CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00085712		2 Total pages	s filed: 21
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Brent			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Hagenbuch				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	3202 Unicorn Lake Blvd				2	
ADDRESS	#317				Receipt #	Amount
Change of Address	Denton, TX 76210				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mrs.	Jean				
NAME						
	NICKNAME	LAST		SUFFIX		
		Hagenbuch				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CIT	Y; S	STATE; ZIP CODE
ADDRESS	2800 Shoreline Drive					
(Residence or Business)	Suite 310					
	Denton, TX 76210					
7 CAMPAIGN TREASURER	AREA CODE PHON	E NUMBER E	XTENSION			
PHONE	(469) 441-5358					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after	campaign treasurer
						officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	HT (if known)	
	State Senator District 30					
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Hagenbuch, Brent (T	ne Honorable)	14 Filer ID (00085712	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political experience. These expenditures may have been made with a officeholders are required to report this inform	hout the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 15,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 227,038.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 15,050.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$ 1,325,600.79
17 AFFIDAVIT			enalty of perjury, that the acc des all information required to ode.	
		The H	lonorable Brent Hagenbud	ch
		Signati	ure of Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
	, 20, to co	ertify which, witness my hand and seal of office Printed name of officer administering		administering oath
Signature of one	oo. aaniinistoniig	. Thica name of officer duffillistering	The of officer	danimiotering oddi

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				J U L. ()	3 of 21	
18 FILI Ha		ME ch, Brent (The Honorable)	19 Filer ID 00085712	(Ethics C	commission Filers)	
20 SCI NAI	HEDULI ME OF	SUE	BTOTAL AMOUNT			
1.	X	\$	15,050.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	X	SCHEDULE E: LOANS		\$	1,551.87	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	227,038.53	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	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 IT TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedul Sch: 1/1 Rpt: 4/21	e A1:		
2	FILER NAME Hagenbuch,	Brent (The Honorable)		3	Filer ID (Ethics Con 00085712	nmiss	ion Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Springer, Lydia 6 Contributor address; City; State; Zip Code				Amount of Contributi	n (\$)	\$50.00
8	Dringinal occu	Muenster, TX 76252 upation / Job title (See Instructions)	9 Employer (See Instructions				
8	Developmer		Fort Worth Diasis	5)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contributi	on (\$)	\$10,000.00
	Dringing Loggy	Austin, TX 78701	Employer (Coo Instruction	<u></u>			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houstoon, TX 77027)		Amount of Contributi	on (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Weekley Homes	<u> </u> s)			

	LOANS						SCHEDULE E
	The Instruction	1	ages Schedule E: /1 Rpt: 5/21				
2	FILER NAME Hagenbuch, Bre	ent (The Honorable)				3 Filer ID 00085	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				1	\$
5	Date of loan 05/31/2025	7 Name of lender Hagenbuch, Brent		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,137.47
6	Is lender a financial institution?	8 Lender address; Denton, TX 76201	City;	State;	Zip Code		10 Interest Rate 0 11 Maturity Date 12/31/2028
12	Principal occupation	I on / Job title (See Instruction	ns)		13 Employer (See Instructions	s)	1
	Chairman				Titus Transportation		
14	Description of Coll X None	ateral			15 Check if personal funds we	ere deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code		19 Amount Guaranteed (\$)
20	Principal occupation	on			21 Employer (See Instructions	5)	
	Date of loan	Name of lender		out-of-state PA	C (ID#:		Loan Amount (\$)
	03/18/2025	Hagenbuch, Brent					\$414.40
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate
	No	Denton, TX 76201					Maturity Date 12/31/2028
	Principal occupation	on / Job title (See Instruction	ns)		Employer (See Instructions	3)	12/31/2020
	Chairman		113)		Titus Transportation	5)	
	Description of Coll	ateral			Check if personal funds we	ere deposite	d into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code		
	Principal occupation	on			Employer (See Instructions	5)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Gift/Awards/Memorials Legal Services	Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
	Credit Card Payment			The Instruction Gu	ıide explains h	now to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 1/16 Rpt: 6/21		Hagenbuch	Brent (The Hor	norable)					00085712		
4	Date	5	Payee name									
	06/30/2025		Anedot									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Cod	de					
	\$2.30		1340 Poydra		,							
			Suite 1770									
				s, LA 70112								
8	PURPOSE	(0)					(h)	Description				
0	OF	(a)		e Categories listed at the Fundraising Exp		edule)	(D)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		3011Citation/	Fundraising Exp	CHSC			=		officeholder living		
								Anedot Fee				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office souç	ght			Office he	eld	
	expenditure to benefit C/Ol	Н										
	Date		Payee name									
	04/15/2025		Best Buy									
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Cod	de					
	\$541.24		4970 West I	Highway 290								
			Austin, TX 7	'8735								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this sche	edule)	(b)	Description				
	OF EXPENDITURE	``		nead/Rental Exp		oddie)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_	, TX,	officeholder living	j expense	
								Television				
	0 1: 01:17.7.1	L	0 11 1 10 10 11							055		
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	O	office soug	gnt			Office he	eid	
		_										
	Date		Payee name									
	02/11/2025		Brothers Va	let								
	Amount (\$)		Payee addres		State;	Zip Coo	de					
	\$20.00		910 Brazos	Street								
			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse				ш			plete Schedule T.	
