CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00081730		2 Total pages filed: 49
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Ana-Maria			Date Received
					ELECTRONICALLY FILED
					07/15/2025
	NICKNAME	LAST		SUFFIX	01/13/2023
		Ramos			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	PO Box 852227				
ADDRESS					Receipt # Amount
Change of Address	Richardson, TX 75085				
					Date Processed
					Date Imaged
					Date imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mr.			IVII	
NAME	IVII.	Jeremy			
	NICKNAME	LAST		SUFFIX	
		Davis			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP'	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	10501 Markison Rd.				
(Residence or Business)					
()	Dallas, TX 75238				
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION		
PHONE	(804) 338-8301				
9 DEDODE					
8 REPORT TYPE	January 15	30th day before	election \square	Runoff	15th day after campaign treasurer
	January 15	J Sour day belore	election	Kulloli	appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
	_	_	_	reporting limit	_
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2025	T⊦	HROUGH	06/30/202	5
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
			eneral	Special	_
			.c.r.c.a.	орозіа:	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative Distr	ict 102 Dallac		12 OFFICE SOUGHT	(II KHOWII)
	State Representative Distr	ict 102 Dallas			
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 49

13 C / OH NAME	Ramos, Ana-Maria (T	Γhe Honorable)		14 Filer ID 00081730	(Ethics Comr	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	E			
	GENERAL					
		COMMITTEE ADDF	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, (IS OR GUARANTEES OF LOANS	5)	\$	1,084.06
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	22,086.24
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	9,768.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				-	
		t	swear, or affirm, under penalty rue and correct and includes a under Title 15, Election Code.			
			The Honor	able Are Meric Dem		
		-		able Ana-Maria Ran Candidate or Officeho		
			Ç			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		_ day
of	, 20, to c	ertify which, witness r	my hand and seal of office.			
		Drive 1	of afficient advantages to	T' 6 60		
Signature of Offi	cer administering	riiilea name (of officer administering	Title of office	ı auministerir	iy Oalii

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			JVER OTILE	3 of 49
18 FILER NAI Ramos, <i>A</i>	ME Ana-Maria (The Honorable)	19 Filer ID 00081730	(Ethics Commissi	on Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,084.06
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	S	\$	22,086.24
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/49		
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:) Aschner, Judy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
•	Not Employe			Not Employed	-,		
	Date 06/24/2025	Full name of contributor out-of-state P Beach, Gary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Richardson, TX 75081						
			Employer (See Instructions Not Employed	5)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:) Boopsingh, Debra Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00	
		Richardson, TX 75080-3723					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Ryan LLC	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Bryant, Judy Contributor address; City; State; Zip Code Dallas, TX 75231		•	Amount of Contribution (\$)	\$15.00		
Principal occupation / Job title (See Instructions) Empl			Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) Callaway, TJ Contributor address; City; State; Zip Code Richardson, TX 75081		•	Amount of Contribution (\$)	\$15.00		
	Principal occu Audio Engine	pation / Job title (See Instructions)		Employer (See Instructions TJ Callaway Audio Inc.	s)		
	Audio Eligilie			13 Callaway Audio IIIC.			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/49	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 06/23/2025	5 Full name of contributor out-of-state PAC (ID#:) Chapin, Noel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu Not Employe		s)	Employer (See Instructions Not Employed	 s)		
	Date 06/24/2025				Amount of Contribution (\$)	\$15.00	
	Principal occupation / Job title (See Instructions) Not Employed Employer (See Instruction Not Employed			<u>I</u> S)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:) Flores, Hector Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Duncanville, TX 75137 pation / Job title (See Instructions	- I	Employer (See Instructions	<u>-,</u>		
	Not Employe		5)	Not Employed	5)		
	Date 06/30/2025					Amount of Contribution (\$)	\$252.00
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	<u>I</u> S)			
	Date 06/24/2025	ate Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00	
	Principal occu RN LMSW	pation / Job title (See Instructions	5)	Employer (See Instructions Faith Presbyterian Hosp		2	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Ramos, Ana	-Maria (The Honorable) 				00081730	
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:) Inayathullah, Mohammed 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00	
		Richardson, TX 75081					
8	Principal occu Director of IT	pation / Job title (See Instructions	(5)	Employer (See Instructions Humana Inc	<u>I</u> S)		
	Date 06/23/2025				Amount of Contribution (\$)	\$100.00	
_	Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u>l</u> s)			
Not Employed Not Employed			Not Employed				
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:) Jackson, Sharon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75243					
	Principal occu Not Employe	pation / Job title (See Instructionsed	(3)	Employer (See Instructions Not Employed	s)		
	Date O6/23/2025 Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00	
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions Self	s)			
	Date 06/23/2025	Full name of contributor Lowy, Martin Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Ramos, Ana	-Maria (The Honorable)				00081730	
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:) McGarrahan, Andy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00	
_	Dianiant	Dallas, TX 75248	- Ia	Foods we (October 1997)			
8	Principal occu Psychologist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 06/23/2025				Amount of Contribution (\$)	\$15.00	
	Richardson, TX 75081				L		
	Principal occupation / Job title (See Instructions) bookkeeper Employer (See Instructions self			s)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:) Mora, Victoria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$102.00	
		Dripping Springs, TX 78620					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Parkland Community He		h Plan	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00	
			Employer (See Instructions Not Employed	<u>I</u> S)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:)		•	Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Carrollton Injury Law	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/49	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commissio 00081730	n Filers)
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#:) 7 Pennycook, Malena 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00	
8	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Artist / Educt Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:) Sheaks, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occupation / Job title (See Instructions) Lab tech Employer (See Instructions) Electro Plate Circuitry			<u> </u> s)			
	Date 06/27/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$102.00	
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions none	<u> </u> S)		
	Date 06/24/2025	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$1.06	
Principal occupation / Job title (See Instructions) Emplo			Employer (See Instructions Not Employed	<u>I</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) Toperzer, Charles Contributor address; City; State; Zip Code Garland, TX 75042			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

