CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088096 Date Received COMMITTEE Agave Democratic Infrastructure Fund **ELECTRONICALLY FILED** NAME 07/15/2025 TREASURER Ryan, Nathan (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Day Year Month Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Initial filing had COH and loan amount reversed. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Nathan Ryan Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088096 3 COMMITTEE NAME **OFFICE USE ONLY** Agave Democratic Infrastructure Fund Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 50317 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78763 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Nathan NAME NICKNAME LAST **SUFFIX** Ryan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1307 West 39th 1/2 Street STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1307 West 39th 1/2 Street MAILING **ADDRESS** Austin, TX 78756 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (661) 904-4013 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME	turo Fund		13 Filer ID	(Ethics Commission Filers)
Agave Democratic Infrastruct	ture Fund		0008809	96
ACTIVITY	Candidates	A. Supported		
(luenti	ify by name or, if able, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		A. Company		
	Measures	A. Supported		
	ribe by date and location ction and nature of issue.)			
		B. Opposed		
3. C	Officeholders	The Honorable Erin Gamez St	ate Renres	entative
A (Identi	ASSISTED ify by name or, if able, classify by party.)	The Hendradie Eini Gainez Ga	ato rtoproo	ondavo
5 CONTRIBUTION 1. T	OTAL UNITEMIZED) POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS P	PLEDGES, LOANS, (CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	0.00
	•	qualifies for the higher itemization threshold L CONTRIBUTIONS		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,138,184.00
EXPENDITURE 3. T	OTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4. Т	OTAL POLITICA	L EXPENDITURES	\$	510,355.16
	OTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	825,486.26
		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			ı	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
			nan Ryan	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY STAN	MP / SEAL ABOVE			
Sworn to and subscribed before	e me, by the said	, th	nis the	day
of, 20_	, to certify v	which, witness my hand and seal of office.		
Signature of officer administ	ering oath	Printed name of officer administering oath	Title of of	fficer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 51
17 CON	MMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)
Aga	ave De	mocratic Infrastructure Fund	00088096	,
19 SCH	HEDULI	SUBTOTALS		
NAN	ME OF	SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,138,184.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		PR	\$	
5.		\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		\$		
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 510,355.16
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 5/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	n Filers)
4	Date 04/01/2025	5 Full name of contributorAshworth, Susan6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	Rollingwood, TX 78746 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 06/11/2025	Full name of contributor Ashworth, Susan Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	<u>(</u>		
	Date 01/28/2025	Full name of contributor Ball, Millicent Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$25.00
		Desoto, TX 75115	ı		<u> </u>		
	not employe	pation / Job title (See Instructions) d		Employer (See Instructions none	5)		
Date 01/31/2025		Full name of contributor Ball, Millicent Contributor address; City; Sta Desoto, TX 75115	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions none	<u> </u> 5)		
	Date 02/28/2025	Full name of contributor Ball, Millicent Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu not employed	pation / Job title (See Instructions) d		Employer (See Instructions none	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 6/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	Filers)
4	Date 02/28/2025	5 Full name of contributor Ball, Millicent6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Desoto, TX 75115 pation / Job title (See Instructions)	9	Employer (See Instructions none)		
	Date 03/28/2025	Full name of contributor Ball, Millicent Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Desoto, TX 75115 pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 04/28/2025	Full name of contributor Ball, Millicent Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
		Desoto, TX 75115					
	not employe	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 05/28/2025	Full name of contributor Ball, Millicent Contributor address; City; State Desoto, TX 75115	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 06/28/2025	Full name of contributor Ball, Millicent Contributor address; City; State Desoto, TX 75115	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$25.00
	Principal occu not employed	pation / Job title (See Instructions)		Employer (See Instructions none)		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 7/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	ı Filers)
4	Date 02/25/2025	 Full name of contributor out-of-state	PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75208					
8	Principal occu attorney	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date 01/27/2025	Cherico, Sondra Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employed			Not Employed			
	Date 01/29/2025	Full name of contributor out-of-state Chu, Andrew Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Houston, TX 77008					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Craft Chu PLLC	5)		
Date 02/28/2025		Chu, Andrew	PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Craft Chu PLLC	<u> </u> s)		
	Date 03/29/2025	Full name of contributor out-of-state Chu, Andrew Contributor address; City; State; Zip Code Houston, TX 77008	PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Craft Chu PLLC	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 8/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	Filers)
4	Date 04/29/2025	5 Full name of contributorChu, Andrew6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Principal occu Attorney	Houston, TX 77008 pation / Job title (See Instructions	s) <u>(</u>	9 Employer (See Instruction: Craft Chu PLLC	s)		
	Date 05/29/2025	Full name of contributor Chu, Andrew Contributor address; City; Si Houston, TX 77008	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 06/29/2025	Full name of contributor Chu, Andrew Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringing! goog	Houston, TX 77008		Employer (See Instructions	<u></u>		
	Attorney	pation / Job title (See Instructions)	Craft Chu PLLC	5)		
Date 01/15/2025		Full name of contributor Cohen, William Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	Houston, TX 77068 pation / Job title (See Instructions	s)	Employer (See Instructions self	<u> </u> s)		
	Date 04/09/2025	Full name of contributor Cossutta, Renee Contributor address; City; Si Sierra Madre, CA 91024	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu self	pation / Job title (See Instructions	5)	Employer (See Instructions none	s)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 9/51
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission Filers) 00088096
4	Date 01/06/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$850,000.00
8	Principal occu	West Lake Hills, TX 78746 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	RETIRED	,		NOT EMPLOYED	,	
	Date 01/05/2025	Full name of contributor out-of-state PAC Erman, Robert Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$5.00
		Bridgeport, CT 06604			Ĺ	
	Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	S)	
	Date 02/05/2025	Full name of contributor out-of-state PAC Erman, Robert Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$) \$5.00
		Bridgeport, CT 06604				
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)	
	Date 03/05/2025	Full name of contributor)		Amount of Contribution (\$) \$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)	
	Date 04/05/2025	Full name of contributor out-of-state PAC Erman, Robert Contributor address; City; State; Zip Code Bridgeport, CT 06604	(ID#:		•	Amount of Contribution (\$) \$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)	

