#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00082332 40 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Jon E. 07/14/2025 NAME NICKNAME **LAST SUFFIX** Rosenthal Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** There was a mistake with the ActBlue fees. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Jon E. Rosenthal Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_, this the \_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	on Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00082332	sion Filers)	2 Total pages	filed: 40
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jon E.			Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST Rosenthal		SUFFIX	07/14/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	8624 Highway 6 N. #340				Receipt #	Amount
Change of Addres	Houston, TX 77064				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Nirav P.		•••		
	NICKNAME	LAST Sheth		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PC 9200 Westheimer Rd. #18		АРТ	/ SUITE #; CITY	; S1	TATE; ZIP CODE
(Residence or Busines:	Houston, TX 77063					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHOI (832) 282-6423	NE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff		ampaign treasurer fficeholder only)
	X July 15	8th day before		Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	TH	IROUGH	Month Day 06/30/20	Year 25	
10 ELECTION	ELECTION DATE  Month Day Year	ПР	rimary	ELECTION TYPE	Other	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	T (if known)	
	State Representative Dist	rict 135				
	•			•		
		GO 1	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 40

13 C / OH NAME	Rosenthal, Jon E. (Th	ne Honorable)		<b>14</b> Filer ID 00082332	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted These expenditures may have d officeholders are required to	e been made without t	he candidate's or office	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TE	REASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRIB			\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUAF	RANTEES OF LOANS	5)	\$	1,490.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITU	JRES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	23,942.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAIR	AINED AS OF THE LA	AST DAY OF THE	\$	42,126.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTST TING PERIOD	FANDING LOANS AS	OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT		true and c		r of perjury, that the ac I information required t		
			The Honor	able Jon E. Rosenth	nal	
			Signature of	Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		aid		, this the		day
of	, 20, to co	ertify which, witness my hand a	and seal of office.			
Signature of offi	cer administering	Printed name of officer a	administering	Title of office	r administer	ing oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

					4 of 40			
l	8 FILER NAME Rosenthal, Jon E. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00082332							
20 SC NA	HEDULI ME OF :	SU	BTOTAL AMOUNT					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,490.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	23,942.78			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	106.72			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	LE <b>A1</b>
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 5/40	
2	FILER NAME	on E. (The Honorable)			3	Filer ID (Ethics Commission 00082332	on Filers)
_					Ļ		
4	Date 06/23/2025			' 	Amount of Contribution (\$)	\$25.00	
		Houston, TX 77002					
8	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Not Employe	ed		Not Employed			
	Date 06/28/2025	Full name of contributor Jeudy, Wil Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$60.00
		Houston, TX 77008					
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	s)		
	Physician Next Level Urg			Next Level Urgent Care			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$15.00	
		Houston, TX 77006					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions ExxonMobil	S)		
	Engineer			EXXUITIVIODII	_		
	Date 06/23/2025	Full name of contributor  McCart, Deborah  Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Cypress, TX 77433					
	Principal occu Counselor	pation / Job title (See Instructions	5)	Employer (See Instructions Self	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/26/2025		Targa Resources Corp					\$1,200.00
		Contributor address; City; S  Houston, TX 77002	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>1</u> S)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	DULE A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/40		
2	FILER NAME Rosenthal, J	FILER NAME Rosenthal, Jon E. (The Honorable)			Filer ID (Ethics Commission 00082332	Filers)
4	Date 06/23/2025			7	Amount of Contribution (\$)	\$25.00
	Dringing occur	Katy, TX 77450  pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Not Employe		Not Employed	•)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Williams, Angela  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$135.00	
	Principal occu	Katy, TX 77449  spation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Prog Mgr HR - Retirement Plans  MSC Industrial			,		
	Date Full name of contributor out-of-state PAC (ID#:)  06/28/2025 Williams, Angela  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Katy, TX 77449				
	Principal occu Benefits Mar	pation / Job title (See Instructions) nager	Employer (See Instructions ALS Group USA Corp	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wilson, Michael Contributor address; City; State; Zip Code Houston, TX 77095			Amount of Contribution (\$)	\$10.00
Principal occupation / Job title (See Instructions)  Teacher  Employer (See Instructions)  Cfisd			Employer (See Instructions Cfisd	5)		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/33 Rpt: 7/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	01/22/2025	ATT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.49	208 S. Akard St
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date 02/24/2025	Payee name
		ATT
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.61	208 S. Akard St
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	03/24/2025	ATT
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.61	208 S. Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign phone
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	poa.tare to benefit 0/01	