The Instruction Guide explains how to complete this form. 2 FILER NAME Ramos, Ana-Maria (The Honorable) 4 Date 06/23/2025	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/49 3 Filer ID (Ethics Commission Filers) 00081730 7 Amount of Contribution (\$) \$20.00
Ramos, Ana-Maria (The Honorable) 4 Date	 3 Filer ID (Ethics Commission Filers) 00081730 7 Amount of Contribution (\$) \$20.00
06/23/2025 Walter, Christopher 6 Contributor address; City; State; Zip Code Dallas, TX 75243-6153 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	. \$20.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
ALJ TWC	

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 1/40 Rpt: 10/49	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
	06/29/2025	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.53	369 Summer St	
		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 Schedule T. Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
		orosin osas processing res	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
J	expenditure to benefit C/O		
_	Date	David a series	╡
	06/30/2025	Payee name ActBlue Technical Services	
			4
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.39	370 Summer St	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Credit card processing fee	
		Credit card processing rec	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			=
	Date	Payee name	
	01/02/2025	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.64	345 Park Ave	
		San Jose, CA 95110	
	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	
		Software license	
	Operation ONLY if allowed	Our did to 10 % or hold an array of the country of	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u> </u>		_

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 T	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
,	Sch: 2/40 Rpt: 11/49	Ramos, Ana-Maria (The Honorable) 00081730
4 D	ate	5 Payee name
0	6/05/2025	Adobe
6 A	mount (\$) \$37.34	7 Payee address; City; State; Zip Code 345 Park Ave
		San Jose, CA 95110
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 Software license
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D	ate	Payee name
0	6/02/2025	Adobe
A	mount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave
		San Jose, CA 95110
I	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 Software license
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D	Pate	Payee name
0	5/05/2025	Adobe
A	mount (\$) \$37.34	Payee address; City; State; Zip Code 345 Park Ave
		San Jose, CA 95110
	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 Software license
	complete <u>ONLY</u> if direct xpenditure 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 Commi 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: 3/40 Rpt: 12/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/01/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
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 Software license
		Software license
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	04/07/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.34	345 Park Ave
		San Jose, CA 95110
	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
		Software license
L	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/02/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
	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
		Software license
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
lacksquare		

