CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088789 Date Received COMMITTEE Farm & Food Action PAC **ELECTRONICALLY FILED** NAME 07/14/2025 TREASURER Lara, Kristi NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Added clarification to an expenditure 8 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. Kristi Lara Signature of Campaign Treasurer 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. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088789 3 COMMITTEE NAME **OFFICE USE ONLY** Farm & Food Action PAC Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 59 Date Hand-delivered or Date Postmarked Change of Address Lampasas, TX 76550 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kristi NAME NICKNAME LAST **SUFFIX** Lara STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6600 Preston Road STREET **ADDRESS** #2023 (Residence or Business) Plano, TX 75024 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 59 MAILING **ADDRESS** Plano, TX 76550 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 209-1990 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Farm & Food Action	PAC		00088789	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
45 CONTRIBUTION				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,157.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,758.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	565.58
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Krist	i Lara	
		Signature of Car	mpaign Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

C 1. Candidates	A. Supported			13 Filer ID 00088789	Page 4 of 16 (Ethics Commission Filers)
1. Candidates					(Ethics Commission Filers)
1. Candidates		Object To the		00088789	
		OL 1			
(Identify by name or, if applicable, classify by party.)		Clayton Tucker	Agriculture Cor	nmissioner	
	B. Opposed				
Measures (Describe by date and location of election and	A. Supported				
nature of issue.)	B. Opposed				
3. Officeholders Assisted					
(Identify by name or, if applicable, classify by party.)					
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders	Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 16
		EE NAME Dod Action PAC	18 Filer ID 00088789	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,157.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 4,758.90
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 6/16	
2	FILER NAME Farm & Food	d Action PAC			3	Filer ID (Ethics Commission 00088789	on Filers)
4	Date 02/01/2025	5 Full name of contributor [Ardiente, Nicolette6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$15.00
_	Delinational	San Antonio, TX 78256		Fundament (Constructions	$\overline{\Gamma}$		
8	•	pation / Job title (See Instructions) Engagement Manager	9	Employer (See Instructions Asian Texans for Justice			
	Date 02/27/2025	Full name of contributor [Duman, Jo Ann Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$27.00
		Texarkana, TX 75503	1				
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/02/2025	Full name of contributor Fannin, Bill Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Lampasas, TX 76550 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> ;)		
	Retired	,		Retired	,		
	Date 04/16/2025	Full name of contributor [Garcia, Domingo Contributor address; City; Sta Dallas, TX 75247	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions Law offices of Domingo		ırcia	
	Date 02/25/2025	Full name of contributor [McFarland, Ellen Contributor address; City; Sta Lampasas, TX 76550	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Ranch Mana	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			-				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 7/16	
2	FILER NAME Farm & Food Action PAC	3	Filer ID (Ethics Commission 00088789	n Filers)
4	Date 03/01/2025 Solution Full name of contributor	7	Amount of Contribution (\$)	\$10.00
	Lampasas, TX 76550			
8	Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instruction Not Employed	าร)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/27/2025 Tucker, Terry Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$30.00
	Lampasas, TX 76550			
	Principal occupation / Job title (See Instructions) Not Employed Not Employed	าร)		

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

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	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not The Instruction Guide explains how to complete this form.	listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics C	ommission Filers)
Sch: 1/9 Rpt: 8/16	Farm & Food Action PAC 00088789	
4 Date	5 Payee name	
06/30/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$44.74	PO Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
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 Schedu	lle T.
	Check if Austin, TX, officeholder living expense ActBlue Fee	
	ACIBIUE FEE	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	ОН	
Date	Payee name	
04/21/2025	Campaign Verify	
Amount (\$)	Payee address; City; State; Zip Code	
\$95.00	1215 31st Street NW	
Expenditure from corporate funds	Washington, DC 20007	
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 Schedu Check if Austin, TX, officeholder living expense	lle T.
	10DLC	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
06/25/2025	Clayton Tucker Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,800.00	208 S Western Ave	
Expenditure from corporate funds	Lampasas, TX 76550	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	lle T.
EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Donation to campaign	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
	3 11 11 11 11 11 11 11 11 11 11 11 11 11	

