1000 E 41st St
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office snacks
		Office Stracks
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Hilton
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	500 East 4th Street
	Ψ21.00	Soo East an oncot
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/19/2025	J Prime
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.00	301 Brazos St
	Ψ201.00	001 B14203 Ot
		Austin TV 79701 4220
		Austin, TX 78701-4330
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign dinner
		Campaign aimer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 30/46 Rpt: 57/75	Plesa, Mihaela E. (The Honorable)			00086010	
4	Date	5 Payee name		•		
	02/24/2025	J Prime				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$200.00	301 Brazos St				
		Austin, TX 78701-4330				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	 Description		
	OF EXPENDITURE	Food/Beverage Expense	[Check if travel outside		
	LXI ENDITORE		[Check if Austin, TX, o		g expense
			,	Campaign dinner		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald.
9	expenditure to benefit C/O		H		Office fie	eiu
	D-4-					
	Date	Payee name				
	03/12/2025	J Prime				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$294.10	301 Brazos St				
		Austin, TX 78701-4330				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) [Description		
	EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outsident Check if Austin, TX, of		
			L (Campaign meetir		, oxponed
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	06/02/2025	Matt's El Rancho				
	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$405.16	2613 S Lamar Blvd				
		Austin, TX 78704				
	PURPOSE		h) 1	 Description		
	OF	Food/Beverage Expense	. ,۔]	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	. 000,2010.ago 2.,poi.oo	Ī	Check if Austin, TX, o		g expense
			,	Staff appreciation	n dinner	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht		Office he	eld
	experience to belief C/O	•				

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fees Consulting Expense Food Contributions/ Donations Made By - Gift/

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: 31/46 Rpt: 58/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	01/17/2025	McCoy, Matthew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	13604 Caldwell Dr
		Apt 38
		Austin, TX 78750
8	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 Communications
		Communications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/31/2025	McCoy, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	13604 Caldwell Dr
		Apt 38
		Austin, TX 78750
	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
		Communications
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2025	McCoy, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	13604 Caldwell Dr
		Apt 38
		Austin, TX 78750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Communications
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 32/46 Rpt: 59/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	04/29/2025	McCoy, Matthew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	13604 Caldwell Dr
		Apt 38
		Austin, TX 78750
8	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. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Communications
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2025	McCoy, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	13604 Caldwell Dr
		Apt 38
		Austin, TX 78750
_	DUDDOOF	To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Communications
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	McCoy, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	13604 Caldwell Dr
	4000.00	Apt 38
		·
		Austin, TX 78750
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Communications
		Communications
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/46 Rpt: 60/75	Plesa, Mihaela E. (The Honorable)	00086010
4	Date	5 Payee name	
	06/18/2025	McCoy, Matthew	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	13604 Caldwell Dr	
		Apt 38	
		Austin, TX 78750	
_	DUDD005		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	untaide of Taylor Convention Cabadula T
	EXPENDITURE	Calaries, Wages, Corniact East	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Communication	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinice field
	D-4-		
	Date	Payee name	
	03/14/2025	McCoy, Matthew	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	13604 Caldwell Dr	
		Apt 38	
		Austin, TX 78750	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Communication	ons
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot		
	Date	Payee name	
	02/05/2025	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$223.86	655 15th St NW Suite 650	
		Washington, DC 02005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Phones	
_			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
Ļ		·
1	Total pages Schedule F1: Sch: 34/46 Rpt: 61/75	2 FILER NAME Plesa, Mihaela E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086010
Ļ	·	
4	Date	5 Payee name
	04/01/2025	OPA Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$387.02	2050 S Lamar Blvd
		Auctin TV 70704
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for joint staff meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	02/18/2025	Opal Lee's Walk for Freedom
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	
	Φ300.00	3809 Grand Ave,
		Dallas, TX 75210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2025	Plano Chamber of Commerce
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	5400 Independence Pkwy
	Ψ230.00	
		Ste 200
		Plano, TX 75023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Membership
L		
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 35/46 Rpt: 62/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
l	03/14/2025	Rent a Horn Valet
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$19.95	1201 S Lamar Blvd
l		
		Austin, TX 78704
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event parking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	'
	Date	Payee name
l	01/09/2025	Rush King Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.37	3114 Avenue P
l		
		Brooklyn, NY 11234
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Pens
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊢	Dete	
	Date 01/21/2025	Payee name Rush King Promotions
L		-
l	Amount (\$)	Payee address; City; State; Zip Code
	\$296.65	3114 Avenue P
l		D I NV 44004
		Brooklyn, NY 11234
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expanse Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Capitol squishees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
ĺ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 36/46 Rpt: 63/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	03/10/2025	Rush King Promotions
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$646.48	3114 Avenue P
		Brooklyn, NY 11234
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol squishees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/28/2025	Smith, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.94	1600 Amelia Court
		Apt. 1023
		Plano , TX 75075
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	<u> </u>	
	Date	Payee name
	02/04/2025	Southwest Airlines
l	Amount (\$)	Payee address; City; State; Zip Code
	\$286.48	2702 Love Field Dr
l		
		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
		Travel to Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 37/46 Rpt: 64/75	Plesa, Mihaela E. (The Honorable)	00086010					
4	Date	5 Payee name	•					
	02/10/2025	Southwest Airlines						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$286.48	2702 Love Field Dr						
		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.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
			Austin travel					
_	0 1: 0 1: 0		000					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/26/2025	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$265.48	2702 Love Field Dr						
		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 Travel to Austin					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	•						
	Date	Payee name						
	04/14/2025	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$21.00	2702 Love Field Dr						
	Ψ21.00	2702 2070 7 1010 31						
		Dallas, TX 75235						
	DUDDOOF							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Traver Out of District	Check if Austin, TX, officeholder living expense					
			Travel to Austin					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 38/46 Rpt: 65/75	Plesa, Mihaela E. (The Honorable) 00086010				
4	Date	5 Payee name				
	06/18/2025	Spartz, Isabella				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$150.00	7575 Frankford Rd				
		Apt 1426				
		Dallas, TX 75252				
8	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 Communications				
		Communications				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	Date	Payee name				
	01/10/2025	Switchboard				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$307.59	2001 K Street				
		Washington, DC 20006				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Texts				
		, some				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1				
Г	Date	Payee name				
	01/15/2025	TaskRabbit				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.84	237 Kearny St				
		#9003				
		San Francisco, CA 94108				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Capitol office move				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
T						
1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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 pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 39/46 Rpt: 66/75	2 FILER NAME Plesa, Mihaela E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086010
4	Date	5 Payee name
	03/03/2025	Texas Chili Parlor
6	Amount (\$) \$139.00	7 Payee address; City; State; Zip Code 1409 Lavaca St Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,430.00	314 E Highland Mall Bvld
		Suite 508
		Austin, TX 78752
	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 Voter database
		votei database
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Texas Energy & Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
	4200.00	1101.500.001011
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Caucus rees
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Candidate/Officeholde Credit Card Payment		Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide	Salaries/V	/ages/Contract Labor	Travel Out of District OTHER (enter a category	not listed above)
1 Total pages Caba del	IO E1. IO				2 Filor ID (Filor	Commission Filers
1 Total pages Schedu			1.1.3		l · · · · ·	Commission Filers)
Sch: 40/46 Rpt: 6	0///5	Plesa, Mihaela E. (The Honora	abie)		00086010	
4 Date	5	Payee name				
03/17/2025		Texas House Photography				
6 Amount (\$)	7	Payee address; City;	State; Zip Co	de		
` ,		700 San Jacinto Blvd				
Ψ1	0.00	700 Sair Gaeirie Biva				
		Atin. TV 70704				
		Austin, TX 78701				
8 PURPOSE	(a)	Category (See Categories listed at the to	pp of this schedule)	(b) Description		
OF EXPENDITURE		Advertising Expense			outside of Texas. Complete Sch	edule T.
					, TX, officeholder living expense	
				Photography		
9 Complete ONLY if d expenditure to benef		Candidate/Officeholder name	Office sou	ght	Office held	
experiorale to bene	III C/OП					
Date		Payee name				
04/22/2025		Texas IT Caucus				
Amount (\$)	- 	Payee address; City;	State; Zip Co	de		
` ′	50.00	1108 Lavaca St	•			
		Ste 110				
		Austin, TX 78701				
PURPOSE OF		Category (See Categories listed at the to		(b) Description	outside of Toyler Committee C.	adula T
EXPENDITURE		Contributions/Donations Made		-	outside of Texas. Complete Scho	eaule 1.
Candidate/Officeholder/Political Committee Caucus fees						
				Caacas ices		
Complete ONLY : 4	liroct C	Candidato/Officeholder name	Office	aht	Office hold	
Complete ONLY if d expenditure to bene		Candidate/Officeholder name	Office sou	ynt	Office held	
,						
Date		Payee name				
03/04/2025		Texas LGBT Caucus				
Amount (\$)		Payee address; City;	State; Zip Co	de		
\$40	00.00	400 South Zang Blvd				
		Suite 1214				
		Dallas, TX 75208				
DUDDOSE			1	(b) Donaminting		
PURPOSE OF		Category (See Categories listed at the to		(b) Description	outside of Texas. Complete Sch	edule T
EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politica			, TX, officeholder living expense	June 1.
		Canadato/Oniocholder/i Olitict	2. 301111111100	Caucus fees	3 - p-11-	
Complete ONLY if d	lirect C	Candidate/Officeholder name	Office sou	aht	Office held	
expenditure to benef		Taribato, Cincondido Hamo	300 300		200 Hold	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 41/46 Rpt: 68/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	01/24/2025	Texas Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,030.00	P.O. Box 12943
		Austin, TX 78711
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 Caucus Fees
		Saudus i ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/24/2025	Texas Women's Health Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 5375
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee Caucus Dues
		Saucus Bues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	02/12/2025	The Capitol Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	117 W 4th St
		Austin, TX 78701
	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 Parking for event
		r aixing for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
I		

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/46 Rpt: 69/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	06/12/2025	US Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$235.00	5995 Summerside Drive
		Dallas, TX 75248
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign PO box
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	04/29/2025	Veliz-Magana, Abigail
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	10113 Mallory Dr
		Frisco, TX 75035
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/30/2025	Veliz-Magana, Abigail
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	10113 Mallory Dr
	7_00.00	
		Frisco, TX 75035
	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. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 43/46 Rpt: 70/75	Plesa, Mihaela E. (The Honorable)		00086010
4	Date	5 Payee name		•
l	06/23/2025	Villarreal, Jordan		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
l	\$75.36	5500 Del Rey Dr.		
l				
		Denton, TX 76208		
8	PURPOSE OF		(b)	Description
l	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Campaign Management
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
L	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	03/13/2025	Wal-Mart		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$10.65	25 Coit Rd		
l				
L		Plano , TX 75075		
l	PURPOSE OF	2 ((b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Office supplies
l				
Г	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
L	experiorarie to beriefit C/O	1		
l	Date	Payee name		
L	06/02/2025	Wal-Mart		
l	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$28.64	25 Coit Rd		
l		Dla :: - TV 75075		
_		Plano , TX 75075		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
l				Office supplies
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	S.portation to bottom 0/01			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/46 Rpt: 71/75	Plesa, Mihaela E. (The Honorable) 00086010
4	Date	5 Payee name
	05/21/2025	Wal-Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.40	25 Coit Rd
		Plano , TX 75075
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee Chair gift bag
		Committee Chair girt bag
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/15/2025	Payee name Wix
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.23	500 Tery A Francois Blvd
		FI 6
		San Francisco, CA 94158
	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
		Website
		Woodle Control of the
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/14/2025	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.23	500 Tery A Francois Blvd
	Ψ0.20	FI 6
	DUDDOOF.	San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
1		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
_	Tatal assess Calcadala E4.							
1	Total pages Schedule F1: Sch: 45/46 Rpt: 72/75	2 FILER NAME Plesa, Mihaela E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086010						
4	Date	5 Payee name						
	03/12/2025	Wix						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$3.23	500 Tery A Francois Blvd						
		FI 6						
		San Francisco, CA 94158						
8	PURPOSE							
°	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Website						
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/14/2025	Wix						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.23							
	Φ3.23	500 Tery A Francois Blvd						
		FI 6						
		San Francisco, CA 94158						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense						
		Website						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	05/12/2025	Wix						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.23	500 Tery A Francois Blvd						
	75.25	FI 6						
		San Francisco, CA 94158						
	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						
		Website						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
l								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Coi	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expe Printing Expe	ead/Rental Expense nse ense ges/Contract Labor		Travel in Distric Travel Out of Di	
	Credit Card Payment			The Instruction Guide	explains l	how to com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 46/46 Rpt: 73/75		Plesa, Miha	aela E. (The Honora	able)				00086010	
4	Date	5	Payee name)				•		
	06/12/2025		Wix							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code	9			
	\$3.23		500 Tery A	Francois Blvd						
			FI 6							
			San Franci	sco, CA 94158						
8	PURPOSE	(a)	Category (s	See Categories listed at the to	n of this sch	edule) (I	Description			
	OF EXPENDITURE		Advertising		,p 0, 1,110 0011		Check if trave			nplete Schedule T.
	LAFENDITORE							in, TX	K, officeholder livin	g expense
							Website			
Ļ	Occupate ONLY if disease		O11-1 - + - 10#	C l l - l - l		N#:	-1		O#: I-	-1-1
9	Complete ONLY if direct expenditure to benefit C/OH	۱ (Jandidate/Off	ficeholder name	C	Office sough	ıt		Office h	eia

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

L						
	The Instru	pages Schedule K: 1/2 Rpt: 74/75				
2	FILER NAME	D (Ethics Commission F	-ilers)			
	Plesa, Mihae	ela E. (The Honorable)	0008		,	
4		5 Name of person from whom amount is received			8 Amount (\$)	
ľ	05/15/2025	Alan Schoolcraft Campaign			7 unount (4)	\$40.00
	00/10/2020					Ψ-10.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78711				
			haali if maliti		tuibutian matuumaad ta filam	
		7 Purpose for which amount is received Committee Chair Gift	песк ії ронці	cai con	tribution returned to filer	
L		Committee Chair Gilt				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/15/2025	Ben Bumgarner Campaign				\$40.00
		Address of person from whom amount is received; City; State; Zip Code]	
		FLOWER MOUND, TX 75022				
		tribution returned to filer				
	Date	Name of person from whom amount is received	Amount (\$)			
	05/15/2025		\$40.00			
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77072				
		Purpose for which amount is received	heck if polition	cal con	tribution returned to filer	
		Committee Chair Gift				
F	Date	Name of person from whom amount is received			Amount (\$)	
	05/15/2025	Janis Holt Campaign				\$40.00
		Address of person from whom amount is received; City; State; Zip Code				,
		Address of person from whom amount is received, City, State, 2th Code				
		Liberty, TX 77575				
		<u> </u>	heck if nolition	ral con	I tribution returned to filer	
		Committee Chair Gift	neek ii politik	Jai Cori	inbation retained to mer	
⊨	5.				T	
	Date Name of person from whom amount is received 05/15/2025 Linda Garcia Campaign				Amount (\$)	# 40.00
	05/15/2025	.	\$40.00			
		Address of person from whom amount is received; City; State; Zip Code				
		Austin , TX 78768				
		<u>l</u>				
		<u> </u>	neck if polition	cal con	tribution returned to filer	
L		Committee Chair Gift				
I						

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 75/75 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Plesa, Mihaela E. (The Honorable) 00086010 5 Name of person from whom amount is received 8 Amount (\$) 05/15/2025 \$40.00 Richard Hayes Campaign 6 Address of person from whom amount is received; City; State; Zip Code Denton, TX 76202 Purpose for which amount is received Check if political contribution returned to filer Committee Chair Gift