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:		3 Filer ID (Ethics Commission Filers)
4	Sch: 4/40 Rpt: 13/49 Date 03/03/2025	Ramos, Ana-Maria (The Honorable) 5 Payee name Adobe	00081730
6	Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Ave	
		San Jose, CA 95110	
8	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	evel outside of Texas. Complete Schedule T. Stin, TX, officeholder living expense Cense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 02/03/2025	Payee name Adobe	
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave	
		San Jose, CA 95110	
	PURPOSE OF EXPENDITURE		evel outside of Texas. Complete Schedule T. Stin, TX, officeholder living expense Cense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 05/21/2025	Payee name Amazon	
	Amount (\$) \$162.60	Payee address; City; State; Zip Code 440 Terry Avenue North	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	Office Overflead/Nertial Expense L	evel outside of Texas. Complete Schedule T. Sistin, TX, officeholder living expense SolieS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense I		ense ges/Contract Labor	Travel in Distri Travel Out of I OTHER (enter	
1	Total pages Schedule F1: Sch: 5/40 Rpt: 14/49		E na-Maria (The Hono	rahle)			3 Filer ID 00081730	(Ethics Commission Filers)
_	·	_	<u> </u>	nable)			00001730	1
4	Date 02/14/2025	5 Payee name Amazon	9					
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Cod	e		
	\$68.73	440 Terry	Avenue North					
		Seattle, W	A 98109					
8	PURPOSE	(a) Category	See Categories listed at the to	on of this sched	lule)	b) Description		
	OF EXPENDITURE		rhead/Rental Exper				outside of Texas. Co	omplete Schedule T.
	EXI ENDITORE					Office supplie	n, TX, officeholder livi	ng expense
						Office Supplie	C S	
9	Complete ONLY if direct	l Candidate/∩f	ficeholder name	Off	fice sough	nt	Office	held
	expenditure to benefit C/OI				noc sough			
	Date	Payee name	e					
	01/27/2025	Amazon						
	Amount (\$)	Payee addr	•	State;	Zip Cod	е		
	\$211.77	440 Terry <i>i</i>	Avenue North					
		Seattle, W	A 98109					
	PURPOSE OF		See Categories listed at the to		lule)	b) Description	- Maide of Taylor On	on all the College duty T
	EXPENDITURE	Office Ove	rhead/Rental Exper	nse		<u> </u>	outside of Texas. Co n, TX, officeholder livi	
						Office supplie	es	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Off	fice sougl	nt	Office	held
	Date	Payee name						
	01/15/2025	Amazon						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e		
	\$29.11	440 Terry	Avenue North					
		Seattle, W	A 98109					
	PURPOSE	(a) Category (See Categories listed at the to	op of this sched	lule)	b) Description		
	OF EXPENDITURE		rhead/Rental Exper			ш	outside of Texas. Co	•
						Office supplie	n, TX, officeholder livi	ng expense
						Onice Supplie		
	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Off	fice sougl	nt	Office	held
	expenditure to benefit C/OI			3			300	

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: 6/40 Rpt: 15/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/14/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$410.93	440 Terry Avenue North
		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 Office supplies
		Office supplies
_	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.63	440 Terry Avenue North
		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
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/10/2025	Canva Pty Ltd
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.40	2/2 Lacey Street
		Surry Hills NSW 02010 Australia
	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
		Branding app
	0 1: 0 1: 0	
	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 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L	· 	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/40 Rpt: 16/49	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
	04/18/2025	Cefco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.19	1600 S IH 35	
		Belton, TX 76513	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gasoline	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
F	Date	Payee name	_
	05/16/2025	Chevron	
Н	Amount (\$)	Payee address; City; State; Zip Code	_
	\$39.49	601 N Interstate Hwy 35	
		,	
		Austin, TX 78702	
L	DUDDOGE	1	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Transportation Equipment And Related Transportation Figure 2 (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gasoline	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
F	Date	Payee name	_
	04/28/2025	Chevron	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$22.03	701 W Spring Valley Rd	
	¥==		
		Richardson, TX 75080	
L	DUDDOOF	I	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Transportation Equipment And Related Transportation Figure 2 (b) Description The Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gasoline	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
Н			_
ı			

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: 8/40 Rpt: 17/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/03/2025	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.76	2201A N IH 35
		Georgetown, TX 78628
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	D :	
	Date	Payee name
	05/27/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.08	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Casalina
		Gasoline
L	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/05/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.52	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Expense Cook if Austin, TX, officeholder living expense
		Gasoline
\vdash	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above 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: 9/40 Rpt: 18/49 Ramos, Ana-Maria (The Honorable) 00081730	
4 Date 5 Payee name	
04/28/2025 Costco Gas	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$31.06 2201A N IH 35	
Georgetown, TX 78628	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Transportation Equipment And Related Transportation Equipment And Related Transportation Equipment And Related	
Expense Check if Austin, TX, officeholder living expense Gasoline	
Gasonie	
O Complete ONLY if direct Condidate/Officeholder name	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
04/03/2025 Costco Gas	
Amount (\$) Payee address; City; State; Zip Code	
\$28.12 2201A N IH 35	
Georgetown, TX 78628	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Taxes Complete Schedule Tax	
EXPENDITURE Transportation Equipment And Related	
Expense	
Casomic	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date I -	
Date Payee name	
03/31/2025 Costco Gas	
Amount (\$) Payee address; City; State; Zip Code	
\$27.43 2201A N IH 35	
Georgetown, TX 78628	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Transportation Equipment And Related Transportation Equipment And Related Transportation Equipment And Related	
Expense Check if Austin, 17x, officendider living expense	
Gasoline	
Complete ONLY if direct Condidate/Officeholder name Office accused	
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 -