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/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/9 Rpt: 9/16 Farm & Food Action PAC 00088789 4 Date Payee name 01/21/2025 Flint, Alex 6 Amount (\$) Payee address; State; Zip Code \$223.64 4645 Wadham Rd Expenditure from Cowichan Bay BC V0R1N2 Canada corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Database Cleanup Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/2025 Flint, Alex Amount (\$) Payee address; City; State; Zip Code \$353.60 4645 Wadham Rd Expenditure from Cowichan Bay BC V0R1N2 Canada corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Database cleanup Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2025 Google LLC Amount (\$) Payee address; City: State; Zip Code \$7.68 1600 Amphitheatre Pkwy Expenditure from corporate funds Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 3/9 Rpt: 10/16	Farm & Food Action PAC 00088789
4 Date	5 Payee name
02/02/2025	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
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 Email
	Email
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
5.	
Date	Payee name
03/02/2025	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
- Evnanditura from	
Expenditure from corporate funds	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 Email
	Email
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date	Payee name
04/02/2025	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
Expenditure from	
corporate funds	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
	Email
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: 4/9 Rpt: 11/16	Farm & Food Action PAC 00088789
4 Date	5 Payee name
05/02/2025	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
- "	
Expenditure from corporate funds	Mountain View, CA 94043
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 Email
	Lilian
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
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
	Email
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/28/2025	NationBuilder
Amount (\$)	Payee address; City; State; Zip Code
\$155.00	6515 W Sunset Blvd
	Ste 440
Expenditure from corporate funds	Los Angeles, CA 90028
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Cross of the Control of the Contro
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Database
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/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	GI Committee Le	ood/Beverage Expense ft/Awards/Memorials Expense ·gal Services he Instruction Guide explains		kpense /ages/Contract Labor		i District Out of District (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer II) (Ethics Commission Filers)
Sch: 5/9 Rpt: 12/16	Farm & Food	Action PAC			00088	
4 Date	5 Payee name					
02/28/2025	NationBuilder					
6 Amount (\$)	7 Payee address	; City; State	e; Zip Co	de		
\$204.00	6515 W Suns	et Blvd				
	Ste 440					
Expenditure from corporate funds	Los Angeles,	CA 90028				
8 PURPOSE	(a) Category (See	Categories listed at the top of this so	chedule)	(b) Description		
OF EXPENDITURE	Office Overhe	ad/Rental Expense				as. Complete Schedule T.
				Database	stin, TX, officenoi	der living expense
				Dalabase		
O Commission ONLY if allowed	0	halden a see	0#:			::: -
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Office H	noider name	Office sou	gnt	Oi	ffice held
Date	Payee name					
02/28/2025	NationBuilder					
Amount (\$)	Payee address	; City; State	e; Zip Co	de		
\$4.74	6515 W Suns	et Blvd				
	Ste 440					
Expenditure from corporate funds	Los Angeles,	CA 90028				
			T	(h) =		
PURPOSE OF		Categories listed at the top of this so	chedule)	(b) Description Check if trav	el outside of Tex	as. Complete Schedule T.
EXPENDITURE	Office Overne	ead/Rental Expense		-		der living expense
				Database		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght	Of	fice held
Date	Payee name					
03/28/2025	NationBuilder					
Amount (\$)	Payee address	; City; State	e; Zip Co	de		
\$314.00	6515 W Suns		-			
	Ste 440					
Expenditure from corporate funds	Los Angeles,	CA 90028				
<u> </u>				(1-)		
PURPOSE OF		Categories listed at the top of this so	chedule)	(b) Description Check if trav	el outside of Tex	as. Complete Schedule T.
EXPENDITURE	Office Overne	ead/Rental Expense		ш		der living expense
				Database		
Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght	Of	fice held
expenditure to benefit C/O	-1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	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:		
Sch: 6/9 Rpt: 13/16	Farm & Food Action PAC 00088789	
4 Date	5 Payee name	_
04/28/2025	NationBuilder NationBuilder	
6 Amount (t)	7 Payee address; City; State; Zip Code	_
6 Amount (\$)		
\$314.00	6515 W Sunset Blvd	
Expenditure from	Ste 440	
corporate funds	Los Angeles, CA 90028	
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	
	Database	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
experialitate to belieff 6/01	'	
Date	Payee name	
05/28/2025	NationBuilder NationBuilder	
Amount (\$)	Payee address; City; State; Zip Code	
\$314.00	6515 W Sunset Blvd	
Ψ514.00		
Expenditure from	Ste 440	
corporate funds	Los Angeles, CA 90028	
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	
	Database	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
Date	Payee name	_
06/28/2025	NationBuilder	
Amount (\$)	Payee address; City; State; Zip Code	
()	6515 W Sunset Blvd	
\$9.88		
Expenditure from	Ste 440	
corporate funds	Los Angeles, CA 90028	
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	
	Database	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 7/9 Rpt: 14/16	Farm & Food Action PAC 00088789
4 Date	5 Payee name
06/28/2025	NationBuilder
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$467.00	6515 W Sunset Blvd
	Ste 440
Expenditure from corporate funds	Los Angeles, CA 90028
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
	Database
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davida nama
01/16/2025	Payee name PNC Bank
Amount (\$)	Payee address; City; State; Zip Code
\$87.19	1300 E Central Texas Expy Ste 101
Expenditure from corporate funds	Killeen, TX 76541
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 Checks
	Checks
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date	Payee name PNC Bank
01/21/2025	
Amount (\$)	Payee address; City; State; Zip Code
\$6.71	1300 E Central Texas Expy Ste 101
Expenditure from corporate funds	Killeen, TX 76541
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
	Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefit C/O	