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 10/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	Filers)
4	Date 05/05/2025	5 Full name of contributorErman, Robert6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$5.00
8	Principal occu Not Employe	Bridgeport, CT 06604 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 06/05/2025	Full name of contributor Erman, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 02/27/2025	Full name of contributor GONZALEZ, GORDON Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
		Texas City, TX 77591 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
02/27/2025 G		Full name of contributor GONZALEZ, GORDON Contributor address; City; Sta Texas City, TX 77591	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 03/27/2025	Full name of contributor GONZALEZ, GORDON Contributor address; City; Sta Texas City, TX 77591	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS	5		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 7/17 Rpt: 11/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund				3	Filer ID (Ethics Commission 00088096	on Filers)
4	Date 04/27/2025	5 Full name of contributor GONZALEZ, GORDON6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Texas City, TX 77591	s) lo	0 5	Employer (See Instructions	_		
0	Not Employe	pation / Job title (See Instructions d	5)		Not Employed	')		
	Date 05/27/2025	Full name of contributor GONZALEZ, GORDON Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Texas City, TX 77591						
	Principal occup Not Employe	pation / Job title (See Instructions d	(3)		Employer (See Instructions Not Employed	i)		
	Date 06/27/2025	Full name of contributor GONZALEZ, GORDON Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Texas City, TX 77591						
	Principal occup	pation / Job title (See Instructions d	(5)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:_03/28/2025 Gilburg, Maggie		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Fundraiser	pation / Job title (See Instructions	5)		Employer (See Instructions JT Austin)		
	Date 04/24/2025	Full name of contributor Hall, Stuart Contributor address; City; S Houston, TX 77005-1099)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions Baylor Coll of Med	5)		

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 12/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commissi 00088096	on Filers)
4	Date 02/13/2025	5 Full name of contributor Henley, Don6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
0	Dringing agg	Charlottesville, VA 22903	<u> </u>	Employer (See Instruction	2000)		
0	Professional	pation / Job title (See Instructions) musician	9	Employer (See Instruction Self	JIIS)		
	Date 01/19/2025	Full name of contributor Hull, Megan Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20037 pation / Job title (See Instructions))	Employer (See Instruction	ons)		
	Activist	,		Self	,		
	Date 02/27/2025	Full name of contributor Jones, Joni Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Kingwood, TX 77339		Franks von (Cook boden sti			
	Payroll Mgr	pation / Job title (See Instructions)	'	Employer (See Instruction AM Pride Trucking)(3)		
Date Full name of contributor out-of-state PAG 03/27/2025 Jones, Joni		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Payroll Mgr	pation / Job title (See Instructions)		Employer (See Instruction AM Pride Trucking	ons)		
	Date 04/27/2025	Full name of contributor Jones, Joni Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Payroll Mgr	pation / Job title (See Instructions)		Employer (See Instruction AM Pride Trucking	ons)		
	, g .						