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: 10/40 Rpt: 19/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/20/2025	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.90	2201A N IH 35
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gusomic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	03/18/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.15	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Custino
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Para a sana
	Date 03/13/2025	Payee name Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gasuille
\vdash	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/40 Rpt: 20/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/07/2025	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.96	2201A N IH 35
		Georgetown, TX 78628
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/03/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.32	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.34	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Fxpense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/40 Rpt: 21/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/06/2025	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.07	2201A N IH 35
	,	
		Georgetown, TX 78628
8	DUDDOCE	
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.76	8055 Churchill Way
		·
		Dallas, TX 75251
_	PURPOSE	<u></u>
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.97	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
l		

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	l 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: 13/40 Rpt: 22/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/24/2025	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.19	2201A N IH 35
		Georgetown, TX 78628
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gusonite
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	01/15/2025	Costco Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.85	2201A N IH 35
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gusonite
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
	Date	Payee name
	06/16/2025	DART
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	1401 Pacific Ave
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Light rail ticket
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 14/40 Rpt: 23/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
l	01/06/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$163.00	2809 Belt Line Rd
l		
		Garland, TX 75044
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage rental
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantire to benefit G/O	<u> </u>
	Date	Payee name
l	06/06/2025	Extra Space Storage
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
		Garland, TX 75044
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Storage rental
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
l	Date 05/06/2025	Payee name
		Extra Space Storage
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$163.00	2809 Belt Line Rd
l		
		Garland, TX 75044
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Storage rental
\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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/40 Rpt: 24/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
l	04/07/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$163.00	2809 Belt Line Rd
l		
l		Garland, TX 75044
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Storage rental
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
l	Date	Payee name
L	03/06/2025	Extra Space Storage
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$163.00	2809 Belt Line Rd
l		
l		Garland, TX 75044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Storage rental
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/06/2025	Extra Space Storage
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$163.00	2809 Belt Line Rd
l		
l		Garland, TX 75044
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage rental
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 16/40 Rpt: 25/49	Ramos, Ana-Maria (The Honorable) 00081730				
4	Date	5 Payee name				
	06/10/2025	Flanders, Thomas				
6	Amount (\$) \$38.43	7 Payee address; City; State; Zip Code PO Box 12910				
		Austin, TX 78711				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee chair gift				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
F	Date	Payee name				
	01/02/2025	Google				
	Amount (\$) \$46.05	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 Gmail accounts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/02/2025	Google				
	Amount (\$) \$15.35	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 Gmail accounts				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Dis OTHER (enter a	strict category not listed above)
	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: 17/40 Rpt: 26/49	Ramos, Ana-Maria (The Honorable)		00081730	
4	Date	5 Payee name			
	06/02/2025	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
٠	\$15.35	1600 Amphitheatre Parkway			
	Ψ13.33	1000 / impiliaredate i dikway			
		Marintain View OA 04040			
		Mountain View, CA 94043			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	emec everneda/remar Expense		de of Texas. Com officeholder living	plete Schedule T.
		Gmail accoun		omecholder hving	у схрепас
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	əlq
•	expenditure to benefit C/OI			000 1	3.0
	Data	Para mana			
	Date	Payee name			
	06/02/2025	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$46.05	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Onice Overnead/Nerital Expense			plete Schedule T.
		Gmail accoun		officeholder living	g expense
		Cinal account	113		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	-iq
	expenditure to benefit C/OI			000 1	
	Date	Dayso nama			
	05/02/2025	Payee name Google			
	Amount (\$) \$15.35	Payee address; City; State; Zip Code			
	Φ15.55	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Onice Overhead/Nerital Expense		officeholder living	plete Schedule T.
		Gmail accoun		omeendider nving	у схропос
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/40 Rpt: 27/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/01/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.05	1600 Amphitheatre Parkway
		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 Gmail accounts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gmail accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.05	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		Gmail accounts
	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/ Ontions 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: 19/40 Rpt: 28/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/03/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
		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 Gmail accounts
		Cinal accounts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.05	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
		Gmail accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	02/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.05	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 Gmail accounts
		Giliali accounts
	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 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: 20/40 Rpt: 29/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/03/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
		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 Austin, TX, officeholder living expense Gmail accounts
		Smar accounts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/14/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.35	2400 S Congress Ave
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office food
		Since lood
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/24/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.53	2400 S Congress Ave
		Austin, TX 78704
	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
		Office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/40 Rpt: 30/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/27/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$123.38	2400 S Congress Ave
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office food
		Cilice lood
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	02/04/2025	HEB
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$110.06	2400 S Congress Ave
	Ψ110.00	2400 3 Congress Ave
		Auglia TV 70704
L		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office food
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/09/2025	Harbor Freight
H	Amount (\$)	Payee address; City; State; Zip Code
	\$35.70	1704 E Belt Line Rd
	7000	
		Richardson, TX 75081
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage locks
L		
1	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/O	<u> </u>