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

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Farm & Food Action PAC 00088789
5 Payee name
PNC Bank
7 Payee address; City; State; Zip Code
1300 E Central Texas Expy Ste 101
Killeen, TX 76541
(a) Category (See Categories listed at the top of this schedule) (b) Description
Fees Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense Fee
Candidate/Officeholder name Office sought Office held
differential definition of the sought of the
Payee name
PNC Bank
Payee address; City; State; Zip Code
1300 E Central Texas Expy Ste 101
Killeen, TX 76541
(a) Category (See Categories listed at the top of this schedule) (b) Description
Fees Check if travel outside of Texas. Complete Schedule T.
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Fees Check if travel outside of Texas. Complete Schedule T.
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Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee Candidate/Officeholder name Office sought Office held Payee name
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee Candidate/Officeholder name Office sought Office held
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee Candidate/Officeholder name Office sought Office held Payee name
Fees Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Squarespace Inc
Fees Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Squarespace Inc Payee address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Payee address; City; State; Zip Code
Fees Candidate/Officeholder name Condidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street
Fees Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder T. Check if Austin, TX, officehold
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. 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
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held Description Check if travel outside of Texas. Complete Schedule T.
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office held
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held Office held Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense URL Candidate/Officeholder name Office sought Office held
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office held
Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Squarespace Inc Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held Office held Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense URL 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 E Candidate/Officeholder/Politic Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	L: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 16/16	Farm & Food Action PAC	00088789
4 Date	5 Payee name	
01/28/2025	Zapier	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$255.71	1 548 Market St. #62411	
Expenditure from		
corporate funds	San Francisco, CA 94104	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l avel outside of Texas. Complete Schedule T.
EXPENDITURE	Onice overneda/Nerital Expense	ustin, TX, officeholder living expense
	Automatic	ons
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought	Office held
experience to serious experi		
1		