	MONEI	ARY POLITICAL CO	DNIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 13/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	n Filers)
4	Date 02/25/2025	5 Full name of contributor	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not employe	Austin, TX 78731 pation / Job title (See Instructions) d	9	Employer (See Instructions Not employed)		
	Date 06/12/2025	Full name of contributor Kyba, Ferne Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$50.00
	Not employed N		Employer (See Instructions Not employed)			
	Date 01/07/2025	Full name of contributor Leaf, Erika Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$100.00
	•	Eugene, OR 97405 pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe Date 02/07/2025	Full name of contributor Leaf, Erika Contributor address; City; State Eugene, OR 97405	out-of-state PAC (ID#:e; Zip Code	Not Employed		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		
	Date 03/07/2025	Full name of contributor Leaf, Erika Contributor address; City; State Eugene, OR 97405	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 14/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	on Filers)
4	Date 04/07/2025	5 Full name of contributor Leaf, Erika6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe	Eugene, OR 97405 pation / Job title (See Instructionsed	s) <u>!</u>	9 Employer (See Instructions Not Employed	<u> </u> s)		
	Date 05/07/2025	Full name of contributor Leaf, Erika Contributor address; City; S Eugene, OR 97405	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Not Employed Not Em		Employer (See Instructions Not Employed	<u>I</u> S)			
	Date 06/07/2025	Full name of contributor Leaf, Erika Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	•	Eugene, OR 97405 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 05/06/2025	Full name of contributor Look-Jameson, Marion Contributor address; City; S Austin, TX 78746	out-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$5,000.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	5)		
	Date 04/10/2025	Full name of contributor Lout, Sharon Contributor address; City; S Houston, TX 77018	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions d	5)	Employer (See Instructions Not employed	s)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/17 Rpt: 15/51		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Agave Demo	ocratic Infrastructure Fund				00088096	
4	Date 04/24/2025	 5 Full name of contributor Mandel, David 6 Contributor address; City; St 	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
•	Dringing Local	Los Angeles, CA 90046) lo	Employer (See Instruction			
8	writer/directo	pation / Job title (See Instructions or	9	Employer (See Instructions self	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/28/2025 McCants, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not employe		,	Not employed	,		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:) Moreland, Emily Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Austin, TX 78746					
	Principal occu Real estate b	pation / Job title (See Instructions proker)	Employer (See Instructions Moreland Properties	s)		
Date Full name of contributor out-of-state PAC (ID#: 01/28/2025 Newell, Roy Contributor address; City; State; Zip Code San Antonio, TX 78255)		Amount of Contribution (\$)	\$5.00		
Principal occupation / Job title (See Instructions) teacher)	Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/11/2025 O'Lena, Tim Contributor address; City; State; Zip Code Manassas, VA 20110			Amount of Contribution (\$)	\$10.00		
	Principal occu Music Instruc	pation / Job title (See Instructions ctor		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 16/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	n Filers)
4	Date 01/25/2025	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00	
8	Principal occur	Fort Worth, TX 76102 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
Ü	Not Employe		ľ	Not Employed	P)		
	Date 02/27/2025	Pepper, Betsy	PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Fort Worth, TX 76102			<u> </u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 01/10/2025			•	Amount of Contribution (\$)	\$10.00	
		Boerne, TX 78006					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2025 Pyle, Suanne Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$10.00		
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/10/2025 Pyle, Suanne Contributor address; City; State; Zip Code Boerne, TX 78006		•	Amount of Contribution (\$)	\$10.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	, .						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1	
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 17/51	
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission 00088096	n Filers)
4	Date 04/10/2025	ate 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$10.00	
8	Principal occur	Boerne, TX 78006 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Not Employe			Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#:) 05/10/2025 Pyle, Suanne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Boerne, TX 78006					
	Principal occur Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/10/2025				Amount of Contribution (\$)	\$10.00	
		Boerne, TX 78006					
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) O1/20/2025 Quirk, Michael Contributor address; City; State; Zip Code Lampasas, TX 76550			Amount of Contribution (\$)	\$5.00		
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/27/2025 ROBERTS, DAVID Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$500.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	<u> </u>		l .				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/17 Rpt: 18/51		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ocratic Infrastructure Fund	_			00088096	
4	Date 06/13/2025	5 Full name of contributor Resendez, Joe6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$15.00
		Houston, TX 77062					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions None)		
	Date 01/20/2025					Amount of Contribution (\$)	\$6.00
		San Antonio, TX 78201					
	Principal occupation / Job title (See Instructions) Not Employed Not Employed Not Employed)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:) Rodriguez, Norma Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00	
		San Antonio, TX 78201					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) Rodriguez, Norma Contributor address; City; State; Zip Code San Antonio, TX 78201			Amount of Contribution (\$)	\$6.00		
Principal occupation / Job title (See Instructions)		Employer (See Instructions Not Employed)				
	Date Full name of contributor out-of-state PAC (ID#:) 04/20/2025 Rodriguez, Norma Contributor address; City; State; Zip Code San Antonio, TX 78201			Amount of Contribution (\$)	\$6.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	is 		SCHEDULE A1
	The Instru	ction Guide explains how t	to complete this form	m.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 19/51
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission Filers) 00088096
4	Date 01/25/2025	Full name of contributor Shannon, Molly Contributor address; City; State	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$) \$5.00
	Dringing con	Austin, TX 78753		Fplayer (Coo Instructions		
8	attorney	pation / Job title (See Instructions)		Employer (See Instructions retired		
	Date Full name of contributor out-of-state PAC (ID#:) 06/02/2025 Simon, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$250,000.00		
	Principal occu Philanthropis	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u> </u> s)	
	Date 03/31/2025	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$) \$2,500.00	
	Principal occu	Houston, TX 77030 upation / Job title (See Instructions)		Employer (See Instructions	<i>(</i>)	
	Not Employe	, , ,		Not Employed	,	
	Date Full name of contributor out-of-state PAC (ID#:) 01/08/2025 Visser, Rhonda Contributor address; City; State; Zip Code Round Rock, TX 78681				Amount of Contribution (\$) \$10.00	
	•	pation / Job title (See Instructions) of Family and Protective Service		Employer (See Instructions Not Employed	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 01/14/2025 Vogel, Chuck Contributor address; City; State; Zip Code Los Angeles, CA 90049			Amount of Contribution (\$) \$25.00		
	Principal occu Self Employe	ppation / Job title (See Instructions) ed		Employer (See Instructions none	s)	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 20/51
2	FILER NAME Agave Demo	ocratic Infrastructure Fund			3	Filer ID (Ethics Commission Filers) 00088096
4	Date 05/22/2025	6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$5,000.00
8	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Not Employe	ed		Not Employed		
	Date Full name of contributor out-of-state PAC (ID#:) 05/09/2025 Wilbur, Jay Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
		Miami Beach, FL 33140				
	Principal occuj	pation / Job title (See Instructions)		Employer (See Instructions Epic Games, Inc	5)	
	Date 01/10/2025				Amount of Contribution (\$) \$5.00	
	Principal occur	Dallas, TX 75254 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>	
	Physician	,		PathGroup	,	
	Date Full name of contributor out-of-state PAC (ID#:) Vagjian, Marc Contributor address; City; State; Zip Code Austin, TX 78730			Amount of Contribution (\$) \$5,000.00		
	Principal occu Managing Di	pation / Job title (See Instructions) rector		Employer (See Instructions Origin Partners	5)	
	Date Full name of contributor O3/27/2025 fitzhugh, henry Contributor address; City; State; Zip Code Fort Worth, TX 76102			Amount of Contribution (\$) \$100.00		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)	
			<u>I</u>	<u>-</u>		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruction G	The Instruction Guide explains how to complete this form.					
2	FILER NAME Agave Democratic Int	frastructure Fund			3	Filer ID (Ethics Commission 00088096	n Filers)
4	01/16/2025 steph	ame of contributor out-of-state PAC (IDnens, jerry ibutor address; City; State; Zip Code)#:		7	Amount of Contribution (\$)	\$100.00
8	Geor Principal occupation / Jo Developer	rgetown, TX 78633 ob title (See Instructions)	9	Employer (See Instructions ClearChoiceHomes	<u> </u> s)		

SCHEDULE F1

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

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

Fees Offic
Food/Beverage Expense Polli
Gift/Awards/Memorials Expense Print
Legal Services Sala

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: 1/30 Rpt: 22/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
01/05/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.20	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fee
	Credit Card Processing Fee
O Complete ONE VIII	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
01/12/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$4.95	366 Summer Street
·	
Expenditure from corporate funds	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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/Oi	
Date	Payee name
01/19/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$44.84	366 Summer Street
Ψ0-	232 22
Expenditure from corporate funds	Somerville, MA 02144
	In a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 2/30 Rpt: 23/51	Agave Democratic Infrastructure Fund 00088096
4	Date	5 Payee name
	01/26/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.63	366 Summer Street
	Expenditure from corporate funds	Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
l		Credit Card Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/02/2025	ActBlue
⊢	Amount (\$)	Payee address; City; State; Zip Code
	` '	366 Summer Street
	\$12.66	300 Summer Street
I—	Expenditure from	
┞	corporate funds	Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	02/09/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.15	366 Summer Street
	Expenditure from corporate funds	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
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.		
NAME	3	

1 Total pages Schedule F1: Sch: 3/30 Rpt: 24/51	FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096				
4 Date 02/16/2025	5 Payee name ActBlue	,				
6 Amount (\$) \$39.90	7 Payee address; City; State; Zip Code 366 Summer Street					
Expenditure from corporate funds	Somerville, MA 02144					
8 PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held				
Date 02/23/2025	Payee name ActBlue					
Amount (\$) \$0.24	Payee address; City; State; Zip Code 366 Summer Street					
Expenditure from corporate funds	Somerville, MA 02144					
PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
Date 03/02/2025	Payee name ActBlue					
Amount (\$) \$11.88	Payee address; City; State; Zip Code 366 Summer Street					
Expenditure from corporate funds	Somerville, MA 02144					
PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee				
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Forms provided by Tayas F	thics Commission www.athics state ty us	Varsion VA 1 0 f10d0fd9				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/30 Rpt: 25/51	Agave Democratic Infrastructure Fund	00088096
4 Date	5 Payee name	·
03/09/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	;
\$4.15	366 Summer Street	
Expenditure from		
corporate funds	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Processing Fee
		Greate Gara F 1000035111g F CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		
Date	Payee name	
03/16/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.40	366 Summer Street	•
Ψ0.40	300 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		Ŭ
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	Н	
Date	Payee name	
03/23/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.24	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	9	it Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to comp	est-contact Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 5/30 Rpt: 26/51	Agave Democratic Infrastructure Fund	00088096
4 Date	5 Payee name	·
03/30/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.48	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF	, , ,) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		Ğ
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O		
Date	Payee name	
04/06/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.94	366 Summer Street	
Ψυυ.υπ	300 Summer Street	
Expenditure from corporate funds	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 Gara i 100c33ing i co
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O		. Office field
Data		
Date 04/13/2025	Payee name ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.53	366 Summer Street	
Expenditure from corporate funds	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.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/30 Rpt: 27/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
04/20/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.24	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fee
	Great Said Processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	<u> </u>
Date	Payee name
04/27/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$238.39	366 Summer Street
— Forestitus from	
Expenditure from corporate funds	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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
05/04/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$1.19	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/30 Rpt: 28/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
05/11/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$597.05	366 Summer Street
- Evnanditura from	
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
05/25/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$197.50	366 Summer Street
Expenditure from corporate funds	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
	Great Gara Processing Pee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/01/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$21.34	366 Summer Street
- "	
Expenditure from corporate funds	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 Fee
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 Cc

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/30 Rpt: 29/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
06/08/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.15	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/15/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$7.33	366 Summer Street
φ1.33	300 Suffiller Street
Expenditure from corporate funds	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/29/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$1.59	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(-)
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memori Legal Services	•		ages.	/Contract Labor		Travel Out OTHER (er		strict category not listed above)	
		_		The Instruction	Guide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)	
	Sch: 9/30 Rpt: 30/51			ocratic Infrast	ructure Fund					000880	96		
4	Date	5	Payee name										
L	01/28/2025	L	Amalgamat	ed Bank									
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de						
	\$27.25		275 Sevent	h Avenue									
_	- Company to the control of the cont												
	Expenditure from corporate funds		New York, I	NY 10001									
8	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting/	Banking				브				plete Schedule T.	
								Check if Austin, Bank Fee	, IX,	onicenolder	ııvıng	j experise	
								Dank i Ge					
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Offic	e he	ald.	
	expenditure to benefit C/O		Janualu/OIII	ocholder Hallie		Jinoc Sou	9111			Onic	,5 116		
H	Date	Г	Doves re-										
	Date		Payee name	nd Bank									
L	02/26/2025	_	Amalgamat										
	Amount (\$)		Payee addre	•	State;	; Zip Co	de						
	\$17.50		275 Sevent	h Avenue									
_	Expenditure from												
L	corporate funds		New York, I	NY 10001									
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting/	Banking				=				plete Schedule T.	
								Check if Austin, Bank Fee	, FX,	omceholder	living	expense	
								שמווג רעע					
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Offic	e ho	ald	
	expenditure to benefit C/O		Januiuale/OIII	conduct name		יוויה פחמוֹ	Aill			Onic	ic ne	Jiu	
H	Data	<u> </u>											
	Date		Payee name	ad Darel									
	03/27/2025		Amalgamat										
	Amount (\$)		Payee addre		State;	; Zip Co	de						
	\$1.50		275 Sevent	h Avenue									
_	T Expenditure from												
L	corporate funds		New York, I	NY 10001									
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting/	Banking				브				plete Schedule T.	
								Check if Austin, Bank Fee	, TX,	otticeholder	living	expense	
								שמווג רפפ					
	Complete ONLY if divert	Ц,	Candidata/Off:	ooholdor nom -		Office com	abt			O#:-	o ha	old.	
	Complete ONLY if direct expenditure to benefit C/O		Januluale/Offi	ceholder name	C	Office sou	ynt			Offic	e ne	tiu	
	•												
_							_		_		_		

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: 10/30 Rpt: 31/51	Agave Democratic Infrastructure Fund 00088096
4	Date	5 Payee name
	04/25/2025	Amalgamated Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	275 Seventh Avenue
	■ Expenditure from	
L	corporate funds	New York, NY 10001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Bank Fee
		Saint 60
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/29/2025	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.25	275 Seventh Avenue
	Expenditure from corporate funds	New York, NY 10001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	275 Seventh Avenue
_	■ Expenditure from	
L	corporate funds	New York, NY 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
	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

The Instruction Guide explains how to complete this form.	
2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
Agave Democratic Infrastructure Fund 00088096	·
5 Payee name	
Blue Victory Communications	
7 Payee address; City; State; Zip Code	
PO Box 300625	
Austin, TX 78703	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
Communication Consulting	
Candidate/Officeholder name Office sought Office held	
Office sought Office field	
PO Box 300625	
Austin, TX 78703	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
Communication Consulting	
Candidate/Officeholder name Office sought Office held Office held	
Payee name	
Blue Victory Communications	
Payee address; City; State; Zip Code	
PO Box 300625	
Austin, TX 78703	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Consulting Expense	
Check if Austin, TX, officeholder living expense	
Communication Consulting	
Candidate/Officeholder name Office sought Office held	
DH	
ун 	
	The Instruction Guide explains how to complete this form. FileER NAME

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: 12/30 Rpt: 33/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
04/01/2025	Blue Victory Communications
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,600.00	PO Box 300625
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Communication Consulting
	Communication Community
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
05/01/2025	Blue Victory Communications
Amount (\$)	Payee address; City; State; Zip Code
\$6,600.00	PO Box 300625
Expenditure from	Austin TV 70702
corporate funds	Austin, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Communication Consulting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/10/2025	Blue Victory Communications
Amount (\$)	Payee address; City; State; Zip Code
\$6,600.00	PO Box 300625
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Communication Consulting
	Communication Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/30 Rpt: 34/51	Agave Democratic Infrastructure Fund	00088096
4 Date	5 Payee name	•
06/09/2025	Brady & Peavey PC	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,800.00	1122 Colorado St	
Expenditure from		
corporate funds	Austin, TX 78701	
8 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 Counsel Retainer
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/03/2025	Brady & Peavey PC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,800.00	1122 Colorado St	
Expenditure from corporate funds	Austin, TX 78701	
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 Counsel Retainer
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/20/2025	Christian Menefee Campaign	
Amount (\$)	Payee address; City; State; Zip C	ode
\$393.06	PO Box 667204	
Expenditure from corporate funds	Houston, TX 77266	
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.
LAFENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		differ near

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 Credit Card Payment	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 14/30 Rpt: 35/51	2 FILER NAME Agave Democratic Infrastructure Fund 3 Filer ID (Ethics Commission Filers) 00088096
4 Date	5 Payee name
02/04/2025	Englander, Emily
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1111 Elizabeth Blvd
Ψ1,000.00	TITI Elizabeth biva
Expenditure from corporate funds	Fort Worth, TX 76110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Compliance Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Erin Elizabeth Gamez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$18,000.00	777 E Harrison St
+_0,000.00	
Expenditure from corporate funds	Brownsville, TX 78520
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/07/2025	Habashy, Jolie
Amount (\$)	Payee address; City; State; Zip Code
\$3,709.00	3030 Columbus Street
,	
Expenditure from corporate funds	Detroit, MI 48206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Executive Coordinator
	Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. policita to bollone 0/01	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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.	er a category not listed above)
1 Total pages Schedule F1:		(Ethics Commission Filers)
Sch: 15/30 Rpt: 36/51		· · ·
4 Date	5 Payee name	
02/10/2025	Hollins, Chris	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$925.19	4396 Harvest Lane	
Expenditure from corporate funds	Houston, TX 77004	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Travel Out of District Check if travel outside of Texas. C	· ·
	Travel Expenses	9
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/OI		
Date	Payee name	
03/19/2025	M State Partners	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,750.00		
Φ10,700.00	2917 Diem Ave 2	
Expenditure from corporate funds	Edina, MN 55410	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. C	· ·
	Evaluation Consulting	/ing expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/OI		neid
Data		
Date 03/17/2025	Payee name MRM & Co.	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,500.00	PO Box 601631	
Expenditure from corporate funds	Dallas, TX 75360-1631	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Solicitation/Fundraising Expense	
EXPENDITORE	Check if Austin, TX, officeholder in	ving expense
	Fundraising Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office	held
experiente to benefit 6/01	511	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/30 Rpt: 37/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
04/03/2025	MRM & Co.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,500.00	PO Box 601631
- "	
Expenditure from corporate funds	Dallas, TX 75360-1631
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Consulting
	Turidialing Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/02/2025	MRM & Co.
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	PO Box 601631
Ψ1,300.00	1 O BOX 001001
Expenditure from corporate funds	Dallas, TX 75360-1631
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Consulting
	Tundraising Constituting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/04/2025	MRM & Co.
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code PO Box 601631
φτ,500.00	1 O DOX 001031
Expenditure from corporate funds	Dallas, TX 75360-1631
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
Di Libilone	Check if Austin, TX, officeholder living expense
	Fundraising Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/30 Rpt: 38/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
02/18/2025	Meadowlark Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,500.00	112 SE 4th St
Expenditure from	Unit 202
corporate funds	Des Moines, IA 50309
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Email-Fundraising
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Davies warms
02/20/2025	Payee name Meadowlark Strategies
Amount (\$)	Payee address; City; State; Zip Code 112 SE 4th St
\$5,022.65	
Expenditure from	Unit 202
corporate funds	Des Moines, IA 50309
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Email-Fundraising
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	Slingshot Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$8,000.00	28 Marcy Avenue #1
Expenditure from corporate funds	Brooklyn, NY 11211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Communication Consulting
	Communication Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	н

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	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: 18/30 Rpt: 39/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
03/19/2025	Slingshot Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	28 Marcy Avenue #1
Expenditure from corporate funds	Brooklyn, NY 11211
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
_/	Check if Austin, TX, officeholder living expense
	Communication Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/19/2025	Slingshot Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$15,000.00	28 Marcy Avenue #1
Expenditure from corporate funds	Brooklyn, NY 11211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Communication Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
04/03/2025	Slingshot Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	28 Marcy Avenue #1
Expenditure from corporate funds	Brooklyn, NY 11211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Communication Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
Sch: 19/30 Rpt: 40/51	Agave Democratic Infrastructure Fund 00088096						
4 Date	5 Payee name						
02/21/2025	Slingshot Strategies						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$15,000.00	28 Marcy Avenue #1						
Expenditure from corporate funds	Brooklyn, NY 11211						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Communication Consulting						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experiditure to benefit C/Oi	7						
Date	Payee name						
03/19/2025	Slingshot Strategies						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,762.48	28 Marcy Avenue #1						
Expenditure from corporate funds	Brooklyn, NY 11211						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Communication Consulting						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name						
05/05/2025	Slingshot Strategies						
Amount (\$)	Payee address; City; State; Zip Code						
\$5,000.00	28 Marcy Avenue #1						
\$5,000.00	28 Marcy Avenue #1						
Expenditure from corporate funds	Brooklyn, NY 11211						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
LXI LIBITORE	Check if Austin, TX, officeholder living expense						
	Communication Consulting						
Organists ONE Wife diagram	Our distance (Office health and are seen as the control of the con						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
'							

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 Credit Card Payment	
4 7	·
1 Total pages Schedule F1: Sch: 20/30 Rpt: 41/51	2 FILER NAME Agave Democratic Infrastructure Fund 3 Filer ID (Ethics Commission Filers) 00088096
4 Date	5 Payee name
06/06/2025	Spin Solstice Solutions LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,418.00	3030 Columbus Street
•	
Expenditure from corporate funds	Detroit, MI 48206
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/06/2025	Spin Solstice Solutions LLC
	·
Amount (\$)	Payee address; City; State; Zip Code
\$2,709.00	3030 Columbus Street
Expenditure from corporate funds	Detroit, MI 48206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Executive Coordinator
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/21/2025	Spin Solstice Solutions LLC
04/21/2023	
Amount (\$)	Payee address; City; State; Zip Code
\$2,709.00	3030 Columbus Street
Expenditure from corporate funds	Detroit, MI 48206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Executive Coordinator
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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:	
Sch: 21/30 Rpt: 42/51	Agave Democratic Infrastructure Fund 00088096
4 Date 05/16/2025	5 Payee name Spin Solstice Solutions LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,709.00	3030 Columbus Street
Expenditure from corporate funds	Detroit, MI 48206
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Executive Coordinator
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to beriefit C/O	
Date	Payee name
04/03/2025	Tacka Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	99 Westedge St. Apt. 327
Expenditure from corporate funds	Charleston, SC 29403
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/19/2025	Tacka Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	99 Westedge St. Apt. 327
Expenditure from corporate funds	Charleston, SC 29403
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Consulting
Complete <u>ONLY</u> 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 -

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/30 Rpt: 43/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
06/04/2025	Tacka Strategies LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	99 Westedge St. Apt. 327
Expenditure from corporate funds	Charleston, SC 29403
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Consulting
	Tunuraising Consuming
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
01/08/2025	Tacka Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	99 Westedge St. Apt. 327
Expenditure from	
corporate funds	Charleston, SC 29403
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Consulting
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2025	Tacka Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	99 Westedge St. Apt. 327
Expenditure from corporate funds	Charleston, SC 29403
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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: 23/30 Rpt: 44/51	2 FILER NAME Agave Democratic Infrastructure Fund 3 Filer ID (Ethics Commission Filers) 00088096
4 Date	5 Payee name
02/05/2025	Tacka Strategies LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,214.87	99 Westedge St. Apt. 327
Expenditure from corporate funds	Charleston, SC 29403
8 PURPOSE	(a) Cotogon (h) Deceription
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Consulting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	Texas Democratic Party
Amount (\$)	Payee address; City; State; Zip Code
\$19,500.00	PO Box 15707
, ==,,	
Expenditure from corporate funds	Austin, TX 78761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2025	Texas Democratic Party
Amount (\$)	Payee address; City; State; Zip Code
\$19,500.00	PO Box 15707
+==,===	
Expenditure from corporate funds	Austin, TX 78761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
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

Event Expense Fees 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/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<u> </u>	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/30 Rpt: 45/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
02/10/2025	Texas Democratic Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19,500.00	PO Box 15707
Expenditure from corporate funds	Austin, TX 78761
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
O Complete Chill V St. alia	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/11/2025	Texas Frontier Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	2612 W 12TH ST
	UNIT 302
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Contractor Salaries
	Contractor Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name
06/11/2025	Texas Frontier Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	2612 W 12TH ST
Evnanditura from	UNIT 302
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Contractor Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientale to belieff C/O	•
	11.

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

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 46/51	Agave Democratic Infrastructure Fund 00088096
4	Date	5 Payee name
	03/26/2025	Texas Frontier Strategies LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	2612 W 12TH ST
		UNIT 302
	Expenditure from corporate funds	Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contractor Salaries
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	Texas Frontier Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	2612 W 12TH ST
		UNIT 302
	Expenditure from	Austin, TX 78703
L	d corporate funds	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contractor Salaries
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
_	Date	Payee name
	01/28/2025	Texas Frontier Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	2612 W 12TH ST
	\$10,000.00	
Expenditure from		UNIT 302
L	corporate funds	Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contractor Salaries
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1 Total pages Schedule F1: 2 F			FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 26/30 Rpt: 47/51		Agave Dem	ocratic Infrastructu	re Fund					00088096	
4	Date	5	Payee name								
	04/01/2025			tier Strategies LLC							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$10,000.00		2612 W 127	ΓH ST							
			UNIT 302								
	Expenditure from corporate funds		Austin, TX	78703							
8	PURPOSE	(a)	Category (c.	ee Categories listed at the to	4 4 1 1 1	11 - 1	(b)	Description			
ľ	OF	(")		ee Categories listed at the to ages/Contract Labo		edule)	(~)	·	outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		Galarioo, We	1900/ 00/11/ dot 2000	•			Check if Austin,	TX,	officeholder living	expense
								Contractor Sa	alar	ries	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	0	office sou	ught			Office he	ld
	Date		Payee name								
	01/27/2025		Texas Fron	tier Strategies LLC							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$10,000.00		2612 W 127	ΓH ST							
UNIT 302											
Expenditure from corporate funds Austin, TX 78703											
_	-	(0)					(h)	5			
	PURPOSE OF	(a)		ee Categories listed at the to		edule)	(0)	Description Check if travel of	outsi	de of Texas. Comp	nlete Schedule T
	EXPENDITURE		Salaries/wa	ages/Contract Labo	r			—		officeholder living	
								Contractor Sa	alar	ries	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	0	office sou	ught			Office he	eld
	Date		Payee name								
	01/29/2025		•	tier Strategies LLC							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$10,000.00		2612 W 127								
			UNIT 302								
Expenditure from corporate funds			Austin, TX	78703							
	PURPOSE	(0)					(h)	Description			
	OF	(a)		ee Categories listed at the to ages/Contract Labo		edule)	(0)	Description Check if travel of	outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		Salaties/Wa	ages/Contract Labo	!					officeholder living	
								Contractor Sa	alar	ries	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ught			Office he	eld
	expenditure to benefit C/OI	H									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1. Total names Calcadate 54	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 27/30 Rpt: 48/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
03/25/2025	Texas Frontier Strategies LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14,170.48	2612 W 12TH ST
	UNIT 302
Expenditure from	Austin, TX 78703
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Consulting Expenses
	33.133.1
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	
Date	Payee name
01/09/2025	Texas Frontier Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$17,418.96	2612 W 12TH ST
	UNIT 302
Expenditure from corporate funds	Austin, TX 78703
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Consulting Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
Data	
Date	Payee name
06/17/2025	Texas House Democratic Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$15,000.00	P.O. Box 300095
Funonditure from	
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Event Expense Loan Repayment/Rei
Fees Office Overhead/Ren
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Cont

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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: 28/30 Rpt: 49/51	Agave Democratic Infrastructure Fund 00088096	
4 Date	5 Payee name	
01/08/2025	Texas Way Strategies LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,482.00	1621 E 6th St apt 1224	
Expenditure from corporate funds	Austin, TX 78702	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Political Consulting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Data		
Date 02/21/2025	Payee name Tayas Way Strategies LLC	
	Texas Way Strategies LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$8,000.00	1621 E 6th St apt 1224	
Expenditure from		
corporate funds	Austin, TX 78702	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Political Consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
Date	Payee name	
05/15/2025	Texas Way Strategies LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	1621 E 6th St apt 1224	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Political Consulting	
Occupated CANAVICE	Our Middle (Office health a grant of the country)	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 29/30 Rpt: 50/51	Agave Democratic Infrastructure Fund 00088096	
4 Date	5 Payee name	
05/15/2025	Texas Way Strategies LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,000.00	1621 E 6th St apt 1224	
Expenditure from corporate funds	Austin, TX 78702	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Political Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
06/10/2025	Texas Way Strategies LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	1621 E 6th St apt 1224	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Political Consulting	
	1 Shilliour Consulting	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
06/30/2025	Texas Way Strategies LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	1621 E 6th St apt 1224	
, , ,		
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Political Consulting	
	Folitical Consulting	
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 30/30 Rpt: 51/51	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
04/14/2025	Travis County Democratic Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 684263
Expenditure from	Austin TV 70700
corporate funds	Austin, TX 78768
8 PURPOSE 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
	Contribution
O Commission CNUV Station	Condidate Office helder name Office accepts
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H