#### SCHEDULE F1

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 Gitt/Awards/Memorials Expense Printing Expense Lead Services Salaries/Wages//

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/33 Rpt: 8/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	04/22/2025	ATT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.62	208 S. Akard St
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign phone
		campaign prioric
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/22/2025	ATT
H	Amount (\$)	Payee address; City; State; Zip Code
	\$120.62	208 S. Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign phone
		Campang Provide
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/03/2025	ATT
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$120.62	208 S. Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign phone
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
ı		

#### 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 cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/33 Rpt: 9/40	Rosenthal, Jon E. (The Honorable)		00082332
4	Date	5 Payee name		-
	06/29/2025	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$9.90	366 Sumner St		
		Somerville, MA 02114		
8	PURPOSE	(a) a	(h)	Description
0	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(D)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/30/2025	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$0.60	366 Sumner St		
	*****			
		Somerville, MA 02114		
	BUBBOOF		/I- \	
	PURPOSE OF	5 (eee eanogenee action to per and consecution)	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				fees
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/16/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$24.49	410 Terry Ave N	uo	
	Ψ2 11 10	120 1011,711011		
		Soottle MA 00100		
		Seattle, WA 98109		
	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				pride parade supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	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 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: 4/33 Rpt: 10/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	06/23/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.88	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense pride parade supplies
		pride parade supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
L		
	Date	Payee name
	06/23/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.28	410 Terry Ave N
		Seattle, WA 98109
	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 pride parade supplies
		ριασ βαιασσ σαββιίσσ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/23/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.98	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		pride parade supplies
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### 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

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: 5/33 Rpt: 11/40	Rosenthal, Jon E. (The Honorable)	00082332
4 Date	5 Payee name	1
06/23/2025	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$31.38	410 Terry Ave N	
	Seattle, WA 98109	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		pride parade supplies
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ought Office field
Data	Т -	
Date	Payee name	
06/30/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip C	Code
\$64.94	410 Terry Ave N	
	0	
	Seattle, WA 98109	
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
		pride parade supplies
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	H	
Date	Payee name	
06/06/2025	Ambriza	
Amount (\$)	Payee address; City; State; Zip (	Code
\$352.22	9945 Barker Cypress Rd	
	Suite 123	
	Cypress, TX 77433	
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 staff
		iood for stall
Complete ONLY if direct	Candidate/Officeholder name Office so	Upught Office held
expenditure to benefit C/O		Sagri. Since neu
Francisco ideally F		V

#### 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: 6/33 Rpt: 12/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	06/09/2025	Angle Mastagni Mathews Political Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.17	507 N Sylvania Ave
		Fort Worth, TX 76111
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign texting
		Campaigh texting
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/08/2025	Angle Mastagni Mathews Political Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.14	507 N Sylvania Ave
		Fort Worth, TX 76111
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign texting
		Sampaign toxing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	06/30/2025	Arne's Warehouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.36	2830 Hicks Street
		Houston, TX 77007
	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
		pride parade supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·
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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 Comm

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 7/33 Rpt: 13/40	Rosenthal, Jon E. (The Honorable)  00082332
4	Date	5 Payee name
	04/14/2025	BCom Solutions, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$551.25	747 O St
		#150
		Lincoln, NE 68508
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		web hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Braved
	Amount (\$)	Payee address; City; State; Zip Code
	\$395.00	1135 Pasadena Ave S STE 111
	φ393.00	1133 Fasauella Ave 3 31E 111
		South Pasadena, FL 33707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		education advocacy group (membership)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Brazoria County Pride
	Amount (\$)	Payee address; City; State; Zip Code
	\$847.71	5205 Broadway St. #908
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		pride parade donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
I		

