CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00042411	ssion Filers)	2 Total pages filed: 65
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Jose			Date Received
10.00					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025
		Menendez			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 100833				
ADDRESS					Receipt # Amount
Change of Address	San Antonio, TX 78201				
	San Antonio, 17 70201				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Ms.	Estefana			
	NICKNAME	LAST		SUFFIX	
		Martinez			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER	114 Olga Dr.				
ADDRESS					
(Residence or Business)	San Antonio, TX 78237				
	San Antonio, 17 10231				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER PHONE	(210) 432-2619				
PHONE					
8 REPORT					
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer
					appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		ID CLICIT	Month Day	Year
COVERED	01/01/2025	I F	IROUGH	06/30/202	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_
	Month Day Year	LIP	rimary	Runoff	Other
		□□G	Seneral	Special	
				_	
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)
	State Senator District 26			State Senator Dis	
	<u> </u>			<u> </u>	
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 65

13 C / OH NAME	Menendez, Jose (The	e Honorable)	14 Filer ID (00042411	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendition. These expenditures may have been made without difficeholders are required to report this information.	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 5,896.52				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 55,109.81				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 1,054,312.53				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Hono	orable Jose Menende	ez				
		Signature o	f Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 65

				3 of 65				
18 FILER NAME Menendez,	E Jose (The Honorable)	19 Filer ID 00042411	(Ethics Commis	sion Filers)				
20 SCHEDULE	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X	SCHEDULE E: LOANS		\$	0.00				
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

PLE	OGED CONTRIBUT	IONS			SCHEDULE B
T	he Instruction Guide expl	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/65		
2 FILER NA	AME ez, Jose (The Honorable)			3	Filer ID (Ethics Commission Filers) 00042411
4 TOTAL	OF UNITEMIZED PLEDGE	ES .			\$ 0.
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID#:_		8	Amount of pledge (\$)
40 Daineire	And the Construction () the title (Construction)		laa	<u> </u>	Check if travel outside of Texas. Complete Schedu
10 Principal	occupation / Job title (See Instruct	ions)	11 Employer (See Instru	ucti	ions)

LOAN	S			SCHEDULE	E	
The Insti	uction Guide explains how to complete this	form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/65			
2 FILER NAM	E , Jose (The Honorable)		3 Filer ID 000424	(Ethics Commission File	ers)	
4 TOTAL C	F UNITEMIZED LOANS			\$	0.00	
5 Date of loar	7 Name of lender out-of-state P.	AC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
				11 Maturity Date		
12 Principal oc	cupation / Job title (See Instructions)	13 Employer (See Instructions	5)	•		
14 Description None	of Collateral	15 Check if personal funds we	ere deposited	d into political account (See Instructions)		
16 GUARANT		<u> </u>		19 Amount Guaranteed	(\$)	
not appl	cable 18 Guarantor address; City; State;	Zip Code				
20 Principal oc	cupation	21 Employer (See Instructions	s)	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	-
-	Sch: 1/60 Rpt: 6/65	Menendez, Jose (The Honorable)	
4	Date	5 Payee name	
	01/03/2025	A-AAA Key Mini storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$176.00	6604 W Interstate 10	
		San Antonio, TX 78201	
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	
		Fee for rent of campaign storage unit.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	=
	02/03/2025	A-AAA Key Mini storage	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$176.00	6604 W Interstate 10	
	ΨΞ. 0.00		
		San Antonio, TX 78201	
	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	
		Fee for rent of campaign storage unit.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	=
	03/03/2025	A-AAA Key Mini storage	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$176.00	6604 W Interstate 10	
		San Antonio, TX 78201	
	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 Fee for rent of campaign storage unit.	
		rection tent of earlipaight storage unit.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
			\dashv

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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/Political Co Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense 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: 2/60 Rpt: 7/65	Menendez, Jose (The Honorable) 00042411
4 Date 5	Payee name
04/16/2025	A-AAA Key Mini storage
6 Amount (\$) 7 \$176.00	Payee address; City; State; Zip Code 6604 W Interstate 10
\$170.00	0004 W Interstate 10
	San Antonio, TX 78201
	(b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fee for rent of campaign storage unit.
	ree for refit of campaight storage unit.
	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
06/01/2025	A-AAA Key Mini storage
Amount (\$)	Payee address; City; State; Zip Code
\$176.00	6604 W Interstate 10
	San Antonio, TX 78201
PURPOSE (a	(b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fee for rent of campaign storage unit.
	Too for fell of campaign storage unit.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
· ·	
Date	Payee name
04/16/2025	A-AAA Key Mini storage
Amount (\$)	Payee address; City; State; Zip Code
\$176.00	6604 W Interstate 10
	San Antonio, TX 78201
PURPOSE (a	(b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly fee for campaign storage rental.
	monthly lee for earripaigh storage rental.
	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
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 co	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Fil	er ID (Ethics Commission Filers)
Sch: 3/60 Rpt: 8/65	Menendez, Jose (The Honorable)	00	0042411
4 Date	5 Payee name		
06/01/2025	A-AAA Key Mini storage		
6 Amount (\$) \$176.00	7 Payee address; City; State; Zip Co 6604 W Interstate 10	le	
Ψ170.00	0004 W Interstate 10		
	San Antonio, TX 78201		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	f Taylor Commission Cabadala T
EXPENDITURE	Fees	Check if Austin, TX, office	f Texas. Complete Schedule T. ceholder living expense
		—	tal of campaign storage unit.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ht	Office held
Date	Payee name		
01/30/2025	AT&T		
Amount (\$)	Payee address; City; State; Zip Co	<u> </u>	
\$302.21	P.O. Box 105414		
¥302.22			
	Atlanta, GA 30348		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Check if Austin, TX, office	f Texas. Complete Schedule T.
		ш	aign cell phone and internet
		services.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
02/24/2025	AT&T		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$397.47	P.O. Box 105414		
	Atlanta, GA 30348		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Fees		f Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, office	
		Officeholder/campa services.	aign cell phone and internet
0	Operation of Office healthouse		Off: -
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	nt	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 co	omplete	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/60 Rpt: 9/65	Menendez, Jose (The Honorable)		00042411
4 Date	5 Payee name		·
03/25/2025	AT&T		
6 Amount (\$) \$349.95	7 Payee address; City; State; Zip C P.O. Box 105414 Atlanta, GA 30348	ode	
0 DUDDOCE		(h) 5	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign cell phone and internet services.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
04/24/2025	AT&T		
Amount (\$) \$350.00	Payee address; City; State; Zip C P.O. Box 105414 Atlanta, GA 30348	ode	
PURPOSE		(b) [Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign cell phone and internet services.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held
Date	Payee name		
05/24/2025	AT&T		
Amount (\$) \$375.40	Payee address; City; State; Zip C P.O. Box 105414	ode	
	Atlanta, GA 30348	_	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign cell phone and internet services.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/60 Rpt: 10/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	06/25/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.40	P.O. Box 105414
		Atlanta, GA 30348
8	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
		Officeholder/campaign cell phone and internet
		services.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/02/2025	Airbnb
	Amount (\$)	Payee address; City; State; Zip Code
	\$672.04	888 Brannan St.
		#119
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	accommodations Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Accommodations during session.
		, local influence during cocoloni.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/07/2025	Airbnb
	Amount (\$)	Payee address; City; State; Zip Code
	\$563.65	888 Brannan St.
		#119
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accommodations Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	X Check if Austin, TX, officeholder living expense
		Accommodations in Austin during session.
	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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/60 Rpt: 11/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/15/2025	Airbnb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$459.35	888 Brannan St.
		#119
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accommodations Check if travel outside of Texas. Complete Schedule T.
		\times \text{ Check if Austin, TX, officeholder living expense} \text{Accommodations in Austin during session.}
		/ toconimodations in / tustin during session.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/18/2025	Airbnb
	Amount (\$)	Payee address; City; State; Zip Code
	\$510.60	888 Brannan St.
		#119
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accommodations Check if travel outside of Texas. Complete Schedule T.
		 X Check if Austin, TX, officeholder living expense Accommodations in Austin during the session.
		Accommodations in Austin during the session.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/17/2025	Airbnb
	Amount (\$)	Payee address; City; State; Zip Code
	\$444.44	888 Brannan St.
		#119
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accommodations Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Accommodations in Austin during session.
	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 Conditional Operations Made 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/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed) The Instruction Guide explains how to complete this form.						
_	Tatal as a constitute E4.	_	EU ED NAME				٦_	Eller ID	(Fabine Commission Filess)	
1	Total pages Schedule F1:	-	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/60 Rpt: 12/65		Menendez,	Jose (The Hond	orabie)				00042411	
4	Date	5	Payee name							
	03/18/2025		Airbnb							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	;			
	\$85.00		888 Branna	n St.						
			#119							
			San Francis	sco, CA 94103						
8	PURPOSE	(0)				/h	N 5			
°	OF	(a)		ee Categories listed at t	he top of this schedule)	(0	Description Check if trave	al oute	ide of Teyes Cor	mplete Schedule T.
	EXPENDITURE		Accommoda	auons					, officeholder livin	
							—			during session.
										•
9	Complete ONLY if direct		- Candidate/Offi	ceholder name	Office :	sough	t		Office h	neld
	expenditure to benefit C/OI	-								
	Date		Payee name							
	04/01/2025		Airbnb							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code)			
	\$576.92		888 Branna	n St.						
			#119							
			San Francis	sco, CA 94103						
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule)	(b) Description			
	OF EXPENDITURE		Accommoda	ations			=			mplete Schedule T.
									, officeholder livin	during session.
							Accommode	auon	is iii Austiii	during session.
	Complete ONLY if direct	<u> </u>		ceholder name	Office :	sonap.	t		Office h	neld
	expenditure to benefit C/OI		Januard, Om	oonolder name	011100	ougii			01110011	iola
-	Date	Г	Payee name							
	01/22/2025		Amazon							
				0	O: : 7:					
	Amount (\$)		Payee addres	•	State; Zip	Code				
	\$250.92		410 Terry A	ve N						
			Seattle, WA	98109						
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule)	(b	Description			
	OF EXPENDITURE		Office Overl	head/Rental Exp	oense		ш			mplete Schedule T.
							Supplies for		, officeholder livin	ng expense
							Supplies for	DIS	uici oilice.	
_	Complete ONLY if divert	Ц	Condidate /Off	ooholder neme	Off: 2 -	Sourch:	.+		Office !-	vold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluate/Offi	ceholder name	Office	sougn	ı		Office h	leiu