								Parking fee for		officeholder living		
								. arming fee it	,. L	*********************************	atona overit	
	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	<u> </u>	office soug	thr			Office he	əld	
	expenditure to benefit C/Ol		Carialaato/Olli	Johnson Hame	O	moo sout	J' 'L			Office He	J.G	

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	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 7/21	Hagenbuch, Brent (The Honorable)	00085712
4	Date	5 Payee name	-
	02/13/2025	Capitol Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.32	1400 Congress	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	[Check if Austin, TX, officeholder living expense
			Meeting with constituents
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0"
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/03/2025	Center for Church Renewal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	241 Legacy Drive	
		Plano, TX 75023	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Books for Dr. Gene Getz Pastor of the Day
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/26/2025	Center for Church Renewal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$612.50	241 Legacy Drive	
		3 ,	
		Plano, TX 75023	
	PURPOSE		Description
	OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		ļ ·	Bibles for elected officials
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	Ŭ	ete this form.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 3/16 Rpt: 8/21	Hagenbuch, Brent (The Honorable)		00085712
4 Date	5 Payee name		•
01/27/2025	Coffee For Heros		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$50.00	1100 Congress		
	Austin, TX 78701		
8 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.
LAFENDITORE			Check if Austin, TX, officeholder living expense
			Campaign Sponsorship
		<u> </u>	25
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught	Office held
Date	Payee name		
01/29/2025	Denton County Republican Lincoln Cabinet Pa	4C	
Amount (\$)	Payee address; City; State; Zip C	ode	
\$3,187.20	8913 Crestview Drive		
	Denton, TX 76207		
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.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			Campaign Event Sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/C		ugnt	Office field
Data	T -		
Date	Payee name		
03/20/2025	Donna Garcia Davidson Law Firm		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$5,000.00	PO Box 12131		
	Capitol Station		
	Austin, TX 78711		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Legal services from 1/14/2025 to 6/3/2025
			LOGAL SCINICOS HOIR 1/14/2023 to 0/3/2023
Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
expenditure to benefit C/C		uynı	Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed at	oove)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 4/16 Rpt: 9/21		, Brent (The Hono	rable)				00085712		
4	Date	5 Payee name								
	05/31/2025	Eddie V's F	rime Seafood							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$2,637.47	301 East 5	h Street							
		Austin, TX	78701							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			_		de of Texas. Com		
						Campaign Ev		officeholder living		
						Campaign Ev	/СП	t with consti	luciilo	
_	0 1: 0 1: 1	0 "1 : '0"		255				0.00	1.1	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıgnt			Office he	eia	
-	Date	Payee name								
	02/11/2025	Flash Peak								
_	Amount (\$)	Payee addre		State; Zip Co	nde					
	\$14.80	823 Congre	•	Otato, Zip Ot	Juo					
	Ψ14.00	023 Congre	,33							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE	·				\Box		officeholder living		
						Parking Reim	ıbu	rsement for	Erik With to at	tend event
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	experientare to benefit 6/01	'								
	Date	Payee name								
	01/29/2025	HEB 425								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$168.15	1000 East	41st							
		Austin, TX	78751							
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Exper	nse				de of Texas. Com		
								officeholder living	expense	
						office supplie	5			
	0 1. 0	0 111 1 - 1			L				1.1	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eid	
	Superioritate to beliefit 6/01	•								

SCHEDULE F1

Advertising Expense Evi Accounting/Banking Fer Consulting Expense For Contributions/ Donations Made By - Gif

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/16 Rpt: 10/21	Hagenbuch, Brent (The Honorable) 00085712
4	Date	5 Payee name
	02/04/2025	HEB 425
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.77	1000 East 41st
		Austin, TX 78751
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		Office Supplies
Ļ	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	02/25/2025	HEB 425