#### 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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide e	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 8/33 Rpt: 14/40	Rosenthal	Jon E. (The Honoral	ole)				00082332		
4	Date	5 Payee name	Э							
	01/07/2025	Cake Fine	Pastry							
6	Amount (\$) \$275.00	7 Payee addre 13010 FM Houston, T	529	State; Zip C	ode					
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		erage Expense	o. v o conocato,		Check if travel		ide of Texas. Com , officeholder living	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	e							
	06/23/2025	Chow's De	etailing							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$250.00	7235 Jack	rabbit Road							
		Ste 5								
		Houston, 7	X 77095							
	PURPOSE OF EXPENDITURE		See Categories listed at the top rhead/Rental Expens		(b)	<b>=</b>		ide of Texas. Com , officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<b>I</b> ught			Office he	eld	
	Date	Payee name	<del></del>							
	04/21/2025	Constant C	Contact							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$431.76	l ´	Street, Suite 300	, ,						
		Waltham, I	MA 02451							
	PURPOSE OF EXPENDITURE		See Categories listed at the top rhead/Rental Expens		(b)			ide of Texas. Com , officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office he	eld	
	<del></del>		.:	- 41 4- 4- 4 1			_		11 114	4 0 (4 0 10(1)

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Se	rvices struction Guide explains h	-	es/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 9/33 Rpt: 15/40	Rosenthal, Jon E.	(The Honorable)				00082332		
4	Date	<b>5</b> Payee name							
	06/20/2025	Cy-Fair Strong Sc	hools						
6	Amount (\$) \$1,000.00	7 Payee address; P.O. BOX 1222	City; State;	Zip Code					
		Cypress, TX 7741	0						
8	PURPOSE OF		ries listed at the top of this sche	dule) (b	Description		df 0	ulata Calcadula T	
	EXPENDITURE	Contributions/Don Candidate/Officeh	ations Made By older/Political Commi	ttee	=		de of Texas. Com , officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	er name O	ffice sough	t		Office he	eld	
	Date	Payee name							
	06/20/2025	DR. LANE, JR. CA	AMPAIGN						
	Amount (\$)	Payee address;	City; State;	Zip Code					
	\$1,000.00	28610 HWY 290,	STE F09-115						
		Cypress, TX 7743	3						
	PURPOSE OF		ries listed at the top of this sche	<sub>dule)</sub> (b	) Description				
	EXPENDITURE	Contributions/Don	ations Made By older/Political Commi	ttoo			de of Texas. Com officeholder living		
		Candidate/Onicen	oluen/Political Collini	liee	donation	, 17.	, omeenoider niving	Сърспос	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	er name O	ffice sough	t		Office he	eld	
	Date	Payee name							
	06/03/2025	Doordash							
	Amount (\$)	Payee address;	City; State;	Zip Code					
	\$231.90	303 2nd Street							
		San Francisco, CA	\ 94107						
	PURPOSE OF	, .	ries listed at the top of this sche	<sub>dule)</sub> (b	) Description				
	EXPENDITURE	Food/Beverage Ex	kpense		ш		de of Texas. Com officeholder living		
					food for staff	, .,			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	er name O	ffice sough	t		Office he	eld	
	The state of the s								
_						_			0 10 ( 10

#### 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 Lenal 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: 10/33 Rpt: 16/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	06/09/2025	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.37	14455 N. Hayden Rd.
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  website
		Website
_	Complete ONL V 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
	06/09/2025	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$587.92	14455 N. Hayden Rd.
		Scottsdale, AZ 85260
	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
		Website
		Website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	01/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		gsuite email software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/33 Rpt: 17/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	02/03/2025	Google
6	Amount (\$) \$30.70	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
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  gsuite email software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Google
	Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 gsuite email software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Google
	Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 gsuite email software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.		
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
	Sch: 12/33 Rpt: 18/40	Rosenthal, Jon E. (The Honorable)		00082332		
4	Date	5 Payee name				
	05/02/2025	Google				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$30.70	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description		
	OF	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense		
				gsuite email software		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held		
	experiorations to benefit C/O	1				
	Date	Payee name				
	01/13/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$153.72	646 S Flores St				
		San Antonio, TX 78204				
	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.		
	EXPENDITURE			Check if Austin, TX, officeholder living expense		
				office food		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht	Office held		
	Date	Payee name				
	01/14/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$47.61	646 S Flores St				
		San Antonio, TX 78204				
	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.		
	EXPENDITURE			Check if Austin, TX, officeholder living expense		
				office food		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	experience to beliefft G/O	•				

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/33 Rpt: 19/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	01/24/2025	HEB
6	Amount (\$) \$77.68	7 Payee address; City; State; Zip Code 646 S Flores St
		San Antonio, TX 78204
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office food
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	HEB
	Amount (\$) \$76.92	Payee address; City; State; Zip Code 646 S Flores St
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office food
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/26/2025	Payee name HEB
	Amount (\$) \$70.07	Payee address; City; State; Zip Code 646 S Flores St
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office food
	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/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: 14/33 Rpt: 20/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	03/05/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.19	646 S Flores St
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/11/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.51	646 S Flores St
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	03/19/2025	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.28	646 S Flores St
	400.20	040 0 1 loles of
		San Antonio, TX 78204
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office food
	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 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 Instruc	tion Guide explains how to c	omple	ete this form.		
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 15/33 Rpt: 21/40	Rosenthal, Jon E. (Th	e Honorable)			00082332	
4	Date	Payee name			•		
	03/26/2025	HEB					
6	Amount (\$)	Payee address; City	State; Zip C	ode			
	\$77.76	646 S Flores St					
		San Antonio, TX 7820	)4				
8	PURPOSE	Category (See Categories I	isted at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expe	nse		Check if travel outs Check if Austin, TX		
					office food	, officeriolder livin	у ехрепзе
9	Complete ONLY if direct	andidate/Officeholder na	ame Office so	<u>I</u> ught		Office h	eld
	expenditure to benefit C/O						
	Date	Payee name					
	04/01/2025	HEB					
	Amount (\$)	Payee address; City	r; State; Zip C	ode			
	\$89.06	646 S Flores St					
		San Antonio, TX 7820	)4				
	PURPOSE	Category (See Categories I	isted at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expe			Check if travel outs		
					Check if Austin, TX office food	, officenolder livin	g expense
					omee reed		
	Complete ONLY if direct	andidate/Officeholder na	ame Office so	<u>l</u> ught		Office h	eld
	expenditure to benefit C/O			Ü			
	Date	Payee name					
	04/08/2025	HEB					
	Amount (\$)	Payee address; City	r; State; Zip C	ode			
	\$115.94	646 S Flores St	, ,				
		San Antonio, TX 7820	)4				
	PURPOSE	Category (See Categories I		(b)	Description		
	OF EXPENDITURE	Food/Beverage Expe		`´	Check if travel outs	ide of Texas. Con	nplete Schedule T.
	LAPENDITORE				Check if Austin, TX	, officeholder livin	g expense
					office food		
	Complete ONLY if direct	andidate/Officeholder na	ome Office co	labt		Office h	eld.
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officerioldel H	ame Office so	ayııı		Office fi	GIU

#### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/33 Rpt: 22/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	04/15/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.85	646 S Flores St
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/22/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.11	646 S Flores St
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payso nama
	04/28/2025	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.81	646 S Flores St
	400.02	
		San Antonio, TX 78204
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office food
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			ges/Contract Labor OTH	el Out of District IER (enter a category not listed above)
┰	Total pages Schedule F1:	<u> </u>		·	r ID (Ethics Commission Filers)
ľ	Sch: 17/33 Rpt: 23/40	Rosenthal, Jon E. (The Honorable)		3 File 000	082332
4	Date	5 Payee name		•	
	05/02/2025	HEB			
6	Amount (\$)	7 Payee address; City; State;	Zip Cod	е	
	\$112.62	646 S Flores St			
		San Antonio, TX 78204			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedul	ule) (	b) Description	
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of	Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, office	cholder living expense
				office food	
9	Complete ONLY if direct		ice soug	ht	Office held
	expenditure to benefit C/OI	I			
	Date	Payee name			
	05/08/2025	HEB			
H	Amount (\$)	Payee address; City; State;	Zip Cod	e	
	\$161.96	646 S Flores St	•		
	7202.00	0.000.10.00000			
		Con Antonio TV 70204			
L		San Antonio, TX 78204			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	ule) (	b) Description	
	EXPENDITURE	Food/Beverage Expense		<b>=</b>	Texas. Complete Schedule T.
				Check if Austin, TX, office office food	endider living expense
				office food	
⊢	Compulate ONII V if direct	Condidate/Officebolder reves		L.	Office held
	Complete ONLY if direct expenditure to benefit C/OI		ice soug	ΠL	Office held
L	•				
	Date	Payee name			
	05/13/2025	HEB			
	Amount (\$)	Payee address; City; State;	Zip Cod	е	
	\$133.91	646 S Flores St			
		San Antonio, TX 78204			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedul	(	b) Description	
	OF	Food/Beverage Expense	ule)		Texas. Complete Schedule T.
	EXPENDITURE	1 Odd/Beverage Expense		Check if Austin, TX, office	cholder living expense
1				office food	
1					
Г	Complete ONLY if direct	Candidate/Officeholder name Offi	ice soug	ht	Office held
	expenditure to benefit C/OI		J		
$\vdash$					
1					
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: Sch: 18/33 Rpt: 24/40	2 FILER NAME Rosenthal, Jon E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082332
4	Date 05/15/2025	5 Payee name HEB
6	Amount (\$) \$89.05	7 Payee address; City; State; Zip Code 646 S Flores St
		San Antonio, TX 78204
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office food
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/23/2025	Payee name HEB
	Amount (\$) \$105.61	Payee address; City; State; Zip Code 646 S Flores St
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office food
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/27/2025	Payee name HEB
	Amount (\$) \$138.08	Payee address; City; State; Zip Code 646 S Flores St
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office food
	Complete ONLY if direct expenditure to benefit C/O	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 complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/33 Rpt: 25/40	Rosenthal, Jon E. (The Honorable)	00082332
4	Date	5 Payee name	'
	06/02/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$135.09	646 S Flores St	
		San Antonio, TX 78204	
8	PURPOSE	<u> </u>	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if the control of this schedule in the control of t	1 ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Toda/Beverage Expense	Austin, TX, officeholder living expense
		office foo	d
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/06/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.04	646 S Flores St	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		San Antonio, TX 78204	
	PURPOSE	1	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if the control of this schedule)	1 ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	Austin, TX, officeholder living expense
		office foo	d
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	06/30/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.46	646 S Flores St	
		San Antonio, TX 78204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense
		office foo	d
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/O		
l			