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	holder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above				
⊢			_			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 22/40 Rpt: 31/49	Ramos, Ana-Maria (The Honorable) 00081730				
4	Date	5 Payee name				
	05/27/2025	J-Mart Chevron				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
ľ	\$18.30	1921 N Plano Rd				
	Ψ10.50	1321 14 1 14/10 174				
		Garland, TX 75042				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense				
		Gasoline				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name	=			
	05/19/2025	J-Mart Chevron				
H	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$22.24	1921 N Plano Rd				
	ΨΖΖ.Ζ4	1321 14 1 14/10 174				
		Garland, TX 75042				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense Check if Austin, TX, officeholder living expense				
		Gasoline				
L			_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/21/2025	J-Mart Chevron				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$26.14	1921 N Plano Rd				
		Garland, TX 75042				
\vdash	DUDDOCE	I				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Gasoline				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI					
\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 complet	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/40 Rpt: 32/49	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	•
	04/08/2025	J-Mart Chevron	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$34.05	1921 N Plano Rd	
		Garland, TX 75042	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Expense	Coccline
		'	Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
_	Data		
	Date	Payee name	
	04/01/2025	J-Mart Chevron	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.84	1921 N Plano Rd	
		Garland, TX 75042	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Transportation Equipment And Related Lexpense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/25/2025	J-Mart Chevron	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.70	1921 N Plano Rd	
		Garland, TX 75042	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense [Check if Austin, TX, officeholder living expense
			Gasoline
	Operation Chilly 2.	Open distance (Office In als)	000
	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 Com 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: 24/40 Rpt: 33/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/11/2025	J-Mart Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.10	1921 N Plano Rd
		Garland, TX 75042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Gusomic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
⊨	Date	Dayso nama
	03/05/2025	Payee name J-Mart Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.31	1921 N Plano Rd
		Garland, TX 75042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gasoline
		Casomic
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	01/21/2025	J-Mart Chevron
	Amount (\$)	
	\$28.00	Payee address; City; State; Zip Code 1921 N Plano Rd
	φ20.00	1921 N FIAIIU NU
		Contain d. TV 75040
		Garland, TX 75042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

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

	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: 25/40 Rpt: 34/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/13/2025	J-Mart Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.56	1921 N Plano Rd
		Garland, TX 75042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	-	Expense Check if Austin, TX, officeholder living expense Gasoline
		Gasonile
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Jolanda Jones for Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5445 Ameda Rd
		Suite 501
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/24/2025	League of Women Voters of Dallas
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.35	6060 North Central Expwy
		Suite 500
		Dallas, TX 75206
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Annual luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	o

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

	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: 26/40 Rpt: 35/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/10/2025	Legislative Solutions
6	Amount (\$) \$650.00	7 Payee address; City; State; Zip Code PO Box 5643 Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Fundraising services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.48	501 S Plano Rd
	DUDDOG	Richardson, TX 75081
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Space heater
		Space neater
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/12/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.99	185 Berry St
		Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Taxi fare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		Expens /Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	ИЕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/40 Rpt: 36/49	Ramos, A	na-Maria (The Honorable	e)			(00081730	
4	Date	5 Payee nam	ne						
	05/09/2025	Lyft							
6	Amount (\$)	7 Payee add	ress; City; S	State; Zip C	ode				
	\$35.64	185 Berry	St						
		Suite 500	0						
			cisco, CA 94107						
8	PURPOSE				(h)	Description			
ľ	OF		(See Categories listed at the top of the ation Equipment And Re		(5)	_ ·	outsid	e of Texas. Com	olete Schedule T.
	EXPENDITURE	Expense	ation Equipment And Re	iaicu		=		officeholder living	
		1				Taxi fare			
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ught			Office he	eld
F	Date	Payee nam	ne						
	04/15/2025	Lyft							
\vdash	Amount (\$)	Payee add	ress; City; S	State; Zip C	ode				
	\$41.99	185 Berry	. ,.	, Zip C	Juc				
	Ψ41.99	Suite 500							
L		San Franc	cisco, CA 94107						
	PURPOSE OF		(See Categories listed at the top of the		(b)	Description			
	EXPENDITURE		ation Equipment And Re	lated		<u></u>		e of Texas. Comp officeholder living	expense
		Expense				Taxi fare	, , , , ,	Jinsenoider livilly	спренас
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ught			Office he	eld
F	Date	Payee nam	ne						
	06/23/2025	MailerLite							
\vdash	Amount (\$)	Payee add	ress; City; S	State; Zip C	ode				
	\$27.06	548 Mark		,					
	,=: <i>1</i> 00	PMB 9817							
$ldsymbol{ld}}}}}}$			cisco, CA 94014						
	PURPOSE OF		(See Categories listed at the top of th	nis schedule)	(b)	Description	ot-::-	e of Toys - Or	alete Cabadule T
	EXPENDITURE	Advertisin	g Expense					e of Texas. Comp officeholder living	plete Schedule T. expense
						Email market			
							3	F	
-	Complete ONLY if direct	Candidate/O	officeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O			200 30	9			200 110	
_									