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.43	1000 East 41st
		Austin, TX 78751
	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
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	HEB 425
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.72	1000 East 41st
		Austin, TX 78751
	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
	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/16 Rpt: 11/21	Hagenbuch, Brent (The Honorable) 00085712	
4	Date	5 Payee name	_
	03/24/2025	HEB 425	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.43	1000 East 41st	
L		Austin, TX 78751	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		office supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialture to beliefit C/Oi		
	Date	Payee name	
	04/07/2025	HEB 425	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$118.52	1000 East 41st	
L		Austin, TX 78751	
	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	
		office supplies	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	02/14/2025	HEB 465	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$177.94	2701 East 7th	
		A	
		Austin, TX 78702	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		office supplies	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 Fi	ler ID (Ethics Commission Filers)
l	Sch: 7/16 Rpt: 12/21	Hagenbuch, Brent (The Honorable)	0085712
4	Date	5 Payee name	
l	02/28/2025	HEB 465	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$110.46	2701 East 7th	
l			
l		Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	of Texas. Complete Schedule T.
l		Check if Austin, TX, offi office supplies	iceholder living expense
l		Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	03/31/2025	HEB 465	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$121.77		
l	+		
		Austin, TX 78702	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF		of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, offi	iceholder living expense
l		office supplies	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
⊨	Date	Power name	
l	04/23/2025	Payee name HEB 465	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$170.86		
l	¥=2.0.00		
l		Austin, TX 78702	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	,	of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, offi	iceholder living expense
		office supplies	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OI		Office held
\vdash			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
	·	_			uction Guid	e explains	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAMI	E						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 8/16 Rpt: 13/21	L	Hagenbuch	n, Brent (Γhe Hono	rable)					00085712		
4	Date	5	Payee name	!									
	06/02/2025		HEB 696										
6	Amount (\$)	7	Payee addre	ess; Ci	ty;	State	; Zip Co	de					
	\$55.61		5000 Gattis		-		•						
	,												
			Hutto, TX 7	7062 <i>1</i>									
8	PURPOSE	(2)						(h)	Description				
0	OF	رم. ا	Category (S				nedule)	(D)	Description	oute	ide of Teyas Con	nplete Schedule T.	
	EXPENDITURE		Office Over	neau/Re	пап Ехре	rise			_		, officeholder living		
									Gift Bags/Wr				
									-		· ·		
9	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder	name	(Office sou	aht			Office h	eld	
_	expenditure to benefit C/OI							9					
	Date		Payee name	!									
	01/14/2025		HEB										
	Amount (\$)		Payee addre	ess; Ci	ty;	State	; Zip Co	de					
	\$22.62		2652 Lake	Austin									
			Austin, TX	78703									
	PURPOSE	(a)	Category (S	see Categorie	s listed at the t	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over				,		Check if travel	outs	ide of Texas. Con	nplete Schedule T.	
	LAFENDITORE										, officeholder living	g expense	
									office supplie	es.			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder	name	(Office sou	ght			Office h	eld	
	experiulture to benefit C/Oi												
	Date		Payee name										
	03/19/2025		HEB										
	Amount (\$)	T	Payee addre	ess; Ci	ty;	State	; Zip Co	de					
	\$86.55		2652 Lake				•						
			Austin, TX	78703									
	PURPOSE	(2)						(h)	Description				
	OF	الم	Category (S				nedule)	(0)	Description Check if travel	outs	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Office Over	neau/Re	пап Ехре	1156					, officeholder living		
									office supplie	es			
	Complete ONLY if direct		Candidate/Off	iceholder	name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI							-					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	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 Commiss	sion Filers)
ľ					rabla)			٦		(Eulics Commiss	Sion i licis)
L	Sch: 9/16 Rpt: 14/21		Hagenbuch	, Brent (The Honor	able)				00085712		
4	Date	5	Payee name								
	05/02/2025		HEB								
Ļ	Α (Φ)	 -	Davis a dalaa	0'+	Ot-t 7'- O-	1 .					
l٥	Amount (\$)	7	,		State; Zip Co	oue					
l	\$169.56		2652 Lake	Austin							
			Austin, TX	78703							
Ļ		<u> </u>									
8	PURPOSE OF	(a)		ee Categories listed at the to		(b)	Description				
l	EXPENDITURE		Office Over	head/Rental Exper	nse		=			nplete Schedule T.	
							\Box		, officeholder livin	g expense	
l							office supplies	S			
9	Complete ONLY if direct		Candidate/Off	ceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/O	Н									
F	Date	Г	Payee name								
l			•								
L	05/13/2025		HEB								
l	Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode					
	\$75.17		2652 Lake	Austin							
			Augtin TV	70702							
			Austin, TX	18103							
l	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
l	OF EXPENDITURE		Office Over	head/Rental Exper	nse		=			nplete Schedule T.	
	EXI ENDITORE						ш		, officeholder livin	g expense	
							office supplies	S			
Г	Complete ONLY if direct		Candidate/Off	ceholder name	Office sou	ight			Office h	eld	
l	expenditure to benefit C/O	Н									
⊨	5 :										
	Date		Payee name								
	05/23/2025		HEB								
Г	Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode					
	\$121.06		2652 Lake	Austin							
l	,										
			Austin, TX	78703							
	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF			head/Rental Exper				outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		000 0.10.				Check if Austin,	, TX	, officeholder livin	g expense	
office supplies											
ĺ											
\vdash	Complete ONLY if direct	Щ,	Candidata/Off	ceholder name	Office sou	laht			Office h	old	
ĺ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/UII	centituel naitle	Office SOL	ıyııl			Onice fi	ciu	
L		_									
		_				_		_			
l											
ı											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed) The Instruction Guide explains how to complete this form.								
Ļ		-			ide explains now to	Comp	lete tills form.	_		/= a =:	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/16 Rpt: 15/21		Hagenbuch.	, Brent (The Hon	orable)				00085712		
4	Date	5	Payee name								
	06/30/2025		Hagenbuch	, Brent							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (Code					$\overline{}$
	\$189,399.21		2800 Shore	•	, ,						
	7-00,000		Suite 310								
				70001							
		L	Denton, TX	76201							
8	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description				
	EXPENDITURE		Loan Repay	/ment/Reimburse	ement					nplete Schedule T.	
							Campaign Lo		officeholder livin		
							Campaign Lo	an	Reillibuise	mem	
_		L				Т.					
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Office	ceholder name	Office s	ougnt			Office h	eld	
	Date		Payee name								
	01/13/2025		Moonshine	Grill							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$3,778.20		303 Red Riv	ver Street							
			Austin, TX 7	78701							
_	DUDDOCE	(0)				(h)	\ .				
	PURPOSE OF	(a)		ee Categories listed at the	e top of this schedule)	(0)	Description Check if travel	nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Event Expe	nse			<u> </u>		officeholder livin		
							ш			paign Event with	
							constituents.	•			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	 ought	:		Office h	eld	
	expenditure to benefit C/OI	Н									
_	Date		Payee name								_
	03/18/2025		Moonshine	Grill							
					State: 7in /	Codo					
	Amount (\$)		Payee addres	•	State; Zip	Joue					
	\$414.40		303 Red Riv	ver Street							
			Austin, TX 7	78701							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense			ш			nplete Schedule T.	
									officeholder livin		
							Event with co	nsı	lituents and	Dr. Gene Getz	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office s	ought			Office h	eld	
L	CAPERIORATE TO DEFICIT C/OF										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 11/16 Rpt: 16/21	2 FILER NAME Hagenbuch, Brent (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085712
	301. 11/10 Kpt. 10/21	
4	Date	5 Payee name
	04/17/2025	Moyer, Jason
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	6401 Rialto
		Austin, TX 78735
Ļ	DUDDO05	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Used Television
		Osed Television
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	01/27/2025	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1100 Congress
	Ψ1,100.00	1100 Gongrood
		A
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientere to benefit 6/01	'
	Date	Payee name
	04/23/2025	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	1100 Congress
		Auctin TV 70701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift
		- Citt
_	Complete ONLY if direct	Candidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u>_</u>	Tatal name C		_
1	Total pages Schedule F1:		
L	Sch: 12/16 Rpt: 17/21	Hagenbuch, Brent (The Honorable) 00085712	
4	Date	5 Payee name	
	04/15/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$549.00	1100 Congress	
		Austin, TX 78701	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Senate Panoramic Photo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash	Date	Davida nama	=
		Payee name Stucky Lypp	
	01/01/2025	Stucky, Lynn	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16,500.00	5885 Canyon Road	
		Sanger, TX 76201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Session Housing Check if travel outside of Texas. Complete Schedule T.	
	TVI FIADITORE	Check if Austin, TX, officeholder living expense	
		Session Housing 1/5/2025-6/5/2025	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	05/30/2025	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.87	5621 North IH 35	ľ
		Austin, TX 78723	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Notecards	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	n 	
			ľ

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 Lenal 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: 13/16 Rpt: 18/21	Hagenbuch, Brent (The Honorable) 00085712
4	Date	5 Payee name
	02/26/2025	Target
6	Amount (\$) \$11.90	7 Payee address; City; State; Zip Code 5621 North IH 35 Austin, TX 78723
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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Texas Chili Parlor
	Amount (\$) \$147.40	Payee address; City; State; Zip Code 1409 Lavaca
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Melanie Marx, Erik With and Todd Gallahe
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Texas Senate
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 1100 Congress
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Photograph Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	-	te this form.	OTTLK (ente	r a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 14/16 Rpt: 19/21	Hagenbuch, Brent (The Honorable)			00085712	2
4 Date	5 Payee name		<u> </u>		
01/10/2025	Texas Senate				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$25.00	1100 Congress				
	Austin, TX 78701				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
EXPENDITURE	Advertising Expense		Check if travel outs Check if Austin, TX		omplete Schedule T. ring expense
			Photo Expense	,	9
			·		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>		Office	held
expenditure to benefit C/O	Н				
Date	Payee name				
02/01/2025	Texas Senate				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$360.00	1100 Congress				
	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 outs		omplete Schedule T.
LAPENDITORE			Check if Austin, TX	, officeholder liv	ring expense
			Texas Flags		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office	hold
expenditure to benefit C/O		igni		Office	Heiu
Data	T .				
Date 02/05/2025	Payee name Walgreens				
Amount (\$) \$6.05	Payee address; City; State; Zip Co	oae			
Φ0.05	1920 East Riverside				
	Aughin TV 70741				
	Austin, TX 78741				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outs	ide of Texas C	omplete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX		•
			Sympathy Card	for Consti	tuent
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office	held
expenditure to benefit C/O	н				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 20/21	Hagenbuch, Brent (The Honorable)	00085712
4	Date	5 Payee name	•
	02/19/2025	Walgreens	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.46	1920 East Riverside	
		Austin, TX 78741	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			office supplies
_	Opening ONLY if allowed	Out like to 10 ff and all languages	Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/14/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$239.38	710 E Ben White	
		Austin, TX 78704	
	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.
		L	Check if Austin, TX, officeholder living expense Office Supplies
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/11/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.96	710 E Ben White	
	402.00	120 E Bon Willia	
		Austin, TX 78704	
	BUBBOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			 ffice supplies
	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/Politica Credit Card Payment	/ - Il Coi	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Overho Polling Exper Printing Expe Salaries/Wag	ense Jes/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 16/16 Rpt: 21/21		Hagenbuch, Brent (The Honorable)				00085712	
4	Date	5	Payee name					
	05/15/2025		Walmart					
6	Amount (\$) \$361.25	7	Payee address; City; State; 710 E Ben White Austin, TX 78704	Zip Code	•			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule) (k	<u> </u>	ı, TX,	de of Texas. Com _l , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sough	t		Office he	eld