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gi Committee Le Tl	ft/Awards/Memorials Expense gal Services he Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commis	sion Filers)
	Sch: 8/60 Rpt: 13/65	Menendez, Jo	ose (The Honorable)			00042411	
4	Date	5 Payee name					
	01/23/2025	Amazon					
6	Amount (\$)	7 Payee address	; City; State	; Zip Coo	de		
	\$3.24	410 Terry Ave	e N				
		Seattle, WA 9	8109				
8	PURPOSE	(a) Category (See	Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		ad/Rental Expense	ŕ	=	outside of Texas. Complete Schedule T.	
	EXI ENDITORE				\Box	, TX, officeholder living expense	
					Supplies for I	District office.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	holder name (Office soug	ght	Office held	
L							
	Date	Payee name					
	01/14/2025	Amazon					
	Amount (\$)	Payee address	; City; State	; Zip Coo	de		
	\$30.87	410 Terry Ave	e N				
		-					
		Seattle, WA 9	8109				
	PURPOSE OF		Categories listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE	Office Overhe	ead/Rental Expense		<u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					Supplies for I		
					Supplies for i	Sistrict office.	
	Complete ONLY if direct	Candidate/Office	holder name (nht .	Office held	
	expenditure to benefit C/OI		noted hame	omoo ooug	,	Cilido Hola	
	Date	Payee name					
	01/14/2025	Amazon					
_	Amount (\$)	Payee address:	; City; State	; Zip Coo	<u> </u>		
	\$71.98	410 Terry Ave		, Ζιρ Ουί	ie.		
	Φ1 1.30	410 IGIIY AVE	, IA				
		Seattle, WA 9	8109				
	PURPOSE			ı	(h) D		
	OF		Categories listed at the top of this sch	nedule)	(b) Description Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overne	ead/Rental Expense		ш	, TX, officeholder living expense	
					Supplies for I		
	Complete ONLY if direct	Candidate/Office	holder name (Office soug	jht	Office held	
	expenditure to benefit C/O	l					
Ec.	me provided by Texas F	hios Commission	y yayay ethics s	state ty		Vorcion VA	1 N f1NdNfdQ

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servi				/Wages	/Contract Labor		Travel Out of D OTHER (enter		not listed above)
		_			uction Guid	e explains	how to c	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics	Commission Filers)
	Sch: 9/60 Rpt: 14/65		Menendez,	Jose (T	he Honora	able)					00042411		
4	Date	5	Payee name										
	01/15/2025		Amazon										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State;	Zip C	ode					
	\$27.22		410 Terry A	ve N									
			Seattle, WA	98109									
8	PURPOSE	(a)	Category (S	ee Categorie	es listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Over				,		Check if travel	outs	ide of Texas. Co	mplete Sche	dule T.
	EXPENDITORE								_		, officeholder livir	ng expense	
									Supplies for	Dis	trict office.		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder	name	C	Office so	ught			Office h	neld	
	Date		Payee name										
	02/10/2025		Amazon										
	Amount (\$)	H	Payee addre	ss: C	ity;	State:	Zip C	ode					
	\$110.94		410 Terry A		<i>3</i> ,								
	4110.0 1		120 1011,7										
			Seattle, WA	98109									
	PURPOSE	(a)	Category (S	ee Categorie	es listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Over				,		_		ide of Texas. Co		dule T.
	LAFENDITORE										, officeholder livir	ng expense	
									Supplies for	Dis	trict office.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder	name	C	Office so	ught			Office h	ield	
	Date		Payee name										
	02/10/2025		Amazon										
	Amount (\$)	H	Payee addre	.ee. C	ity;	State.	Zip C	ode					
	\$292.11		410 Terry A		ity,	State,	Zip C	oue					
	Φ292.11		410 Telly F	WE IN									
			Seattle, WA	98109									
	PURPOSE	(a)	Category (S	ee Categorie	es listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Re	ental Expe	nse			ш		ide of Texas. Co		dule T.
	EXI ENDITORE										, officeholder livir	ng expense	
									Supplies for	DIS	trict office.		
_	Complete ONLY if direct		Candidate/Off	iceholder	name	-	Office so	ught			Office h	neld	
	expenditure to benefit C/OI	Н											

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 thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/60 Rpt: 15/65	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	
l	02/06/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.22	410 Terry Ave N	
l			
l		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		Sup	pplies for District office.
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
l	Date	Payee name	
L	02/14/2025	Amazon	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$30.87	410 Terry Ave N	
l			
l		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
l	OF EXPENDITURE	Onice Overnedd/Nerital Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			pplies for District office.
		3.45	p.100 10. 2.00.100 0.1100.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/18/2025	Amazon	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$19.85	410 Terry Ave N	
l			
l		Seattle, WA 98109	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	crintion
l	OF		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Sup	pplies for District office.
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to beliefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/60 Rpt: 16/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/25/2025	Amazon
6	Amount (\$) \$27.22	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for District office.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2025	Amazon
	Amount (\$) \$13.66	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for District office.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/13/2025	Payee name Amazon
	Amount (\$) \$41.32	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for District office.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		Gift/Awards/Memorials Expens Legal Services The Instruction Guide expension of the Instruction of the Instruction Guide expension of the Instruction Guide expension of the Instruction Guide expension of the Instruction Octobrance of the Instruction of the I	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
_	Total marca Cabadula E1.	2 FUED NAME		•			_	Files ID	(Ethics Commission Filers)	_
1	Total pages Schedule F1: Sch: 12/60 Rpt: 17/65		: Jose (The Honorable	e)			3	Filer ID 00042411	(Ethics Commission Filers)	
4	Date	5 Payee name								П
	03/19/2025	Amazon								
6	Amount (\$) \$27.22	7 Payee addre410 Terry A		State; Zip Co	de					
	4-1	110 101197								
		Seattle, WA	98109							
8	PURPOSE OF		ee Categories listed at the top of		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense	е		=			plete Schedule T.	
						—		officeholder living	g expense	
						Supplies for D	JISI	rict office.		
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	03/26/2025	Amazon								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$11.90	410 Terry A	ve N							
		-								
		Seattle, WA	98109							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense	е		—			plete Schedule T.	
						_		officeholder living	g expense	
						Supplies for D	JISI	nct onice.		
										_
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	03/31/2025	Amazon								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$37.50	410 Terry A	ve N							
		Seattle, WA	. 98109							
	PURPOSE	(a) Category (Se	ee Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense	е		ш			plete Schedule T.	
								officeholder living	g expense	
						Supplies for D	JISt	rict office.		
										_
	Complete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
L	expenditure to benefit C/OI									
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 13/60 Rpt: 18/65	Menendez, Jose (The Honorable)			00042411	
4 Date	5 Payee name		· ·		
04/12/2025	Amazon				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$30.87	410 Terry Ave N				
	Seattle, WA 98109				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Office Overhead/Rental Expense			de of Texas. Com	plete Schedule T.
EXPENDITURE	·		eck if Austin, TX,		gexpense
		Supp	lies for Cap	itoi office.	
				0" 1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght		Office h	eld
Date	Payee name				
06/02/2025	Amazon				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$651.00	410 Terry Ave N				
	Seattle, WA 98109				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr			
OF EXPENDITURE	Office Overhead/Rental Expense				plete Schedule T.
			eck if Austin, TX, e supplies fo		
		000	о опрршоо	or the output	0. 000.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
expenditure to benefit C/O		J			
Date	Payee name				
02/28/2025	Arizona Cafe				
Amount (\$)	Payee address; City; State; Zip Co	ıde			
\$279.34	1111 South General McMullen	uc			
Ψ210.01	TITI South Constant Molyanon				
	San Antonio , TX 78237				
DUDDOCE		(h) 5			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Descri		de of Texas. Com	plete Schedule T.
EXPENDITURE	Food/Beverage Expense		eck if Austin, TX,		
		Food	I for neighbo	orhood mee	ting.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght		Office h	eld
DANDERS IN DEDOCT (*/()	-				
experiulture to beriefit C/O	·				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Great Gara F ayment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/60 Rpt: 19/65	Menendez, Jose (The Honorable)	00042411
4 Date	5 Payee name	•
01/25/2025	Best Buy	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$308.50	7601 Penn Avenue	
	Minneapolis, MN 55423	
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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Supplies for District office.
O Complete CNII V if direct	Condidate Office helder reces	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught Office held
Data	Γ -	
Date	Payee name	
01/29/2025	Best Buy	
Amount (\$)	Payee address; City; State; Zip C	ode
\$54.11	7601 Penn Avenue	
	Minneapolis, MN 55423	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for District office.
Complete ONLY if direct	Candidate/Officeholder name Office sor	ught Office held
expenditure to benefit C/O	H	
Date	Payee name	
04/01/2025	Best Buy	
Amount (\$)	Payee address; City; State; Zip C	ode
\$86.59	7601 Penn Avenue	
	Minneapolis, MN 55423	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Supplies for Capitol office.
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		onice netu