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 28/40 Rpt: 37/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/22/2025	MailerLite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.06	548 Market St
		PMB 98174
		San Francisco, CA 94014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email marketing subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2025	MailerLite
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	548 Market St
		PMB 98174
		San Francisco, CA 94014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email marketing subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	MailerLite
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	548 Market St
		PMB 98174
		San Francisco, CA 94014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email marketing subscription
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 The Instruction Guide explains how to complete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 29/40 Rpt: 38/49	Ramos, Ana-Maria (The Honorable)		00081730	
4	Date	5 Payee name			
	01/14/2025	Meador, Cody			
6	Amount (\$) \$145.99	7 Payee address; City; State; Zip Code PO Box 12910 Austin, TX 78711			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	TX,	de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	03/31/2025	Mexican American Legislative Caucus			
Г	Amount (\$)	Payee address; City; State; Zip Code			
l	\$2,250.00	1122 Colorado			
l		Suite 107			
		Austin, TX 78701			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By		de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
F	Date	Payee name			
	01/03/2025	NGP VAN			
	Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005			
	PURPOSE OF EXPENDITURE	Onice Overneau/Nerital Expense	TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 30/40 Rpt: 39/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
l	06/17/2025	OpenAl OpenAl
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$21.28	1455 3rd St
l		
l		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense ChatGPT
l		Chalor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
l	05/19/2025	OpenAl
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$21.28	1455 3rd St
l	Ψ21.20	1400 010 01
l		San Francisco, CA 0/159
L	5,155,055	San Francisco, CA 94158
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		ChatGPT
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitire to benefit C/Oi	
l	Date	Payee name
	04/17/2025	OpenAl
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$21.28	1455 3rd St
l		
l		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense ChatGPT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatal name C	·	_
1	Total pages Schedule F1:		
	Sch: 31/40 Rpt: 40/49	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
L	03/17/2025	OpenAl	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.28	1455 3rd St	
		San Francisco, CA 94158	
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	
		ChatGPT	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	H 	
	Date	Payee name	_
	03/31/2025	ParkWhiz	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.70	208 S Jefferson St	
		Suite 403	
		Chicago, IL 60661	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Downtown Dallas parking	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	
	Date	Payee name	
	03/05/2025	Parking Management Company	ĺ
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.49	3713 Charlotte Ave	
		Nashville, TN 37209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense	
		Downtown Austin parking	
	Complete ONLY if direct	Condidate/Officeholder name Office county	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/40 Rpt: 41/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/08/2025	Photographic Design
6	Amount (\$) \$549.00	7 Payee address; City; State; Zip Code Austin, TX
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	Check if Austin, TX, officeholder living expense Texas House panoramic photo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/27/2025	Printed Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	8800 Chancellor Row
		Dallas, TX 75247
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flyers
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/11/2025	Progress Texas
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 132162
		Dallas, TX 75313
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 33/40 Rpt: 42/49	Ramos, Ana-Maria (The Honorable)	00081730	
4	Date	5 Payee name		-
	02/11/2025	Shell		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$27.59	1331 S Plano Rd		
		Richardson, TX 75081		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Expense		Check if Austin, TX, officeholder living expense
				Gasoline
_	Complete ONLY if direct	Candidata/Officeholder name Office cou	aht	t Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sour	grit	. Office field
	5.			
	Date	Payee name		
	01/27/2025	Shell		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$23.94	1331 S Plano Rd		
		Richardson, TX 75081		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense		Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	1	-	
	Date	Payee name		
	01/21/2025	Shell		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$22.82	105 N College Ave		
	,			
		West, TX 76691		
	PURPOSE		(h)) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/Ol	1		