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/33 Rpt: 26/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	04/30/2025	Hilton Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$309.37	7930 Jones Branch Drive
		McLean, VA 22102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		hotel in austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/17/2025	Hilton Suites
H	Amount (\$)	Payee address; City; State; Zip Code
	\$627.28	7930 Jones Branch Drive
	, ,	
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		hotel in austin
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/27/2025	Hilton Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.78	7930 Jones Branch Drive
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  hotel in austin
		noter in austin
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/33 Rpt: 27/40	Rosenthal, Jon E. (The Honorable)  00082332
4 Date	5 Payee name
03/19/2025	Hilton Suites
6 Amount (\$) \$174.87	7 Payee address; City; State; Zip Code 7930 Jones Branch Drive  McLean, VA 22102
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  hotel in austin
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/28/2025	Hilton Suites
Amount (\$)	Payee address; City; State; Zip Code
\$835.69	7930 Jones Branch Drive
	McLean, VA 22102
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  hotel in austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/28/2025	Hilton Suites
Amount (\$)	Payee address; City; State; Zip Code
\$37.89	7930 Jones Branch Drive
	McLean, VA 22102
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	hotel in austin
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	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 complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 22/33 Rpt: 28/40	Rosenthal, Jon E. (The Honorable)	00082332	
4	Date	5 Payee name		
	05/21/2025	Hilton Suites		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$261.35	7930 Jones Branch Drive		
		McLean, VA 22102		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Thaver out or Pistinet	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
		hotel in austi		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/04/2025	Hilton Suites		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$432.52	7930 Jones Branch Drive		
		McLean, VA 22102		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
		hotel in austi		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	1		
	Date	Payee name		
	05/16/2025	Hooks Epstein Galleries		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,000.00	2631 Colquitt St		
		Houston, TX 77098		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Onti/ Wards/ Wernorials Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
			ompson commission portrait	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OH			

#### 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	r - Il Committe	-	·		ages/Contract Labor	Travel Out of Distr OTHER (enter a c	ict ategory not listed above)
	·			on Guide explains	how to con	nplete this form.		
1	Total pages Schedule F1:	2 FILE	R NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 23/33 Rpt: 29/40		enthal, Jon E. (The	Honorable)			00082332	
4	Date	1 1	ee name					
L	03/27/2025	Ηοι	ise Business Office					
6	Amount (\$)	<b>7</b> Pay	ee address; City;	State	; Zip Cod	de		
	\$549.00	140	0 Congress Ave					
		Aus	tin, TX 78701					
8	PURPOSE	(a) Cate	egory (See Categories list	ed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		ce Overhead/Renta			<b>=</b>	el outside of Texas. Compl	
						ш	in, TX, officeholder living e	expense
						house pano	ιαιτίο μποιο	
_	Complete ONLY if alice at	Caraci	idata/Officabaldar = =	20 1	Office	, ht	Office k-1	d
9	Complete ONLY if direct expenditure to benefit C/OH		idate/Officeholder nan	ie (	Office soug	Jiit	Office hel	u
$\vdash$	Data	T _						
	Date	1	ee name					
	02/18/2025		l Enterprises					
	Amount (\$)	1	ee address; City;	State	; Zip Coo	de		
	\$74.69	251	9 Fairway Park Dr					
		Ste.	302					
		Ηοι	ıston, TX 77092					
	PURPOSE	(a) Cate	egory (See Categories list	ed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		ce Overhead/Renta			<u> </u>	el outside of Texas. Compl	
						ш	in, TX, officeholder living e	expense
						Event flyers		
_	Complete ONLY if direct	Candi	idate/Officeholder nan	na (	Office soug	nht .	Office hel	d
	Complete ONLY if direct expenditure to benefit C/OH		idate/Onicendidei Hali	ic (	onice soul	Ji it	Office fiel	u
⊨	Date	Davis	00 0000					
	06/20/2025	1	ee name NDRA CAMARENA	CAMPAICN				
					<b></b> -			
	Amount (\$)	1	ee address; City;		; Zip Coo	de		
	\$1,000.00	166	35 SPRING CYPR	ESS RD., #101	.4			
L		Сур	ress, TX 77429					
	PURPOSE		egory (See Categories list		nedule)	(b) Description		
	OF EXPENDITURE		tributions/Donation				el outside of Texas. Compl	
		r Car	ndidate/Officeholder	Political Comm	пшее	donation	in, TX, officeholder living e	expense
						aonadon		
	Complete ONLY if direct	Candi	idate/Officeholder nar	ne (	Office soug	ıht	Office hel	d
	expenditure to benefit C/O		and of the original flat		cco 500g	,···	Office fiel	<b>~</b>

#### 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 complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/33 Rpt: 30/40	Rosenthal, Jon E. (The Honorable)	00082332
4	Date	5 Payee name	•
	05/12/2025	Kaci's Kreations	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$758.00	8731 state Highway 43 N	
		Karnack, TX 75661	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF EXPENDITURE	Gift/Awards/Memorials Expense	eck if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	l — l —	eck if Austin, TX, officeholder living expense
		giits	or office staff
<u>a</u>	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/Ol		Office field
	Date		
	06/03/2025	Payee name LAZ Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.06	15 Lewis Street	
		11-15-1 OT 00400	
		Hartford, CT 06103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	
	EXPENDITURE	Event Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		,	ng for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/20/2025	LESLEY GUILMART FOR CFISD TRUSTEE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	16635 SPRING CYPRESS RD., #88	
		Cypress, TX 77429	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF	, , , , , , , , , , , , , , , , , , ,	cck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, officeholder living expense
		dona	tion
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Orialiano to borioni O/OI	•	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/33 Rpt: 31/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	04/14/2025	Lesley Briones Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 56386
		Houston, TX 77256
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	06/20/2025	Lesley Guilmart for CFISD Trustee
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	16635 Spring Cypress Road
		#88
		Cypress, TX 77420
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		donation to campaign
_	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.46	1000 Lowe's Blvd
		Mooresville, NC 28117
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		pride parade supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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: 26/33 Rpt: 32/40	Rosenthal, Jon E. (The Honorable) 00082332			
4	Date	5 Payee name			
	06/25/2025	Lowe's			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$78.75	1000 Lowe's Blvd			
		Mooresville, NC 28117			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense pride parade supplies			
		pride parade cappride			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	<del>1</del>			
Г	Date	Payee name			
	01/13/2025	Michaels			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$27.59	3939 W John Carpenter Fwy			
		Irving, TX 75063			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Office supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/13/2025	Michaels			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.39	3939 W John Carpenter Fwy			
		Irving, TX 75063			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Office supplies			
		Office supplies			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
ı					

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	<u> </u>
1	Total pages Schedule F1: Sch: 27/33 Rpt: 33/40	2 FILER NAME  Rosenthal, Jon E. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00082332
_	•	, in the second
4	Date	5 Payee name
L	04/08/2025	Primo Brands Corporation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$273.90	1150 Assembly Dr.
		Suite 800
		Tampa, FL 33607
8	PURPOSE	·
0	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office water tank
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
Ħ	Date	Payee name
	04/21/2025	Primo Brands Corporation
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.30	1150 Assembly Dr.
		Suite 800
		Tampa, FL 33607
	DUDDOOF	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas Complete Schedule Texas Complete S
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office water tank refill
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/21/2025	Primo Brands Corporation
_		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.78	1150 Assembly Dr.
		Suite 800
		Tampa, FL 33607
	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.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		office water tank refill
	Complete ONLY if alice -t	Condidate/Officeholder name Office county Office
	Complete ONLY if direct expenditure to benefit C/O	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/Officeholder/Politica Credit Card Payment	ll 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: 28/33 Rpt: 34/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	06/20/2025	Primo Brands Corporation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.30	1150 Assembly Dr.
		Suite 800
		Tampa, FL 33607
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense  office water tank refill
		Office water talk refili
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Spirit of Atlanta Drum & Bugle Corps
	Amount (\$)	Payee address; City; State; Zip Code
	\$273.53	4357 Park Dr
		Suite 1
		Norcross, GA 30093
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		donation for school band
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/13/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.00	PO Box 9350
		Minneapolis, MN 55440
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense pride parade supplies
		pride parade supplies
	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 (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: 29/33 Rpt: 35/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	01/13/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	PO Box 9350
		Minneapolis, MN 55440
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		pride parade supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2025	Texas Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	1400 N. Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		items for capitol visitors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	01/28/2025	Texas Energy & Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Caucus dues
		Oddod3 ddc3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 51:	,
1	Total pages Schedule F1:	
L	Sch: 30/33 Rpt: 36/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	03/25/2025	Texas House LGBTQ Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$800.00	P.O. Box 2960
	φουυ.υυ	1 .O. DOX 2300
		Austin, TX 78769
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Caucus dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davies same
	Date	Payee name
	01/28/2025	Texas Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12943
		Austin, TX 78711
_	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Caucus dues
		Odded3 dde3
$\vdash$	Complete ONU V & direct	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/27/2025	Texas Women's Health Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1100 Congress Ave
	4000.00	
		A
		Austin, TX 78701
	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.
	ZA LINDII VIAL	Check if Austin, TX, officeholder living expense
		caucus dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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: 31/33 Rpt: 37/40	Rosenthal, Jon E. (The Honorable) 00082332
4	Date	5 Payee name
	01/16/2025	WEB REGISTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$399.82	5335 Gate Pkwy
		Jacksonville, FL 32256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		domain name
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	
	Date	Payee name  Walmart
	01/14/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.96	702 South West 8th Street
		Bentonville, AR 72716
	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
		pride parade supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/27/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.10	55 N Almaden Blvd
		6th FL
		San Jose, CA 95113
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Zoom account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
	Sch: 32/33 Rpt: 38/40	Rosenthal, Jon E. (The Honorable) 00082332									
4		5 Payee name									
	02/25/2025	Zoom									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$34.10	55 N Almaden Blvd									
		6th FL									
		San Jose, CA 95113									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense									
l		Zoom account									
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									
	experience to borionic Grou	·									
	Date	Payee name									
L	03/25/2025	Zoom									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$34.10	55 N Almaden Blvd									
l		6th FL									
L		San Jose, CA 95113									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense									
		Zoom account									
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	04/25/2025	Zoom									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$34.10	55 N Almaden Blvd									
		6th FL									
		San Jose, CA 95113									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		Zoom account									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Lega	Awards/Memorials E I Services Instruction Guid			ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)		
┢	Total pages Schedule F1:	2			•				2	Filer ID	(Ethics Commission Filers)	-	
	Sch: 33/33 Rpt: 39/40	2	Rosenthal, Jon	E. (The Hono	orable)				3	00082332	(Ethics Commission Filers)		
4	Date	5	Payee name										
ľ	05/27/2025		Zoom										
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de						
l	\$34.10		55 N Almaden			·							
l	4020		6th FL	2									
l													
l			San Jose, CA 9	05113									
8	PURPOSE	(a)	Category (See Ca	tegories listed at the	top of this sch	edule)	(b)	Description					
	OF		Office Overhea			ŕ		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.		
l	EXPENDITURE			·				Check if Austin,	neck if Austin, TX, officeholder living expense				
								Zoom accour	nt				
l													
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeho	older name	C	Office sou	ght			Office h	eld		
	Date		Payee name										
l	06/25/2025		Zoom										
⊢	Amount (\$)	_	Payee address;	City;	State:	Zip Co	de						
l	\$36.22		55 N Almaden	•	Otato,	p							
l	Φ30.22			bivu									
l			6th FL										
			San Jose, CA 9	5113									
Г	PURPOSE	(a)	Category (See Ca	tegories listed at the	top of this sch	edule)	(b)	Description					
l	OF		Office Overhea			,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.		
EXPENDITURE			Cinos Cromodam ental Expense				Check if Austin, TX, officeholder living expense						
l	Zoom a						Zoom accour	om account					
l													
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeho	older name	C	Office sou	ght			Office h	eld		
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### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 40/40 2 FILER NAME Filer ID (Ethics Commission Filers) Rosenthal, Jon E. (The Honorable) 00082332 8 Amount (\$) Date 5 Name of person from whom amount is received 01/23/2025 Amazon \$30.94 6 Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer purchase refund Amount (\$) Name of person from whom amount is received Date 01/23/2025 Hilton \$75.78 Address of person from whom amount is received; City; State; Zip Code McLean, VA 22102 Purpose for which amount is received Check if political contribution returned to filer refund for hotel