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	d 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: 15/60 Rpt: 20/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/18/2025	City of Leon Valley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6400 El Verde Road
		Leon Valley, TX 78238
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	01/07/2025	CostCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.66	15330 I-35N
		Selma, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/14/2025	CostCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.47	15330 I-35N
		Selma, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Gas for officeholder/campaign vehicle.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)					
		_			ide explains now to t	omp	iete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 16/60 Rpt: 21/65		Menendez,	Jose (The Hono	rable)				00042411		
4	Date	5	Payee name								
	02/07/2025		CostCo								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	aho ²					
ľ	` '	l'			State, Zip C	Jude					
	\$49.14		15330 I-35N	V							
			Selma, TX 7	78705							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e ton of this schedule)	(b)) Description				
	OF			ion Equipment A				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense	1			Check if Austin	, TX,	officeholder living	g expense	
							Gas for office	ho	lder/campai	gn vehicle.	
9	Complete ONLY if direct	(Candidate/Offi	ceholder name	Office so	ought	i		Office h	eld	
	expenditure to benefit C/OI	Н									
⊨	Date	Г									
			Payee name								
	02/10/2025	L	CostCo								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	Code					
	\$27.00		15330 I-35N	1							
			Selma, TX 7	78705							
	PURPOSE	(0)				(h)	\				
	OF	(a)		ee Categories listed at the		(0)	Description Check if travel	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Expense	ion Equipment A	na Relatea		<u> </u>		officeholder living		
			Lxperise				Gas for office				
							000 101 011100		.ao., oapa.	g voo.	
_	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name	Office so	l Numbt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Onic	centituei name	Office Sc	Jugin			Office fi	aiu	
	· 										
	Date		Payee name								
	02/11/2025		CostCo								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	Code					
	\$24.39		15330 I-35N	J	·						
	,										
			Calma TV	70705							
			Selma, TX 7	78705							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE			ion Equipment A	nd Related		ш			plete Schedule T.	
			Expense						officeholder living		
							Gas for office	eno	ider/campai	gn venicie.	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ought	Ī		Office h	eld	
	expenditure to benefit C/OI	7									
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 17/60 Rpt: 22/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/12/2025	CostCo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.57	15330 I-35N
		Selma, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Cos for officeholder living expense
		Gas for officeholder/campaign vehicle.
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	02/13/2025	CostCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.02	15330 I-35N
		Selma, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		das for officeriolider/campaign vehicle.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Power name
	02/18/2025	Payee name CostCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.16	15330 I-35N
_		Selma, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle. Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle. Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle. Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense 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: Sch: 18/60 Rpt: 23/65	2 FILER NAME Menendez, Jose (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042411
4	Date 02/19/2025	5 Payee name CostCo
6	Amount (\$) \$25.02	7 Payee address; City; State; Zip Code 15330 I-35N Selma, TX 78705
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/20/2025	Payee name CostCo
	Amount (\$) \$26.73	Payee address; City; State; Zip Code 15330 I-35N
	PURPOSE OF EXPENDITURE	Selma, TX 78705 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/25/2025	Payee name CostCo
	Amount (\$) \$39.15	Payee address; City; State; Zip Code 15330 I-35N
		Selma, TX 78705
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 19/60 Rpt: 24/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/26/2025	CostCo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.46	15330 I-35N
		Selma, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Cas for officeriolacitoatripaign verifice.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 -
Г	Date	Payee name
	03/14/2025	CostCo
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$32.40	15330 I-35N
		Selma, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Sus for officeriolaci/cumpaign vertice.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/26/2025	CostCo
H	Amount (\$)	Payee address; City; State; Zip Code
	\$20.34	15330 I-35N
		Selma, TX 78705
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gas for officeholder/campaign vehicle.
L	Complete CMI V if allower	Condidate/Officeholder name
	Complete ONLY 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 Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission	r Filers)
	Sch: 20/60 Rpt: 25/65	Menendez,	Jose (The Honora	ıble)				00042411		
4	Date	5 Payee name								
	05/19/2025	CostCo								
6	Amount (\$) \$41.85	7 Payee addre 15330 I-35N Selma, TX	N	State; Zip Co	ode					
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Transportat Expense	ion Equipment And	d Related		_	, TX,	de of Texas. Com officeholder living der/campaiç	expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	02/03/2025	CostCo								
	Amount (\$) \$34.47	Payee addre 15330 I-35N Selma, TX	N	State; Zip Co	ode					
_	PURPOSE				(h)	Description				
	OF EXPENDITURE		ee Categories listed at the t ion Equipment And			Check if travel of	, TX,	de of Texas. Com officeholder living der/campaiç	expense	
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	03/06/2025	CostCo								
	Amount (\$) \$29.97	Payee addre 15330 I-35N		State; Zip Co	ode					
		Selma, TX	78705							
	PURPOSE OF EXPENDITURE		ee Categories listed at the tr ion Equipment And		(b)		, TX,	de of Texas. Com officeholder living der/campaiç	expense	
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office sou	ight			Office he	eld	

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	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/60 Rpt: 26/65	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	•
	01/16/2025	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.74	5611 UTSA Boulevard	
		San Antonio, TX 78249	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to borionic Grou		
	Date	Payee name	
	01/21/2025	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.82	5611 UTSA Boulevard	
		San Antonio, TX 78249	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
		Expense	Con for officeholder/gompoign vehicle
			Gas for officeholder/campaign vehicle.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Dete		
	Date 02/14/2025	Payee name	
		Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.53	5611 UTSA Boulevard	
		San Antonio, TX 78249	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense	Gas for officeholder/campaign vehicle.
			The second control of
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cindo Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 22/60 Rpt: 27/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/22/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.32	5611 UTSA Boulevard
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	02/22/2025	Costco
-	Amount (\$)	Payee address; City; State; Zip Code
	\$49.32	5611 UTSA Boulevard
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Cas for officeriolacity and pargit verticle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/08/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.56	5611 UTSA Boulevard
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Gas for officeriolder/campaign verticle.
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 23/60 Rpt: 28/65	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	_
	02/10/2025	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$50.22	5611 UTSA Boulevard	
		San Antonio, TX 78249	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Gas for officeholder/campaign vehicle.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot	'	
	Date	Payee name	
	03/13/2025	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.43	5611 UTSA Boulevard	
l		San Antonio, TX 78249	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Transportation Equipment And Related	
l	LXI LINDITORE	Expense Check if Austin, TX, officeholder living expense	
l		Gas for officeholder/campaign vehicle.	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	o	
-	D-4-		=
	Date 03/17/2025	Payee name Costco	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.06	5611 UTSA Boulevard	
		San Antonio, TX 78249	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Expense	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
l			

SCHEDULE F1

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

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

Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Mans//

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/60 Rpt: 29/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/19/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.63	5611 UTSA Boulevard
		San Antonio, TX 78249
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Lastin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/14/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.65	5611 UTSA Boulevard
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	06/12/2025	Costco
H	Amount (\$)	Payee address; City; State; Zip Code
	\$36.27	5611 UTSA Boulevard
	Ψ00.21	3011 0 10 / Bodicvaru
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Gas for officeriolider/campaign vehicle.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

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	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/60 Rpt: 30/65	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	
	06/10/2025	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.64	5611 UTSA Boulevard	
l			
		San Antonio, TX 78249	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense	Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Ħ	Date	Payee name	
	06/27/2025	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.52	5611 UTSA Boulevard	
l			
l		San Antonio, TX 78249	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
l	LAFENDITORE	Expense	Check if Austin, TX, officeholder living expense
			Gas for officeholder/campaign vehicle.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	emise neid
H	Date	Payee name	
	06/24/2025	Costco	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.33	5611 UTSA Boulevard	
		San Antonio, TX 78249	
	PURPOSE		Description
	OF	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Gas for officeholder/campaign vehicle.
L	Complete ONE V if direct	Condidate/Officeholder name	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/60 Rpt: 31/65		Menendez, Jose (The Honorable)		00042411
4	Date	5	Payee name		·
	06/21/2025		Costco		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$44.73		5611 UTSA Boulevard		
			San Antonio, TX 78249		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Expense		Check if Austin, TX, officeholder living expense
					Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sour	aht	Office held
9	expenditure to benefit C/OI		Sandidate/Officeriolder frame Office Sout	giit	Office field
_	Data	Т			
	Date		Payee name		
	01/02/2025	_	Costco		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$35.63		5611 UTSA Boulevard		
			San Antonio, TX 78249		
	PURPOSE OF	(a)		(b)	Description
	EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Expense		Gas for officeholder/campaign vehicle.
					, ,
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	01/17/2025		Fairmont Hotel Austin		
	Amount (\$)	H	Payee address; City; State; Zip Co	de	
	\$343.80		101 Red River Street		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Accommodation	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				X Check if Austin, TX, officeholder living expense
					Accommodations while in session.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	Office held
	Orange to bonom of or	•			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/60 Rpt: 32/65	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		<u> </u>
	01/16/2025	Flower Child Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$167.22	500 W 2nd St Suite 133		
		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 Food for lunch meeting with officeholder and staff.
				1 ood for further meeting with officeriolder and stain.
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
•	expenditure to benefit C/OI		igint	Cilide Held
_	Date	Payee name		
	06/11/2025	Flower Child Restaurant		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$61.64	500 W 2nd St Suite 133	Jue	
	Ψ01.04	300 W Zhu St Suite 133		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Lunch meeting with officeholder and constituent for official state business.
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Iaht	Office held
	expenditure to benefit C/OI		giit	Cince Hold
	Date	Payee name		
	01/24/2025	Garcia Event Center		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$650.00	1400 Callaghan Road	Juc	
	Ψ000.00	1400 Gallagrian Road		
		San Antonio, TX 78228		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Event Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Deposit of venue for District 26 Older Adult Sweetheart Dance.
	0 1 0 0 0 0 0		L	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ight	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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		mmittee	Gift/Awards/Memorials Legal Services The Instruction G	•		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	ed above)
1	Total pages Schedule F1:	2	EII ER NAME						3	Filer ID	(Ethics Comr	nission Filers)
_	Sch: 28/60 Rpt: 33/65	_		Jose (The Hon	orable)				٦	00042411	(Ethics Conn	nission i licis)
4	Date	5	Payee name									
	02/14/2025		Garcia Ever	nt Center								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$2,050.00		1400 Callag	han Road								
			San Antonio	o, TX 78228								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	he top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse				=			plete Schedule T	
								_		officeholder living		Nalam Adult
								Balance of ve Sweetheart D			DISTRICT 26 C	nuer Auuit
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	experialitate to beliefit 6/01											
	Date		Payee name									
	06/03/2025		Gina Ortiz J	ones for Mayor								
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$1,000.00		P.O. Box 12	246								
			San Antonio									
	PURPOSE OF	(a)		ee Categories listed at		iedule)	(b)	Description				
	EXPENDITURE			is/Donations Ma Officeholder/Pol		vittoo		<u></u>		officeholder living	iplete Schedule T.	
			Cariuluale/C	Jilicerioldei/Poi	ilicai Comin	iiilee		contribution to			, expense	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	aht			Office he	eld	
	expenditure to benefit C/OI						J					
	Date		Payee name									
	05/20/2025		Gonzales, S	Sergio (Mr.)								
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$200.06		6326 Spring	ı Time								
			San Antonio	o, TX 78249								
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense							plete Schedule T	
								Reimburseme		officeholder living		
												Mother's Day
\vdash	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	aht			Office he	ald	
	expenditure to benefit C/OI		Januiuale/OIII	centiuel Haine		JIIICE SUU	grit			Office H	≂iu .	

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/60 Rpt: 34/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	01/28/2025	Gunn Infiniti
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,199.89	12150 IH-10 West
	!	
		San Antonio, TX 78230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	!	Expense Check if Austin, TX, officeholder living expense Monthly lease on officeholder/campaign vehicle.
	1	Monthly lease on onleanough vehicle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D-4-	
	Date	Payee name
	02/27/2025	Gunn Infiniti
	Amount (\$)	Payee address; City; State; Zip Code
	\$199.89	12150 IH-10 West
	!	
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
	!	Monthly lease on omeenoideneampaign veniole.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	03/27/2025	Gunn Infiniti
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,199.89	12150 IH-10 West
	!	
	1	San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORL	Expense
	1	Monthly lease on officeholder/campaign vehicle.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	'

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.			Travel Out of D	ct District a category not listed above)		
1 Total page	s Schedule F1:	2 FILER NAME	<u> </u>				3 Filer ID	(Ethics Commission Filers)
Sch: 30/6	60 Rpt: 35/65	Menendez,	Jose (The Honorable)				00042411	
4 Date		5 Payee name				•		
04/29/202	25	Gunn Infinit						
6 Amount (\$)	7 Payee addre	ss; City; Sta	ate; Zip Co	de			
	\$1,199.89	12150 IH-1	0 West					
		San Antonio	o, TX 78230					
8 PURPO		(a) Category (S	ee Categories listed at the top of this	s schedule)	(b)	Description		
OF EXPEND		Transportat	ion Equipment And Rela			느	outside of Texas. Co	
2/11/2		Expense				—	TX, officeholder livi	
						worming lease	: on onicendic	ler/campaign vehicle.
9 Complete	ONI V if direct	Candidata/O#	icoholdor nama	Office	ah+		Office I	aold
	ONLY if direct re to benefit C/OI		iceholder name	Office sou	yııt		Office f	iciu
Date		Payee name						
05/27/202	25	Gunn Infinit	i					
Amount (\$)	Payee addre	ss; City; Sta	ate; Zip Co	de			
	\$1,199.89	12150 IH-1	0 West					
		San Antonio	o, TX 78230					
PURP		(a) Category (S	ee Categories listed at the top of this	s schedule)	(b)	Description		
OF EXPEND			ion Equipment And Rela				outside of Texas. Co	
2/11/2		Expense				—	TX, officeholder livi	
						working lease	e on onicenoic	ler/campaign vehicle.
Complete	ONLY if direct							
		(`andidate/(`tti	ceholder name	Office sour	aht		Office I	reld
	e to benefit C/OI		ceholder name	Office sou	ght		Office I	neld
Data	e to benefit C/OI	1		Office sou	ght		Office I	neld
Date 06/27/202		Payee name		Office sou	ght		Office I	neld
06/27/202	25	Payee name Gunn Infinit	i				Office I	neld
	25	Payee name Gunn Infinit Payee addre	i ss; City; Sta	Office sou			Office I	neld
06/27/202	25	Payee name Gunn Infinit	i ss; City; Sta				Office I	neld
06/27/202	25	Payee name Gunn Infinit Payee addre 12150 IH-1	i ss; City; Sta				Office I	neld
06/27/202	25) \$1,199.89	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio	i ss; City; Sta 0 West o, TX 78230	ate; Zip Co	de	Description	Office I	neld
O6/27/202 Amount (\$ PURPO	25) \$1,199.89 OSE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (s	iss; City; Sta O West o, TX 78230 ee Categories listed at the top of this	ate; Zip Co	de	Description ☐ Check if travel o	Office I	
06/27/202 Amount (\$	25) \$1,199.89 OSE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (s	i ss; City; Sta 0 West o, TX 78230	ate; Zip Co	de (b)	Check if travel o	outside of Texas. Co TX, officeholder livi	mplete Schedule T. ng expense
O6/27/202 Amount (\$ PURPO	25) \$1,199.89 OSE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (so	iss; City; Sta O West o, TX 78230 ee Categories listed at the top of this	ate; Zip Co	de (b)	Check if travel o	outside of Texas. Co TX, officeholder livi	mplete Schedule T.
O6/27/202 Amount (\$ PURPO	25) \$1,199.89 OSE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (so	iss; City; Sta O West o, TX 78230 ee Categories listed at the top of this	ate; Zip Co	de (b)	Check if travel o	outside of Texas. Co TX, officeholder livi	mplete Schedule T. ng expense der/campaign vehicle.
O6/27/202 Amount (\$ PURPO OF EXPEND	25) \$1,199.89 DSE : ITURE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (s) Transportat Expense	iss; City; Sta O West o, TX 78230 ee Categories listed at the top of this	ate; Zip Co	de (b)	Check if travel o	outside of Texas. Co TX, officeholder livi	mplete Schedule T. ng expense der/campaign vehicle.
O6/27/202 Amount (\$ PURPO OF EXPEND	25) \$1,199.89 OSE : ITURE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (s) Transportat Expense	isss; City; Sta 0 West o, TX 78230 ee Categories listed at the top of this ion Equipment And Rela	ate; Zip Co	de (b)	Check if travel o	outside of Texas. Co TX, officeholder livi	mplete Schedule T. ng expense der/campaign vehicle.
O6/27/202 Amount (\$ PURPO OF EXPEND	25) \$1,199.89 DSE : ITURE	Payee name Gunn Infinit Payee addre 12150 IH-10 San Antonio (a) Category (s) Transportat Expense	isss; City; Sta 0 West o, TX 78230 ee Categories listed at the top of this ion Equipment And Rela	ate; Zip Co	de (b)	Check if travel o	outside of Texas. Co TX, officeholder livi	mplete Schedule T. ng expense der/campaign vehicle.

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	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: 31/60 Rpt: 36/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/07/2025	HEB-Mueller
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.08	1801 E. 52 St.
		Austin, TX 78723
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Land Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Sac for emberiology campaign verilois.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	d °
	Date	Payee name
	04/09/2025	HEB-Mueller
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.91	1801 E. 52 St.
	,	
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense
		Gas for officerolder/campaign vehicle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	HEB-Mueller
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.23	1801 E. 52 St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Cos for officeholder living expense
		Gas for officeholder/campaign vehicle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
•	Sch: 32/60 Rpt: 37/65	Menendez, Jose (The Honorable) 00042411			
4	Date	5 Payee name			
	04/17/2025	HEB-Mueller			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$13.11	1801 E. 52 St.			
		Austin, TX 78723			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF	Transportation Equipment And Related			
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense			
		Gas for officeholder/campaign vehicle.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	04/25/2025	HEB-Mueller			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.98	1801 E. 52 St.			
		Austin, TX 78723			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE		Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense			
		Expense			
		Sac is: smooned an paign venior.			
	Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	05/13/2025	HEB-Mueller			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$33.97	1801 E. 52 St.			
		Austin, TX 78723			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related			
		Expense Check if Austin, TX, officeholder living expense			
		Gas for officeholder/campaign vehicle.			
	Complete ONLY if allowed	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/60 Rpt: 38/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/13/2025	HEB-Mueller
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.97	1801 E. 52 St.
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/07/2025	HEB-Mueller
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.70	1801 E. 52 St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
		Gas for officeriolder/campaign vehicle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/05/2025	HEB-Mueller
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1801 E. 52 St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gas for officeholder/campaign vehicle.
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 34/60 Rpt: 39/65	Menendez,	Jose (The Honoral	ole)				00042411	
4	Date	5 Payee name							
	05/05/2025	HEB-Muelle	er						
6	Amount (\$) \$13.00	7 Payee addre 1801 E. 52 Austin, TX	St.	State; Zip C	ode				
8	PURPOSE		ee Categories listed at the to		(b)	Description			
	OF EXPENDITURE		ion Equipment And	Related		_			plete Schedule T.
		Expense				Gas for office		officeholder living	
						Gas for office	:110	iuei/campai	gii veriicie.
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office h	eld
	Date	Payee name							
	05/24/2025	HEB-Muelle	er						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$96.38	1801 E. 52	St.						
		Austin, TX	78723						
	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE		ion Equipment And	Related				officeholder living	nplete Schedule T.
		Expense				Gas for office			
									g
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office h	eld
	Date	Payee name							
	05/22/2025	HEB-Muelle	er						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$174.00	1801 E. 52							
		Austin, TX	78723						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense						nplete Schedule T.
						ш		officeholder living	
						roou and uni	ikS	TOT CONSULU	ents visiting the Capitol.
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	uaht			Office h	eld
	expenditure to benefit C/Oh			200 00	. 3			200 11	

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		Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)				
•	Sch: 35/60 Rpt: 40/65	Menendez, Jose (The Honorable) 00042411					
4	Date	5 Payee name					
	05/01/2025	HEB-Mueller					
6	Amount (\$) \$31.73	7 Payee address; City; State; Zip Code 1801 E. 52 St.					
		Austin, TX 78723					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Expense					
		Gas for officerolider/campaign vehicle.					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/08/2025	Juiceland					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.59	120 E. 4th St.					
		Austin, TX 78701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	1 ood/beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Food for the officeholder.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	04/21/2025	Juiceland					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.57	120 E. 4th St.					
		Austin, TX 78701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense					
		Check if Austin, TX, officeholder living expense					
		Food for officeholder and constituent meeting of official state business.	OH				
H	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 C

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: 36/60 Rpt: 41/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/05/2025	Juiceland
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.52	120 E. 4th 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 Food for meeting with officeholder and constituent to
		discuss official state business.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	05/30/2025	Juiceland
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.51	120 E. 4th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Drinks for staff and officeholder.
		Diffics for stall and officerolder.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/27/2025	Payee name
		Juiceland
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.62	120 E. 4th St.
		Austin, TX 78701
	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 Food/drink for officeholder.
		i ood/dillik tot officerioldet.
_	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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/60 Rpt: 42/65	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	<u> </u>
	05/24/2025	Juiceland	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.95	120 E. 4th St.	
		Austin, TX 78701	
8	PURPOSE		Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Food/drink for officeholder.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	06/05/2025	Juiceland	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.41	120 E. 4th St.	
l		Austin, TX 78701	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	LAI LINDITORE		Check if Austin, TX, officeholder living expense
l			Drinks for officeholder and staff.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
_	Data		
	Date 06/01/2025	Payee name Juiceland	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.85	120 E. 4th St.	
		Austin, TX 78701	
	PURPOSE OF	,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Drinks for officeholder and staff.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Commis	sion Filers)
	Sch: 38/60 Rpt: 43/65	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	04/07/2025	Juiceland	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.92	120 E. 4th 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	
		Food/drink for officeholder.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH .	
F	Date	Payee name	
	04/15/2025	Kipp Camino Academy	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	4343 West Commerce St	
		San Antonio, TX 78237	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Donation to Robotics Glub	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH	
F	Date	Payee name	
	04/09/2025	Lopez , Kevin (Mr.)	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$836.97	835 Woodlawn Avenue	
		San Antonio , TX 78212	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Services	
		Sumpaign Services	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
ı			

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	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 39/60 Rpt: 44/65	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	-
	01/27/2025	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$98.07	512 Mean Street	
		Alanta, GA 30318	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF	· · · · · · · · · · · · · · · · · · ·	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l	Austin, TX, officeholder living expense
		Monthly	email service fee.
Ļ	Commists ONII V if disent	Condidate/Officeholder some	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
L	Data	T _	
	Date	Payee name	
	02/27/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	512 Mean Street	
		Alanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		l	email service fee.
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	03/27/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	512 Mean Street	
		Alanta, GA 30318	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l	Austin, TX, officeholder living expense
		Monthly	email service fee.
L	Complete ONE V if direct	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
L			

SCHEDULE F1

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

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

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: 40/60 Rpt: 45/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/28/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.07	512 Mean Street
		Alanta, GA 30318
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
		Monthly email service fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	512 Mean Street
		Alanta, GA 30318
	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
		Monthly email service fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	512 Mean Street
		Alanta, GA 30318
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top all outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly email service fee.
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 -

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

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

	Contributing 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: 41/60 Rpt: 46/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	02/18/2025	Martinez, Veronica (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	210 Audrey Lane Drive
		San Antonio, TX 78216
8	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
		DJ services for District 26 Older Adult Sweetheart Dance
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	One Gas Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.22	1301 S. Mopac Expressway #400
	Ψ12.22	1301 3. Wopas Expressway #400
		Austin, TX 78746
	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
		Utilities for rental in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	02/24/2025	One Gas Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.53	1301 S. Mopac Expressway #400
		Austin, TX 78746
	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.
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Utilities for rental in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	EII ED NIAME		-		-		3	Filer ID	(Ethics Commissio	n Filers\	
ľ	Sch: 42/60 Rpt: 47/65	_		Jose (The Honor	ahla)			[5	00042411	(_0.000 00000000000000000000000000000000		
_	•	L		JUSE (THE HUHUI	aulej					00042411			
4	Date	5	Payee name										
	03/24/2025		One Gas Te	exas									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	le						
	\$79.45		1301 S. Mo	pac Expressway	#400								
			Austin, TX 7	787 <i>4</i> 6									
_	DUDDOGE	(-)		0140		1,	71- \						
8	PURPOSE OF	(a)		ee Categories listed at the	top of this schedul	ile)	(b) I	Description		do of Toyon Com	poloto Cobodulo T		
	EXPENDITURE		Fees				ŀ	_		officeholder living	nplete Schedule T.		
								Utilities for rer			g expense		
-	Complete ONLY if direct	<u> </u>	Candidate/Off:	ceholder name	O#:	ce soug	hŧ			Office h	ald		
9	expenditure to benefit C/OI		Januluale/UIII	centiuel name	Oili	ce soug	ııı			Onice n	ciu		
ldash	•	_											
	Date		Payee name										
	04/23/2025		One Gas Te	exas									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	le						
	\$35.23		1301 S. Mo	. S. Mopac Expressway #400									
				-									
			Austin, TX 7	78746									
_	DUDDOCE	(-)				Τ,	(b)						
	PURPOSE OF	(a) 		ee Categories listed at the	top of this schedul	ile)	(a) I	Description Check if travel or	utci	de of Teves Com	unlata Schadula T		
	EXPENDITURE		Fees					—	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
								_	for rental in Austin				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Offic	<u>l</u> ce soug	ht			Office h	eld		
	expenditure to benefit C/OI		- an iandato/ Offi	contract name	Oille	JU JUUG				Office III	J. J		
_		_											
	Date		Payee name										
L	05/22/2025	L	One Gas Te	exas									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	le		_				
	\$25.28		1301 S. Mo	pac Expressway	#400								
			Austin, TX 7	78746									
\vdash	PURPOSE	(a)		ee Categories listed at the	ton of this select	10)	(b)	Description					
	OF	(۳)	Fees	ee Categories listed at the	top of this schedul	iie)	.~, 		utsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		1 003					X Check if Austin,					
								Utilities for rer	nta	l in Austin			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	ce soug	ht			Office h	eld		
	expenditure to benefit C/OI					3							
-													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M 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/Political Committee Credit Card Payment			Legal Services	Git/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FII FD N	JAME			1	3	Filer ID	(Ethics Commission Filers)		
•	Sch: 43/60 Rpt: 48/65		dez, Jose (The Hond	orable)			3	00042411	(Earles Commission Files)		
4	Date	5 Payee r	name								
	06/23/2025	One G	as Texas								
6	Amount (\$) \$31.03		nddress; City; . Mopac Expressway TX 78746	State; Zip C / #400	ode						
8	PURPOSE	(a) Categor	y (See Categories listed at the	ne top of this schedule)	(b)	Description					
	OF EXPENDITURE	Fees	,	, ,		Check if travel of	outsi	de of Texas. Com	nplete Schedule T.		
	EAPENDITORE	Check if Austin, TX, officeholder living expe						g expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		e/Officeholder name	Office so	ught			Office h	eld		
	Date	Payee r	name								
	01/30/2025	Ord, Ju	ılie (Ms.)								
	Amount (\$)	Payee a	address; City;	State; Zip C	ode						
	\$1,400.00	5650 Worth Parkway									
Apt 1425											
		San Ar	itonio, TX 78257								
	PURPOSE OF	(a) Categor	y (See Categories listed at the	ne top of this schedule)	(b)	Description					
	EXPENDITURE	Salarie	s/Wages/Contract La	abor					nplete Schedule T.		
						ш		officeholder living	dia services for the		
						months of Jar					
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ught			Office h	eld		
	Date	Payee r	name								
	04/15/2025	Ord, Ju	ılie (Ms.)								
	Amount (\$)	Payee a	•	State; Zip C	ode						
	\$1,400.00	5650 W	orth Parkway								
		Apt 142	25								
		San Ar	itonio, TX 78257								
	PURPOSE	(a) Categor	y (See Categories listed at the	ne top of this schedule)	(b)	Description					
	OF EXPENDITURE	Salarie	s/Wages/Contract La	abor		ш			nplete Schedule T.		
						ш		officeholder living	g expense e months of March and		
						April.	5C	VICES IUI III	e monuis oi Maich and		
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ught			Office h	eld		

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 The Instruction Guide	Salaries	/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: 44/60 Rpt: 49/65	Menendez,	Jose (The Honorab	ole)				00042411	
4	Date	5 Payee name							
	05/20/2025	Ord, Julie (Ms.)						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$700.00	5650 Worth	Parkway						
		Apt 1425							
		San Antoni	o, TX 78257						
8	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/Wa	ages/Contract Labor	r		_		de of Texas. Com , officeholder living	plete Schedule T.
						_			e month of May
									.
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
_	Date	Payee name							
	01/30/2025	Peterson, J	udv (Ms.)						
_	Amount (\$)	Payee addre		State; Zip C	ode				
	\$272.82	1830 W Su	•	State, Zip C	oue				
	ΨΖ1Ζ.0Ζ	1030 W 3u	IIIIIII AVE						
		San Antoni	o, TX 78201-4934						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description			
	EXPENDITURE	Salaries/Wa	ages/Contract Labor	r		=		de of Texas. Com officeholder living	plete Schedule T.
						Campaign se			g expense
						oumpaign sc		505	
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	05/20/2025	Peterson, J	udy (Ms.)						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$156.43	1830 W Su	mmit Ave						
		San Antoni	o, TX 78201-4934						
	PURPOSE				/h)	Decembet			
	OF	Event Expe	ee Categories listed at the top	o of this schedule)	(0)	Description Check if travel of	outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE	Event Expe	1156					officeholder living	•
									for Senior Fiesta event
						and School E	ast	ter event.	
	Complete ONLY if direct		ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/O	4							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 45/60 Rpt: 50/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	01/29/2025	Prestige Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$182.94	8 Burwood Lane
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of flyer for District 26 Older Adult Sweethear
		Dance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/18/2025	RJ Publications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	P.O. Box 272
		Helotes, TX 78023
	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
		Ads for Marshall Baseball Team and UIL.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/31/2025	Residence Inn Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	1209 East 51st St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accommodations Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Accommodations in Austin during session.
		Accommodations in Austin during session.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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	ı - ıl Cor	nmittee	Gift/Awards/Memori Legal Services	•		ages.	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)				
L				The Instruction	Guide explains	110W to cor	npie	ete this form.	_					
1	Total pages Schedule F1:	2							3		•	Ethics Commission Filers)		
	Sch: 46/60 Rpt: 51/65	L		Jose (The Ho	norable)					0004241	1			
4	Date	5	Payee name											
L	04/07/2025		Residence I	nn Austin										
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Cod	de							
	\$237.87		1209 East 5	1st St.										
			Austin, TX 7	'8723										
8	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Accommoda			·		Check if travel						
	LAFLINDITURE							X Check if Austin,						
								Accommodat	ion	s ın Austii	า dur	ing session.		
L		L												
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office soug	ght			Office	held		1	
L	expenditure to benefit C/O	H 												
	Date		Payee name											
	04/16/2025		Residence I	nn Austin										
	Amount (\$)	Γ	Payee addres	ss; City;	State	; Zip Coo	de							
	\$2,695.00		1209 East 5	1st St.										
			Austin, TX 7	'8723 ————————————————————————————————————										
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Accommoda					Check if travel						
								Check if Austin,						
								Accommodat	ıon	ร III AUSไป	ı uur	ing session.		
L	Complete ONLY if allowed	ب	Pandidate/Off	apholdor record		Office com	nh+			Oπ: -	hold		_	
	Complete ONLY if direct expenditure to benefit C/OH		Ja∷uiuate/O∏i	ceholder name	(Office souç	yıı(Office	пею			
H	Date	_	Dayes ===										=	
	Date 04/21/2025		Payee name	nn Austin										
	04/21/2025		Residence I											
	Amount (\$)		Payee addres		State	; Zip Coo	de							
	\$1,131.07		1209 East 5	1st St.										
		L	Austin, TX 7	⁷ 8723										
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		accommoda	ations				Check if travel of						
								X Check if Austin,						
								Accommodat	ΙUι	5 III AUSÜ	ı uur	ing session.		
	Complete ONLY if direct	Ļ	`andidata/Off	acholder nem :		Office cover	abt			Office	hold		_	
	Complete ONLY if direct expenditure to benefit C/OH		Januluate/Offi	ceholder name	(Office soug	ynt			Office	neid			
_													_	

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			Gift/Awards/Memorial Legal Services The Instruction G	•		ages	/Contract Labor		Travel Out of Di OTHER (enter a		isted above)
1	Total pages Schedule F1:	2	EII ER NAME					1	3	Filer ID	(Ethics Co	mmission Filers)
-	Sch: 47/60 Rpt: 52/65	ı		Jose (The Hon	orable)				3	00042411	(200000	mmission i liers)
4	Date	5	Payee name									
	04/28/2025		Residence I	nn Austin								
6	Amount (\$)	ı	Payee addres	-	State;	; Zip Co	de					
	\$1,978.00		1209 East 5	1st St.								
			Austin, TX 7	'8723								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accommoda					느		de of Texas. Con		e T.
	ZA ZADITORZ							_		officeholder livin		
								Accommodati	ion	s in Austin	during ses	ssion.
Ļ		L										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	C	Office sou	ght			Office h	eld	
	•	_										
	Date		Payee name									
	05/10/2025		Residence I	nn Austin								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,307.00		1209 East 5	1st St.								
		_	Austin, TX 7									
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	edule)	(b)	Description				_
	EXPENDITURE		Accommoda	ations				Check if travel of X Check if Austin,		de of Texas. Con		е Т.
								Accommodati				sion
								7.000		,	aag coo	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/05/2025		Residence I	nn Austin								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$2,265.81		1209 East 5	1st St.								
			Austin, TX 7	'8723								
	PURPOSE OF			e Categories listed at	the top of this sch	edule)	(b)	Description				_
	EXPENDITURE		Accommoda	ations				=		de of Texas. Con officeholder livin	•	е Т.
								X Check if Austin, Accommodati				sion
								, .oominodat	.011	C III / WOUIII	aaring 503	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O					500(٠. ر			00 11	-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Vages	/Contract Labor	OTHER (enter a category not listed above)			
			The Instruction Guid	de explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	ИE				3	Filer ID	(Ethics Commission	Filers)
	Sch: 48/60 Rpt: 53/65	Menende	z, Jose (The Honor	able)				00042411		
4	Date	5 Payee nam	ne							
	05/20/2025	Residence	e Inn Austin							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$1,221.74	1209 Eas	t 51st St.							
		Austin, T	(78723							
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Accommo				Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXI ENDITORE					_		officeholder livin		
						Accommodat	ion	s in Austin	during session.	
9	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office sou	ıght			Office h	eld	
		'								
	Date	Payee nam	ne							
	05/29/2025	Residence	e Inn Austin							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$1,902.58	1209 Eas	t 51st St.							
		Austin, T	(78723							
	PURPOSE	(a) Category	(See Categories listed at the	top of this schodulo)	(b)	Description				
	OF	Accommo		top of this schedule)	` ′		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE					X Check if Austin,	, TX,	officeholder livin	g expense	
						Accommodati	ion	s in Austin	during session.	
	Complete ONLY if direct		fficeholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	1								
	Date	Payee nam	ne							
	06/04/2025	Residence	e Inn Austin							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$1,412.39	1209 Eas	t 51st St.							
		Austin, T	C 78723							
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Accommo	dations			_			nplete Schedule T.	
	EXPENDITORE					_		officeholder livin		
						Accommodati	ion	s in Austin	during session.	
	0 1. 2				Ļ					
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office sou	ıght			Office h	eld	
		-								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 49/60 Rpt: 54/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	06/09/2025	Residence Inn Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$674.37	1209 East 51st St.
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accommodations Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Accommodations in Austin during session.
		Accommodations in Austin during session.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/22/2025	SAMMinistries
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.88	1919 NW Loop 410
		Suite 100
		San Antonio, TX 78213
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	
	Date	Payee name
	02/18/2025	San Antonio Area Retired Teachers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3711 River Falls
		San Antonio, TX 78259
	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
		Sponsor for charter bus to the Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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: 50/60 Rpt: 55/65	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	
	02/07/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,100.00	P.O. Box 12068	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		,	bers Lounge fee
			3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	05/27/2025	Spaw Senate Account	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$361.00	P.O. Box 12068	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise I	outside of Texas. Complete Schedule T.
		Caucus gift	n, TX, officeholder living expense
		Guarde g.n.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	05/27/2025	Spaw Senate Account	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.00	P.O. Box 12068	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Toda/Beverage Expense	outside of Texas. Complete Schedule T.
		Caucus gift.	n, TX, officeholder living expense
		Guadas giini	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	

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 C

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/60 Rpt: 56/65	Menendez, Jose (The Honorable) 00042411
4 Date	5 Payee name
04/07/2025	Sprouts Farmers Market
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$74.00	1201 Barbara Jordan Boulevard
	Austin, TX 78723
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Snacks and drinks for Capitol office.
	Shacks and united for capitor office.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Payee name
04/17/2025	Sprouts Farmers Market
Amount (\$)	Payee address; City; State; Zip Code
\$63.92	1201 Barbara Jordan Boulevard
	Austin, TX 78723
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 Food and drinks for Capitol office.
	Pood and diffixs for Capitor office.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
04/21/2025	Sprouts Farmers Market
Amount (\$)	Payee address; City; State; Zip Code
\$64.00	1201 Barbara Jordan Boulevard
	Austin, TX 78723
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Snacks and drinks for Capitol office/constituents.
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services			se s/Contract Labor	OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 52/60 Rpt: 57/65	Menend	lez, Jose (The Honoral	ble)				00042411		
4	Date	5 Payee n	ame							
	04/25/2025	Sprouts	Farmers Market							
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ode					
	\$45.00	1201 Ba	arbara Jordan Bouleva	rd						
		Austin,	TX 78723							
8	PURPOSE	(a) Category	/ (See Categories listed at the to	on of this schedule)	(b)	Description				
	OF EXPENDITURE		everage Expense	,,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE					ш		officeholder livin		
						Drinks for Ca	pitc	office/con	stituents.	
_	0 1 0 0 1 1 1 1		1011	0.00	<u> </u>			O.W. 1		
9	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office sou	ight			Office h	eld	
	Date	Payee n								
	04/28/2025		Farmers Market							
	Amount (\$)	Payee a	, ,,,	State; Zip Co	ode					
	\$76.00	1201 Ba	arbara Jordan Bouleva	rd						
		Austin,	TX 78723							
	PURPOSE OF	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/B	everage Expense					de of Texas. Con officeholder livin	nplete Schedule T.	
						ш			ol office/constituents.	
								•		
	Complete ONLY if direct		/Officeholder name	Office sou	ı <u> </u>			Office h	eld	
	expenditure to benefit C/OI	4								
	Date	Payee n	ame							
	05/19/2025	,	Farmers Market							
	Amount (\$)	Payee a		State; Zip Co	ode					
	\$81.00	•	arbara Jordan Bouleva	•						
		Austin,	TX 78723							
	PURPOSE		/ (See Categories listed at the to	un of this cahadula)	(b)	Description				
	OF		everage Expense	op of this scriedule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		aranga — panas			_		officeholder livin		
						Snacks and c	drin	ks for Capit	ol office/constituents.	
	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office sou	ıght			Office h	eld	
	experientare to beliefft G/OI	•								

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Prin Sala	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a					
1	Total pages Schedule F1:			la)			l	Filer ID	(Ethics Commission Filers)				
Ļ	Sch: 53/60 Rpt: 58/65	_	, Jose (The Honorab	ile)				00042411					
4	Date 05/27/2025	5 Payee name Sprouts Fa	rmers Market										
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	p Code								
	\$134.00		ara Jordan Boulevar										
		Austin, TX	78723										
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)) (b)	Description							
	OF EXPENDITURE	Food/Beve	rage Expense					e of Texas. Com officeholder living	plete Schedule T.				
						ol office/constituents.							
								• •					
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office	e sought			Office he	eld				
	Date	Payee name)										
	06/05/2025		rmers Market										
	Amount (\$)	Payee addre	ess; City;	State; Zip	p Code								
	\$27.00	1201 Barba	ara Jordan Boulevar	d									
		Austin, TX	78723										
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description							
	EXPENDITURE	Food/Beve	Food/Beverage Expense					travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense					
						Snacks for Ca			y - p 				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	e sought			Office he	eld				
	Date	Payee name)										
	06/04/2025	Sprouts Fa	rmers Market										
	Amount (\$)	Payee addre	ess; City;	State; Zip	p Code								
	\$175.00	1201 Barba	ara Jordan Boulevar	d									
		Assert The	70700										
		Austin, TX											
	PURPOSE OF		See Categories listed at the top	of this schedule)) (b)	Description Check if travel of	Outeid	e of Texas Com	plete Schedule T.				
	EXPENDITURE	⊢ooa/Beve	rage Expense					officeholder living					
						Snacks and c	drink	s for Capit	ol office/constituents.				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	e sought			Office he	eld				

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services			se s/Contract Labor	OTHER (enter a category not listed above)			
			The Instruction Guide e	xplains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	ΛE				3	Filer ID	(Ethics Commission Filer	s)
	Sch: 54/60 Rpt: 59/65	Menende:	z, Jose (The Honorable	e)				00042411		
4	Date	5 Payee nam	ie							
	06/03/2025	Sprouts F	armers Market							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$73.00	1201 Bark	oara Jordan Boulevard							
		Austin, T	(78723							
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE		erage Expense	,		=			plete Schedule T.	
	EXI ENDITORE					_		officeholder living		
						Food and drir	ıks	for Capitol	опісе ѕіап.	
_	Operation ONLY if allowed	0	#: -	04:	!			Off: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ignt			Office h	eia	
		T								
	Date	Payee nam								
	05/31/2025	'	armers Market							
	Amount (\$)	Payee add		State; Zip Co	ode					
	\$38.00	1201 Bark	oara Jordan Boulevard							
		Austin, T	(78723							
	PURPOSE OF	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bev	erage Expense			<u></u>		de of Texas. Com officeholder living	plete Schedule T.	
						Snacks for Ca				
							•			
	Complete ONLY if direct		fficeholder name	Office sou	ı <u> </u>			Office h	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nam	ie							
	01/21/2025	Texas Pu								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$50.00	8401 Data	apoint Dr. Suite 800							
		San Antor	nio, TX 78229							
	PURPOSE	(2) 0 .		of this ashadula)	(b)	Description				
	OF	Fees	(See Categories listed at the top of	or triis scriedule)	(~)		outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE					_		officeholder living		
						Monthly susta	aini	ng member	ship.	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office h	eld	
	onponditure to beliefft G/OI	•								

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services		ng Expe ries/Wag		ontract Labor	OTHER (enter a category not listed above)			
				The Instruction Gu	iide explains how t	o comp	olete	this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 55/60 Rpt: 60/65		Menendez,	Jose (The Hono	rable)					00042411		
4	Date	5	Payee name									
	02/19/2025		Texas Public	c Radio								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	9					
	\$50.00		321 W Com	merce St.								
			San Antonio	, TX 78205								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this schedule)	(b	D	escription				
	OF	ı	Fees	e oategories iisted at ti	ie top of this seriedate)		Ē	_	outsio	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE						Ė	Check if Austin,				
							N	onthly susta	aini	ng membe	rship.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Office	sough	nt			Office h	ield	
	Date		Payee name									
	03/19/2025		Texas Publi	c Radio								
	Amount (\$)	l	Payee addres		State; Zip	Code	9					
	\$50.00		321 W Com	merce St.								
			San Antonio	, TX 78205								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) D	escription				
	OF EXPENDITURE		Fees					₫			mplete Schedule T.	
	-						L] Check if Austin, Ionthly susta				
							10	ionany sasta	A11 111	ng member	Silip	
	Complete ONLY if direct	<u> </u>	:andidate/Offic	ceholder name	Office	sough	nt			Office h	eld	
	expenditure to benefit C/OI		taraato, o m		5 55	ooug				000 .	.0.0	
-	Date	<u> </u>	Dayoo nama									
	04/19/2025	I	Payee name Texas Public	r Radio								
	Amount (\$)		Payee addres		State; Zip	Codo						
	\$50.00	l	321 W Com	-	State, Zip	Code	,					
	Ψ30.00		OZI W COM	merce ot.								
			San Antonio	TV 70205								
	DUDDOOF	_				l a						
	PURPOSE OF	ı	Category (Se Fees	e Categories listed at th	ne top of this schedule)	(b	ט (ני ר	escription Check if travel o	outsio	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		rees				F	Check if Austin,				
							N	_ Ionthly susta	aini	ng membe	rship.	
	Complete ONLY if direct		andidate/Offic	ceholder name	Office	sough	nt			Office h	ield	
L	expenditure to benefit C/OI	H _					_					

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/60 Rpt: 61/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/19/2025	Texas Public Radio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	321 W Commerce St.
		San Antonio, TX 78205
8	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
		Monthly sustaining membership.
		mentany edetaining mentaerempi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Data	Para a same
	Date 06/20/2025	Payee name Toyon Dublin Dodin
		Texas Public Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	321 W Commerce St.
		San Antonio, TX 78205
	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.
	EA LIBITE.	Check if Austin, TX, officeholder living expense
		Monthly sustaining membership.
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/19/2025	The Rose Boutique
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	955 Cincinatti
		San Antonio, TX 78201
	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
		Wreath for MLK wreath laying event.
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Serv				/Wages	ete this form.		OTHER (ente		gory not listed above)	
Ļ		1_						ор.с		1-		<i>(</i> =		
1	Total pages Schedule F1:	2	FILER NAME	=						3	Filer ID	,	hics Commission Filers	i)
	Sch: 57/60 Rpt: 62/65	L	Menendez,		he Honora	able)					00042411	L		
4	Date	5	Payee name											
	01/30/2025		The Rose E	Boutique	;									
6	Amount (\$)	7	Payee addre	ss; (City;	State	; Zip C	ode						
	\$60.00		955 Cincina	atti										
			San Antonio	o, TX 78	3201									
8	PURPOSE	(a)	Category (S	ee Categor	ies listed at the	top of this sc	hedule)	(b)	Description					
	OF		Gift/Awards				,		Check if travel	outs	ide of Texas. Co	omplete	Schedule T.	
	EXPENDITURE				·				—		, officeholder liv	ing expe	ense	
									Flowers for c	cons	stituent			
9	Complete ONLY if direct		Candidate/Offi	iceholde	name		Office so	ught			Office	held		
	expenditure to benefit C/OI	H												
	Date		Payee name											
	02/18/2025		The Rose E	Boutique)									
	Amount (\$)	T	Payee addre	ss; (City;	State	; Zip C	ode						
	\$185.00		955 Cincina	atti										
			San Antonio	o, TX 78	3201									
	PURPOSE	(a)	Category (S			ton of this on	hadula)	(b)	Description					_
	OF	``	Gift/Awards				nedule)	``		outs	ide of Texas. Co	omplete	Schedule T.	
	EXPENDITURE		One/ wards	, iviciiioi	idio Exper	130			Check if Austin	n, TX	, officeholder liv	ing expe	ense	
									Memorial wre	eatl	h in honor	of Ser	n. Joe Bernal	
	Complete ONLY if direct		Candidate/Offi	iceholde	name		Office so	ught			Office	held		_
	expenditure to benefit C/OI	Н												
	Date		Payee name											_
	04/01/2025		The Rose E	Boutique)									
	Amount (\$)	\vdash	Payee addre		City;	State	; Zip C	ode						
	\$185.00		955 Cincina		J.t.y.,	Otate	, <u>L</u> .p O	ouc						
	Ψ103.00		333 CITICITIE	atti										
			Can Antoni	- TV 70	2201									
			San Antonio											
	PURPOSE OF	(a)	Category (S				hedule)	(b)	Description					
	EXPENDITURE		Gift/Awards	/Memoi	rials Exper	ise					ide of Texas. Co			
									_		, officeholder liv			
									wreath laying			Jaies	of San Antonio,	
	Computate ONU V Station	<u>L</u>	Open did - + - / O ***	ا-ا-مامما			O#: = -		,			ا- امط		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoldei	name	,	Office so	ught			Office	neid		
	Superioritate to benefit 0/01													
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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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 58/60 Rpt: 63/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/27/2025	The Rose Boutique
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	955 Cincinatti
		San Antonio, TX 78201
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
		Memorial Day Wreath
		, and the second se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/24/2025	The Texas Tribune
_	Amount (\$)	Payee address; City; State; Zip Code
	\$51.70	919 Congress Avenue
	Ψ01.10	6th Floor
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Monthly sustaining membership.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/24/2025	The Texas Tribune
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.70	919 Congress Avenue
		6th Floor
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Monthly sustaining membership.
	Operation ONLY if allowed	Our Middle (Office helder game)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/60 Rpt: 64/65	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	03/24/2025	The Texas Tribune
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.70	919 Congress Avenue
		6th Floor
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly sustaining membership.
		Monthly Sustaining membership.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	04/24/2025	The Texas Tribune
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.70	919 Congress Avenue
	Φ1.70	-
		6th Floor
		Austin, TX 78701
	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
		Monthly sustaining membership.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/24/2025	The Texas Tribune
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.70	919 Congress Avenue
		6th Floor
		Austin, TX 78701
	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
		Monthly sustaining membership.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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	/ - ıl Coı	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense	e se s/Contract Labor		Travel in District Travel Out of Dis	duipment & Related Expense strict category not listed above)
	Credit Card Payment			The Instruction Guide explains h	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
l	Sch: 60/60 Rpt: 65/65		Menendez,	Jose (The Honorable)				00042411	
4	Date	5	Payee name				<u> </u>		
	06/26/2025		The Texas						
Ļ		<u> </u>			Zin Codo				
ľ	Amount (\$)	 ′	Payee addre		Zip Code				
l	\$51.70		919 Congre	ess avenue					
l			6th Floor						
l			Austin, TX	78701					
8	PURPOSE	(a)	Category (S	ee Categories listed at the top of this sche	edule) (b)	Description			
l	OF EXPENDITURE		Fees		,		outsi	ide of Texas. Com	plete Schedule T.
l	EXPENDITORE					_		, officeholder living	
						Monthly susta	aini	ing members	ship.
9	Complete ONLY if direct expenditure to benefit C/OH	- (-	Candidate/Offi	iceholder name O	office sought			Office he	eld