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: 34/40 Rpt: 43/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/04/2025	Stephen F Austin Royal Sonesta Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	701 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Parking
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Switchboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$462.50	P.O. Box 33485
		Washington, DC 20043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Texting service
		Texting Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/05/2025	Texaco
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.37	1401 E Belt Line Rd
		Richardson, TX 75081
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
		Sussinic
	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 Committ 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/40 Rpt: 44/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/03/2025	Texas Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,030.00	PO Box 12943
		Austin, TX 78711
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2025	Travis Heights Estate LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	70 Rainey St
		Apt 2702
		Austin, TX 78701
	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	X Check if Austin, TX, officeholder living expense
		Austin apartment rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Travis Heights Estate LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	70 Rainey St
		Apt 2702
		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 Austin apartment rent
		Ausun apartificiti fetit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
_		r		S HOW to Co	ilipic	te tilis ioiili.	_					
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commiss	ion Filers)		
	Sch: 36/40 Rpt: 45/49	Ramos, An	a-Maria (The Honorable)					00081730				
4	Date	5 Payee name	;									
	05/02/2025	Travis Heig	hts Estate LLC									
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Co	de							
	\$1,800.00	70 Rainey		, ·								
	, ,	Apt 2702										
		·	70701									
		Austin, TX	78701									
8	PURPOSE OF		See Categories listed at the top of this s	chedule)	(b)	Description						
	EXPENDITURE	Office Over	rhead/Rental Expense					ide of Texas. Comp				
						X Check if Austin, Austin apartm		, officeholder living	expense			
						Adolin apartii	ici	it iCiit				
_	Operation ONE Wife disease	0		Off:				O#: I	1-1			
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	gnt			Office he	eia			
	·											
	Date	Payee name										
	04/02/2025	Travis Heig	hts Estate LLC									
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de							
	\$1,800.00	70 Rainey	St									
		Apt 2702										
		Austin, TX	78701									
	PURPOSE	(a) Category (c	See Categories listed at the top of this s	ah adula)	(b)	Description						
	OF	Office Over	_	outs	ide of Texas. Com	plete Schedule T.						
	EXPENDITURE	000 0 00	model/ tomal Expense			X Check if Austin,	, TX	, officeholder living	expense			
						Austin apartm	ner	nt rent				
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld			
	expenditure to benefit C/OI	4										
	Date	Payee name										
	03/03/2025	Travis Heig	hts Estate LLC									
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de							
	\$1,800.00	70 Rainey		, <u>-</u> .,								
	+- ,000.00	Apt 2702	- .									
			70704									
		Austin, TX	78701									
	PURPOSE OF	l .	See Categories listed at the top of this s	chedule)	(b)	Description						
	EXPENDITURE	Office Over	rhead/Rental Expense					ide of Texas. Com _l , officeholder living				
						X Check if Austin, Austin apartm			expense			
						, ασιπ αραππ	101	it fort				
	Complete ONLY if direct	Candidata/O#	iceholder name	Office sou	abt			Office he	vid.			
	expenditure to benefit C/OI		icendidei name	Office Sou	yııı			Office ne	iu			

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 37/40 Rpt: 46/49	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/17/2025	US Postal Service
6	Amount (\$) \$420.00	7 Payee address; City; State; Zip Code 1206 Apollo Rd Richardson, TX 75081
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
		PO Box rental
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Walmart Supercenter
	Amount (\$)	Payee address; City; State; Zip Code
	\$537.97	710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies & snacks
		Office Supplies & Stracks
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/18/2025	Whitepages Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.37	1301 5th Ave
		Suite 1600
		Seattle, WA 98101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Whitepages Unlimited
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By -		Legal Services	Gift/Awards/Memorials Expense Printing Expense				Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 38/40 Rpt: 47/49	Ramos,	Ana-Maria (The Hono	rable)				00081730		
4	Date	5 Payee na	ame				-			
	05/19/2025	Whitepa	iges Inc							
6	Amount (\$)	7 Payee a	ldress; City;	State; Zi	ip Code	,				
	\$6.37	1301 5t	n Ave							
		Suite 16	600							
		Seattle,	WA 98101							
8	PURPOSE	(a) Category	(See Categories listed at the to	on of this schedule	₂₎ (b) Description				
	OF EXPENDITURE		verhead/Rental Exper]	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·			ш		officeholder living	expense	
						Whitepages	Unl	imited		
L										
9	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office	e sough	t		Office he	eld	
	Date	Payee na	ame							
	04/18/2025	Whitepa	iges Inc							
	Amount (\$)	Payee a	ldress; City;	State; Zi	ip Code	:				
	\$6.37	1301 5t	n Ave							
		Suite 16	600							
		Seattle,	WA 98101							
	PURPOSE	(a) Category	(See Categories listed at the to	on of this schedule	<u>a)</u> (b) Description				
	OF EXPENDITURE		verhead/Rental Exper			_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		·			_		officeholder living	expense	
						Whitepages	Uni	imited		
_	Occupation Children	0. "	10#:II					000	1-1	
	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office	e sough	Ţ		Office he	eia	
	Date	Payee na	ame							
	03/18/2025	Whitepa	iges Inc							
	Amount (\$)	Payee a	ldress; City;	State; Zi	ip Code	,				
	\$6.37	1301 5t	n Ave							
		Suite 16	600							
		Seattle,	WA 98101							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule	e) (b) Description				
	OF EXPENDITURE		verhead/Rental Exper			Check if travel		de of Texas. Com		
	LA LADITORL					ш		officeholder living	expense	
						Whitepages	UH	ııılı .c u		
	Complete ONLY if direct	Condidata	/Officeholder name	Offic	0.00.10.5	+		Office ha	ald.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		/Officeholder name	OTIC	e sough	ι		Office he	au	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Legal S		Sa		ages	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
L				struction Guide	e explains how	to con	nple	te this form.	3			
1	Total pages Schedule F1:									Filer ID	(Ethics Commis	sion Filers)
	Sch: 39/40 Rpt: 48/49	Ran	nos, Ana-Mar	ia (The Hono	rable)					00081730		
4	Date	•	ee name									
	02/18/2025	Whi	tepages Inc									
6	Amount (\$)	•	ee address;	City;	State; Z	ip Coc	de					
	\$6.37	130	1 5th Ave									
		Suit	e 1600									
		Sea	ttle, WA 9810	1								
8	PURPOSE	(a) Cate	egory (See Categ	ories listed at the to	op of this schedule	e) ((b)	Description				
	OF EXPENDITURE	Offic	ce Overhead/	Rental Expen	ise			느			plete Schedule T.	
	-							Whitepages U		officeholder living	j expense	
								vviiitepayes (J1111	mileu		
9	Complete ONLY if direct	Candi	idate/Officehold	er name	Offic	e soug	tht			Office he	eld	
	expenditure to benefit C/OI			o. Hamo	Cilic	.s soug	g t			Cinc in	···	
H	Date	Paye	ee name									
	01/21/2025		tepages Inc									
	Amount (\$)	Paye	ee address;	City;	State; Z	ip Coc	de					
	\$6.37	•	1 5th Ave	-	•							
			e 1600									
			ittle, WA 9810	11								
_	DUDDOCE					Ţ,	(h)	Descripti				
	PURPOSE OF		egory (See Categ			e)	(n)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Oill	ce Overhead/	nemai Exper	io c			—		officeholder living		
								Whitepages (Jnli	mited		
L												
	Complete ONLY if direct		idate/Officehold	er name	Offic	e soug	ght			Office h	eld	
L	expenditure to benefit C/OI											
	Date	,	ee name									
	05/19/2025	Wix	·									
	Amount (\$)	Paye	ee address;	City;	State; Z	ip Coc	de					
	\$23.11	260	1 Mission St									
		San	Francisco, C	A 94110								
	PURPOSE	(a) Cate	egory (See Categ	ories listed at the to	op of this schedule	e) ((b)	Description				
	OF EXPENDITURE	Offic	ce Overhead/	Rental Expen	ise			므			plete Schedule T.	
								Check if Austin. Website	, IX,	officeholder living	y expense	
								· · · · · · · · · · · · · · · · · · ·				
	Complete ONLY if direct	Candi	idate/Officehold	er name	Offic	e soug	ght			Office h	eld	
	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 Salaries/Wages/Contract Labor

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

Travel Out of District 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: 40/40 Rpt: 49/49 00081730 Ramos, Ana-Maria (The Honorable) 4 Date Payee name 02/28/2025 Wix 6 Amount (\$) Payee address; City; State; Zip Code \$61.16 2601 Mission St San Francisco, CA 94110 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2025 Yeti Amount (\$) Payee address; City; State; Zip Code \$811.71 220 S College Ave Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/16/2025 Zoom Amount (\$) Payee address: City; State; Zip Code \$170.46 55 Almaden Blvd 6th Floor San Jose, CA 95113 **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 Video conferencing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH