CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete thi	1 Filer ID (Ethics Comm) 00067987	ission Filers)	2 Total pages filed: 105
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Ton	i N.		Date Received ELECTRONICALLY FILED
	NICKNAME LAS	 T	SUFFIX	07/15/2025
	Ros		SOLLIX	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 41867			Receipt # Amount
Change of Address	Dallas, TX 75241			
	Ballacs, TX TOZ-41			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	Т	MI	=
TREASURER NAME	Rev. Mark	(
	NICKNAME LAST	-	SUFFIX	
	Proc		301117	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX 2515 S. Denley Dr.	PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Dallas, TX 75216			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI (214) 498-2978	MBER EXTENSION		
8 REPORT TYPE	January 15 30	th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	5
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/03/2026	General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	
	State Representative District 11	.0 Dallas	State Representa	ttive District 110
			'	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 105

13 C / OH NAME	Rose, Toni N. (The F	lonorable)	14 Filer ID 00067987	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш -	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMBAIGN TREASURED ARREST		
		COMMITTEE CAMPAIGN TREASURER ADDRE	.55	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 12,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 4,421.05
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 91,402.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	LAST DAY OF THE	\$ 60,353.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	all information required t	
		The Ho	norable Toni N. Rose	
		Signature o	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subse	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 105						
	18 FILER NAME Rose, Toni N. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00067987							
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,850.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	91,402.04				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/105		
2	FILER NAME Rose, Toni N	J. (The Honorable)		3	Filer ID (Ethics Commission Fi 00067987	lers)
4	Date 06/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	100.00
_	Duinning Langu	Dallas, TX 75204	O Franksian (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Date 06/30/2025				Amount of Contribution (\$)	250.00
	Principal occu	Dripping Springs, TX 78620 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Pardue, Leslie Contributor address; City; State; Zip Code Austin, TX 78737			Amount of Contribution (\$) \$2,	500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Consultant		Johnson and Johnson			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Texans for Truth & Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$10,	000.00
	Principal occu	pation / Job title (See Instructions))			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/100 Rpt: 5/105	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/09/2025	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.68	2020 E. 7th St.
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		1 del / illowariec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/08/2025	7-Eleven
H	Amount (\$)	Payee address; City; State; Zip Code
	\$61.36	1747 Oltor
	, ,	
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		1 del Allowance
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/20/2025	7-Eleven
H	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	1747 Oltor
	400.00	21 II OKO
		Austin, TX 78741
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense
		Fuel Allowance
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 Committe

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/100 Rpt: 6/105	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/19/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$460.03	1001 IH 35 E #614D
		DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Phones
		Campaign Hones
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
\vdash	Date	Payee name
	02/19/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$264.39	1001 IH 35 E #614D
		DeSoto, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Telephone Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/21/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$264.48	1001 IH 35 E #614D
	,_,	
		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Phone Accessories
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 3/100 Rpt: 7/105	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/21/2025	AT&T
6	Amount (\$) \$50.88	7 Payee address; City; State; Zip Code 1001 IH 35 E #614D DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
J	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Phone Assessories
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2025	AT&T
	Amount (\$) \$71.89	Payee address; City; State; Zip Code 1001 IH 35 E #614D
		DeSoto, TX 75115
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Phones
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/12/2025	AT&T
	Amount (\$) \$276.55	Payee address; City; State; Zip Code 1001 IH 35 E #614D
		DeSoto, TX 75115
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Phones
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/100 Rpt: 8/105	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/12/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.55	1001 IH 35 E #614D
		DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Phones
		Campaign Filones
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/21/2025	Ally
	Amount (\$)	Payee address; City; State; Zip Code
	\$825.00	P.O. Box 9001951
		Lewisville, KY 40290
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		District
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/16/2025	Ally
	Amount (\$)	Payee address; City; State; Zip Code
	\$825.00	P.O. Box 9001951
		Lewisville, KY 40290
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Cock if Austin, TX, officeholder living expense
		Auto Cost for Travel in District and Travel out of District
	Complete ONLY if allowers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/100 Rpt: 9/105	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/12/2025	Ally
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$825.00	P.O. Box 9001951
		Lewisville, KY 40290
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/21/2025	Ally
	Amount (\$)	Payee address; City; State; Zip Code
	\$829.00	P.O. Box 9001951
		Lewisville, KY 40290
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		District
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/21/2025	Ally
	Amount (\$)	Payee address; City; State; Zip Code
	\$825.00	P.O. Box 9001951
		Lewisville, KY 40290
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		District
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		-
Ĺ	Sch: 6/100 Rpt:	Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987	
4	Date	5 Payee name	
	06/17/2025	Ally	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$825.00	P.O. Box 9001951	
		Lewisville, KY 40290	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Auto Cost for Travel in District and Travel out of	
L		District	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	¬	
	Date	Payee name	
	04/24/2025	Aloft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$355.10	109 E. 7th St.	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Constituent Lodging	
		Gonodadin Loughig	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	Ħ
	01/06/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$278.73	P.O. Box 81226	
		Seattle, WA 98108-1226	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense Capitol Apartment Supplies	
		Capitol Apartifient Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
	expenditure to benefit C/OI		
			۲

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 Salarise Wagnes/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Co	Salarie		es/Contract Labor		OTHER (enter a	strict a category not listed abov	e)
		_			uide explains how to	comp	iete tilis loilli.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 7/100 Rpt:		Rose, Toni I	N. (The Honora	ble)				00067987		
4	Date	5	Payee name								
	01/07/2025		Amazon								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
ľ	` '	ľ			State, Zip	Coue					
	\$237.21		P.O. Box 81	.220							
			Seattle, WA	98108-1226							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule)	(b)	Description				
	OF			nead/Rental Ex			Check if travel	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE			·			X Check if Austin	, TX	, officeholder livin	g expense	
							Capitol Apart	me	nt Supplies		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	i		Office h	eld	
	expenditure to benefit C/O	Н									
-	Date	Т	Daysas 110.110.								
			Payee name								
	01/09/2025	┖	Amazon								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$312.25		P.O. Box 81	.226							
			Seattle, WA	98108-1226							
	PURPOSE	(2)				(h)) Description				
	OF	(۳)			he top of this schedule)	(")	`	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Exp	Jense		<u> </u>		, officeholder livin		
							Capitol Apart	me	nt Supplies		
	Complete ONLY if direct		Candidate/Offic	reholder name	Office s	<u> </u>	<u> </u>		Office h	eld	
	expenditure to benefit C/O			oonolaan name	265	oug	•		000	0.0	
		_									
	Date		Payee name								
	01/13/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$162.38		P.O. Box 81	.226							
			Seattle WA	98108-1226							
	DUDD005	ļ.,				Las					
	PURPOSE OF	(a)			he top of this schedule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	oense				, officeholder livin	nplete Schedule T.	
							Capitol Apart			g expense	
							Capitol Apart	.1110	Tit Supplies		
_	0 1. 0		0			<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ought	Ī		Office h	eld	
L	experience to beliefft G/O	· ·									
								_	·		
1											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 8/100 Rpt:	Rose, Toni N. (The Honorable)
4	Date	5 Pavee name
4		1
	01/17/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.43	P.O. Box 81226
		Seattle, WA 98108-1226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L	<u> </u>	
	Date	Payee name
	01/21/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.29	P.O. Box 81226
	\$115.29	P.O. BOX 81220
		Seattle, WA 98108-1226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
_	Operation ONLY if allowed	Our district (Office helder course
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	01/26/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.48	P.O. Box 81226
		Seattle, WA 98108-1226
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
		Capitol Apartment Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	п

SCHEDULE F1

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

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

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

The Instruction Guide explains how to complet	· · · · · · · · · · · · · · · · · · ·
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Rose, Toni N. (The Honorable)	00067987
5 Payee name	
Amazon	
7 Payee address; City; State; Zip Code	
P.O. Box 81226	
Seattle, WA 98108-1226	
(a) Category (See Categories listed at the top of this schedule) (b)	Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
l	x Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
	Capitor, tpartment Supplies
Candidate/Officeholder name Office sought	Office held
	Office field
l . '	
P.O. Box 81226	
Seattle, WA 98108-1226	
(a) Category (See Categories listed at the top of this schedule) (b)	Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	Capitol Apartment Supplies
	Capitor Apartment Supplies
Candidate/Officeholder name Office sought	Office held
•	Office field
1	
Amazon	
Payee address; City; State; Zip Code	
P.O. Box 81226	
Seattle, WA 98108-1226	
(a) Category (See Categories listed at the top of this schedule) (b)	Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	X Check if Austin, TX, officeholder living expense
	Capitol Apartment Supplies
Candidate/Officeholder name Office sought	Office held
Ч	
H	
H 	
	2 FILER NAME Rose, Toni N. (The Honorable) 5 Payee name Amazon 7 Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108-1226 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Amazon Payee name Amazon Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108-1226 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Amazon Payee name Amazon Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108-1226 Candidate/Officeholder name Amazon Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108-1226 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/07/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.91	P.O. Box 81226
		Seattle, WA 98108-1226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
		σαριίοι Αραιτίτετα σαρρίτες
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	01/04/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.40	P.O. Box 81226
		Seattle, WA 98108-1226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol Office Supplies
		Capitor Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 01/23/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.72	P.O. Box 81226
		Seattle, WA 98108-1226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol Office Supplies
		Capitoi Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	$\overline{}$
Ĺ	Sch: 11/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers 00067987	'
4	Date	5 Payee name	
	01/29/2025	Amazon	
6	Amount (\$) \$228.00	7 Payee address; City; State; Zip Code P.O. Box 81226	
	φ220.00	F.O. BOX 01220	
		Seattle, WA 98108-1226	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Capitol Office Supplies	
<u>_</u>	Complete ONU V if allows	Condidate/Officeholder norte	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/01/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.84	P.O. Box 81226	
		Seattle, WA 98108-1226	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
		Campaign Capping	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/11/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$162.09	P.O. Box 81226	
		Seattle, WA 98108-1226	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
		Sampaign Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
_	T-t-1 O-bd-1- E1.	1_						1_	Eilen ID	(Ethias Campaianian Filana	,
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 12/100 Rpt:		Rose, Toni I	N. (The Honoral	ole)			l	00067987		
4	Date	5	Payee name								
	02/24/2025		Amazon								
_	Amount (t)	-	Payee addres	City:	State; Zip	Codo					
6	Amount (\$)	7			State, Zip	Coue					
	\$181.43		P.O. Box 81	226							
			Seattle, WA	98108-1226							
8	PURPOSE	(a)	Category (Sa	e Categories listed at th	so top of this sobodule)	(b) Description				
	OF	``		nead/Rental Exp		(*)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	icaa/rentai Exp	Clisc				, officeholder living		
							Event Supplie				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	onapi			Office h	old.	
ľ	expenditure to benefit C/OI		Janaidato/Offic	Johnson Humo	Office s	Jugin	•		Office III	o.u	
		_									
	Date		Payee name								
	02/25/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$157.16		P.O. Box 81	226							
	, , , , , ,										
			0	00400 4000							
		L	Seattle, WA	98108-1226							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)) Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense		<u> </u>			plete Schedule T.	
							ш		, officeholder living	g expense	
							Capitol Office	9 51	upplies		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	03/13/2025		Amazon								
				City:	Ctoto: 7in	Codo					
	Amount (\$)		Payee addres	-	State; Zip	Coue					
	\$157.41		P.O. Box 81	226							
			Seattle, WA	98108-1226							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description				
	OF			nead/Rental Exp				outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX	, officeholder living	g expense	
							Campaign Su	upp	lies		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ough	t		Office h	eld	
	expenditure to benefit C/OI					-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/18/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.89	P.O. Box 81226
		Seattle, WA 98108-1226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/07/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.80	P.O. Box 81226
		Seattle, WA 98108-1226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol Office Supplies
		Supilor Since Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 04/10/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.64	P.O. Box 81226
		Seattle, WA 98108-1226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 14/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/20/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.65	P.O. Box 81226
		Seattle, WA 98108-1226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Supplies
		Campaign cappilot
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/24/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$119.06	P.O. Box 81226
		Seattle, WA 98108-1226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Supplies
		Liverit Guppines
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/07/2025	Amazon
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$48.65	P.O. Box 81226
		Seattle, WA 98108-1226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Supplies
		District Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	•
	06/09/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.13	P.O. Box 81226	
		Seattle, WA 98108-1226	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Event Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	06/10/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$153.69	P.O. Box 81226	
		Seattle, WA 98108-1226	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	[Check if Austin, TX, officeholder living expense
		'	Event Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Cinice field
H	Date	Payee name	
	06/15/2025	Amazon	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$196.17	P.O. Box 81226	
	4100.11	THE BOX GILLS	
		Seattle, WA 98108-1226	
	PURPOSE		Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	[Check if Austin, TX, officeholder living expense
			Event Supplies
$ldsymbol{f eta}$			76. 1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Co	Salari		es/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
┡		_			uide explains how to	Comp	iete tilis lollii.	_			
1	, -	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 16/100 Rpt:		Rose, Toni	N. (The Honora	ble)				00067987		
4	Date	5	Payee name								
	06/22/2025		Amazon								
٥	Amount (¢)	 	Dayoo addro	cc: City:	State; Zip	Codo					
ľ	Amount (\$)	ľ	Payee addre		State, Zip	Coue					
	\$62.64		P.O. Box 8:	1220							
			Seattle, WA	98108-1226							
8	PURPOSE	(a)	Category (s	ee Categories listed at t	he top of this schedule)	(b)) Description				
	OF	l` ′		head/Rental Exp		``		outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 0101	modern Contain Exp	301100		Check if Austin	, TX	, officeholder livin	g expense	
							Campaign Su	upp	olies		
9	Complete ONLY if direct		Candidate/Off	ceholder name	Office :	<u> </u>	<u> </u>		Office h	eld	
	expenditure to benefit C/OI					3					
⊨	<u> </u>	_									
	Date		Payee name								
L	06/19/2025		American A	urlines							
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$97.00		4333 Amon	Carter Blvd.							
			Ft. Worth, 7	X 76155							
L	DUDDOCE	(-)				100	\				
	PURPOSE OF	(a)		ee Categories listed at t	he top of this schedule)	(0)	Description	oto	ide of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Fees				<u> </u>		, officeholder livin	nplete Schedule T. g expense	
							Flight Chang			3 - 1	
							g cg	-			
⊢	Complete ONLY if direct	<u> </u>	Candidata/Off	ceholder name	Office :	cought	<u> </u>		Office h	old	
	expenditure to benefit C/OI		Sanuluale/On	centide name	Office	sougni			Office II	eiu	
	·										
	Date		Payee name								
	06/28/2025		American A	irlines							
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$98.00		4333 Amon	Carter Blvd.							
	,										
			E4 14/4h 3	-V 704FF							
			Ft. Worth, 7	X 70155							
	PURPOSE OF	(a)	Category (S	ee Categories listed at t	he top of this schedule)	(b)	Description				
	EXPENDITURE		Fees				ш			nplete Schedule T.	
							ш		, officeholder livin	g expense	
							Flight Change	e F	ee		
L											
	Complete ONLY if direct		Candidate/Off	ceholder name	Office	sought	Ī		Office h	eld	
ĺ	expenditure to benefit C/OI	П									
l											
ı											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense I		ense ges/Contract Labor	Travel in Distric Travel Out of D OTHER (enter a	
1	Total pages Schedule F1:			_			3 Filer ID	(Ethics Commission Filers)
	Sch: 17/100 Rpt:	Rose, Ton	i N. (The Honorable	e) ———			00067987	
4	Date	5 Payee name						
	03/09/2025	American	Aırlines					
6	Amount (\$)	7 Payee addr		State;	Zip Cod	е		
	\$363.00	4333 Amo	n Carter Blvd.					
		Ft. Worth,	TX 76155					
8	PURPOSE	(a) Category (See Categories listed at the	top of this sched	dule) (b) Description		
	OF EXPENDITURE	Travel Out	of District				outside of Texas. Cor n, TX, officeholder livin	
						ш		s in the Nation's Capital
						Legislative C		·
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Off	fice soug	ht	Office h	eld
H	Date	Payee nam	e					
	03/21/2025	American						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e		
	\$20.00	4333 Amo	n Carter Blvd.					
		Ft. Worth,						
	PURPOSE OF		See Categories listed at the	top of this sched	dule)	b) Description	outside of Toyon Com	mnlata Schadulo T
	EXPENDITURE	i ravel Out	of District			=	outside of Texas. Cor n, TX, officeholder livin	
						WiFi Fee		
L								
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Of	fice soug	ht	Office h	eld
	Date	Payee nam	e					
	06/09/2025	American	Airlines					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e		
	\$610.97	4333 Amo	n Carter Blvd.					
		Ft. Worth,	TX 76155					
	PURPOSE OF		See Categories listed at the	top of this sched	dule)	b) Description		
	EXPENDITURE	Travel Out	of District				outside of Texas. Cor n, TX, officeholder livin	
						_		Government Conference
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Ofl	fice soug	ht	Office h	eld
	•							

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 18/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/13/2025	American Airlines
6	Amount (\$) \$24.00	7 Payee address; City; State; Zip Code 4333 Amon Carter Blvd. Ft. Worth, TX 76155
8	PURPOSE	1
O	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WiFi Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.00	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WiFi Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	06/17/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$855.96	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation - Delta Sigma Theta Convention,
		Legislative Guest
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction G	Guide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 19/100 Rpt:	Ros	e, Toni N. (The Honora	able)				00067987		
4	Date	5 Paye	ee name							
	06/20/2025	Ame	erican Airlines							
6	Amount (\$)	7 Paye	ee address; City;	State; Zip Co	ode					
	\$12.00	433	3 Amon Carter Blvd.							
		 Ft.\	Worth, TX 76155							
8	PURPOSE				(h)	Description				
ľ	OF		egory (See Categories listed at vel Out of District	the top of this schedule)	(5)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	'''	ver out or district					officeholder living	•	
						WiFi Fee				
9	Complete ONLY if direct		date/Officeholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н								
	Date	Paye	ee name							
	01/24/2025	Art I	Frame Wholesale							
	Amount (\$)	Paye	ee address; City;	State; Zip Co	ode					
	\$290.00	114	25 Harry Hines Blvd.							
			-							
		l Dall	as, TX 75229							
	PURPOSE		egory (See Categories listed at	4h - 4	(b)	Description				
	OF		/Awards/Memorials Ex		(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		/ Wards/Wemonals Ex	301130		Check if Austin,	, TX,	officeholder living	g expense	
						Resolution Fr	ram	ning		
	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name	Office sou	ught			Office h	eld	
	experiulture to beliefft C/Oi	П								
	Date	Paye	ee name							
	03/24/2025	Art I	Frame Wholesale							
	Amount (\$)	Paye	ee address; City;	State; Zip Co	ode					
	\$150.00	114	25 Harry Hines Blvd.							
		Dall	as, TX 75229							
	PURPOSE	(a) Cate	egory (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE		/Awards/Memorials Exp						plete Schedule T.	
	EXI ENDITORE							officeholder living	g expense	
						Resolution Fr	am	ıırıg		
_	Complete ONLY if allower	<u> </u>	doto/Office balds ::	O#:	10/h t			O#: '	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	Office sou	ugnt			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/11/2025	Art Frame Wholesale
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	11425 Harry Hines Blvd.
		Dallas, TX 75229
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Resolution Framing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	Art Frame Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	11425 Harry Hines Blvd.
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Resolution Framing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/11/2025	Art Frame Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	11425 Harry Hines Blvd.
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Resolution Framing
		1.C.Soldton Framing
-	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 (Contract Labor,

nse Travel in District
ense Travel Out of District
ges/Contract Labor OTHER (enter a cate

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/100 Rpt:	Rose, Toni N. (The Honorable)		00067987
4	Date	5 Payee name		
	03/24/2025	Austin-Berstrom Airport		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$128.00	3600 Presidential Blvd.		
		Austin, TX 78719		
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
				Overnight Parking - Multiple Days
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/24/2025	Austin-Berstrom Airport		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$11.28	3600 Presidential Blvd.		
		Austin, TX 78719		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food/Bev
				. 664/264
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/20/2025	BMA Systems		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$38.92	1302 Brunner Ave		
		Dallas, TX 75224		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				District Alarm
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 22/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/21/2025	BMA Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Alarm
		District Alarm
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	03/20/2025	BMA Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Alarm
		District Alaim
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 04/20/2025	Payee name
		BMA Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Alarm
		District Auditi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 23/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/20/2025	BMA Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Alarm
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	06/20/2025	BMA Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense District Alarm
		District Alarm
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/20/2025	Balch Springs Chamber of Commerce - First Responders Luncheon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	12400 Elam Rd.
		Balch Springs, TX 75180
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Luncheon Sponsorship
	Commission ONU V if allows	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
		r	<u> </u>	ns now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 24/100 Rpt:	Rose, Toni	N. (The Honorable)					00067987		
4	Date	5 Payee name								
	01/09/2025	Bath & Boo	ly Works							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$196.34	4477 S. La	mar Blvd							
		Austin, TX	78745							
8	PURPOSE		see Categories listed at the top of this	a a b a du la)	(b)	Description				
•	OF		rhead/Rental Expense	scnedule)	(~)		outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Over	Ticaa/Neritai Experioe			X Check if Austin,	, TX	, officeholder living	expense	
						Capitol Apart	me	nt Supplies		
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	01/15/2025	Blueground	i							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$2,550.00	6162 Maple	e Ave.							
		Dallas, TX	75235							
	PURPOSE				(h)	Description				
	OF		iee Categories listed at the top of this 'head/Rental Expense	schedule)	(5)		outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Over	neau/Nentai Expense			□		officeholder living ,		
						Capitol Housi	ing			
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	<u> </u>							
	02/06/2025	Blueground	i							
	Amount (\$)	Payee addre		ate; Zip Co	de					
	\$3,917.39	6162 Maple	•	, ,						
	7-,									
		Dallas, TX	75225							
	PURPOSE OF		see Categories listed at the top of this	schedule)	(b)	Description	outoi	ide of Texas. Comp	alota Sahadula T	
	EXPENDITURE	Office Ove	head/Rental Expense					, officeholder living		
						Capitol Housi				
							J			
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI			230 030	<i>3</i>			200 110	-	

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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 25/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	03/03/2025	Blueground	
6	Amount (\$) \$3,917.39	7 Payee address; City; State; Zip Code 6162 Maple Ave.	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onioc Overnedd/Nerital Expense	outside of Texas. Complete Schedule T.
		Capitol Housi	TX, officeholder living expense ng
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/07/2025	Blueground	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,917.39	6162 Maple Ave.	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T.
		Capitol Housi	TX, officeholder living expense
		Capitol Housi	ng
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/05/2025	Blueground	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,439.71	6162 Maple Ave.	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Experise	outside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		Capitol Housi	ng
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/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: 26/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/15/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.52	1402 S. I-45
		Ennis, TX 75119
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Fuel Allowance
		Fuel Allowalice
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.69	165 US 77
		Hillsboro, TX 76645
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		ruei Allowalice
	Opening the ONII Wife discort	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/15/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.38	27700 Katy Fwy
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel Allowance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 comp	elete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4 Date	5 Payee name	•
03/23/2025	CDF, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$140.00	19440 Coslin Ave.	
	Carson, CA 90746	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Campaign Supplies
9		000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
01/08/2025	Cabo Bob's Burritos	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.33	500 Ben White Blvd.	
	Austin, TX 78704	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food/Bev
		. 000,201
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Date	Payee name	
05/24/2025	Capitol Commission	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	12302 Marshal Dr.	
+= ,000.00		
	Magnolia, TX 72354	
		N December 1
DUDDOCE		
PURPOSE OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description Check if travel outside of Texas. Complete Schedule T.
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
OF EXPENDITURE Complete ONLY if direct	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	ion Filers)	
	Sch: 28/100 Rpt:	1	N. (The Honorable)					00067987			
4	Date	5 Payee name	?								
	02/18/2025	Capitol Gif	Shop								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode						
	\$411.35	1400 Cong	ress Ave.								
		Austin, TX	78701								
8	PURPOSE OF		See Categories listed at the top		(b)	Description					
	EXPENDITURE	Gift/Award:	s/Memorials Expens	е		_		ide of Texas. Com , officeholder living			
						Congratulatio			ехрепзе		
						Congratalatio		Onto			
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	l ught			Office he	eld		
	Date	Payee name	<u> </u>								
	03/20/2025	Capitol Gift									
	Amount (\$)	Payee addre	·	State; Zip C	ode.						
	\$129.90	1400 Cong		State, Zip C	ouc						
	Ψ123.30	1400 Cong	icss Avc.								
		Austin, TX	78701								
	PURPOSE	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	Description					
	OF EXPENDITURE	Gift/Award:	s/Memorials Expens	е				ide of Texas. Com			
						Constituent G		, officeholder living	expense		
						Constituent	אוונ	•			
	0 1: 0 1: 0			0.00	<u> </u>			0,11	1.1		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt			Office he	eia		
	Date	Payee name)								
	05/16/2025	Capitol Gift	Shop								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$97.43	1400 Cong	ress Ave.								
		Austin, TX	78701								
	PURPOSE OF		See Categories listed at the top		(b)	Description					
	EXPENDITURE	Office Ove	rhead/Rental Expens	se				ide of Texas. Com			
						Legislative Su		, officeholder living	expense		
						Legisialive St	սիի	באווכ			
	Operation ONE VIII II	0		6"				0‴ :	.1-1		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eia		
	- Farmana to bonont of of										
_									.,,,,,	0 (4 0 10 (10	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 29/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/01/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$317.17	1400 Congress Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Intern Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/07/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	1400 Congress Ave.
	!	
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	!	Capitol Office Furnishings
	!	Supitor Since Farmornings
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	04/22/2025	Carrie Gordon for Mayor
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	531 Pleasant Meadows Ln.
	!	
		Balch Springs, TX 75217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	—/	Candidate/Officeholder/Political Committee Campaign Contribution
		Campaign Contribution
	Operation ONLY if allower	On all data (Office helder marre
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to co	ompl	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/100 Rpt:		Rose, Toni N. (The Honorable)		00067987
4	Date	5	Payee name		<u> </u>
	01/14/2025		Clanton for DNC Vice Chair		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,000.00		P.O. Box 1734		
			Canton, MS 39046		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE	Ĭ.,	Contributions/Donations Made By	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
					Campaign Contribution
_				<u> </u>	200
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	office held
_		_			
	Date		Payee name		
	01/05/2025	L	Cleaning Crew		
	Amount (\$)		Payee address; City; State; Zip C	ode	9
	\$300.00		5650 Gaston Ave.		
			Dallas, TX 75214		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense District Office Cleaning/Maintenance
					District Office Clearing/Maintenance
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht	office held
	expenditure to benefit C/O			5	
	Date	Т	Payee name		
	02/05/2025		Cleaning Crew		
		┝	Payee address; City; State; Zip Ci	odo	
	Amount (\$) \$300.00		5650 Gaston Ave.	oue	;
	Ψ300.00		3030 Gaston Ave.		
			Dellas TV 75014		
		L	Dallas, TX 75214		
	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		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
					District Office Cleaning/Maintenance
	Complete ONLY if direct		Candidate/Officeholder name Office sor	ught	t Office held
	expenditure to benefit C/O	Н			
_					

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	/ - al Con	nmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	•		/ages/	/Contract Labor		Travel Out of D OTHER (enter	ristrict a category not listed above)
_	Total nagge Cab - dula Ed	_							_	Filor ID	(Ethios Commission Ellers)
	Total pages Schedule F1:	ı			- - \				3	Filer ID	(Ethics Commission Filers)
	Sch: 31/100 Rpt:		Rose, Ioni	N. (The Honora	nie)					00067987	
4	Date	5	Payee name								
	03/05/2025		Cleaning Cr	ew							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Coo	de				
	\$300.00	ı	5650 Gasto								
			Dallac TV 7	'521 <i>1</i>							
Ļ		<u> </u>	Dallas, TX 7								
8	PURPOSE OF			ee Categories listed at t		nedule)	(b)	Description			under Och edul. T
	EXPENDITURE		Office Overl	head/Rental Exp	pense			_		de of Texas. Cor officeholder livin	nplete Schedule T.
								District Office			
									-	Jan III 19/14141	
_	Complete ONLY if allowed	<u>_</u>	`andidate/Off	apholdor nom-		Office soud	+dr			Office h	ald
9	Complete ONLY if direct expenditure to benefit C/OH		zariuluale/Offi	ceholder name	(onice sou(yııl			Onice h	ıcıu
L											
	Date		Payee name	_	_	_	_	_			
	04/05/2025		Cleaning Cr	ew							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Cod	de				
	\$300.00		5650 Gasto	n Ave.							
		1									
			Dallas, TX 7	'521 <i>4</i>							
	DUDDOCE	├					/ - \				
	PURPOSE OF			ee Categories listed at t		nedule)	(a)	Description	outo:	do of Toyon Com	mploto Schodulo T
	EXPENDITURE		Office Overl	head/Rental Exp	pense					officeholder livin	mplete Schedule T. na expense
								District Office			
									٠.		
_	Complete ONLY if direct		`andidate/Offic	ceholder name		Office sou				Office h	eld
	expenditure to benefit C/O		, G. G. G. C. (UIII	- S SIGGE HAITE	(2.1100 30U(J' 11			JIIICE II	.
		_					_				
	Date	ı	Payee name								
L	05/05/2025	L	Cleaning Cr	ew							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de	<u></u>			
	\$300.00		5650 Gasto	n Ave.							
			Dallas, TX 7	'5214							
	PURPOSE						(b)	Description			
	OF			ee Categories listed at t head/Rental Exp		nedule)	(12)		outsi	de of Texas. Cor	nplete Schedule T.
	EXPENDITURE		Onice Over	iieau/Reiildi EX	pense			ш		officeholder livin	
								District Office			
										-	
	Complete ONLY if direct		`andidate/Offic	ceholder name		Office souç				Office h	eld
	expenditure to benefit C/O				,	5 5 5 6 1	J. 74			20011	
_			_								

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter 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: 32/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/05/2025	Cleaning Crew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	5650 Gaston Ave.
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Cleaning/Maintenance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/17/2025	Congressional Black Caucus Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1225 I St. NW
		Washington, DC 20005
	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 Conference Registration
		Conference (Cegistration)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/09/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	1601 Tapelo Rd.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Marketing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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	/ - al Con	nmittee	Gift/Awards/Memoria Legal Services			ages.	/Contract Labor		Travel Out of I OTHER (enter	District a category not listed abov	e)
Ļ				The Instruction C	ouiue expiains	HOW TO COL	iihie	te uns ioim.			/=·· - ·	
1	Total pages Schedule F1:	ı							3		(Ethics Commission	n Hilers)
	Sch: 33/100 Rpt:		Rose, Toni	N. (The Honor	able)					00067987		
4	Date	5	Payee name									
	02/08/2025		Constant Co	ontact								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$93.80		1601 Tapel	o Rd.								
			Waltham, M	IA 02451								
8	PURPOSE	⊢		ee Categories listed at	the ten of this a-t-	odulo)	(b)	Description				
	OF		Advertising		uie top of this sch	ieuuie)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		voruomig					Check if Austin,				
								Email Softwa	re /	Access		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/O	H										
	Date		Payee name									
	03/08/2025		Constant Co	ontact								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$93.80		1601 Tapel	o Rd.								
			•									
			Waltham, M	IA 02451								
_	PURPOSE	_				1	(h)	Description				
	OF			ee Categories listed at	the top of this sch	nedule)	(1)		outsi	de of Texas. Co	implete Schedule T.	
	EXPENDITURE		Advertising	Lyheiise				Check if Austin,				
								Email Market	ing			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/08/2025		Constant Co	ontact								
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$93.80	ı	1601 Tapel		Sidle	, <u>Lip</u> CO	ac					
	ψ95.00		TOOT Tapen	J I lu.								
			\	14.00454								
			Waltham, M			 ,						
	PURPOSE OF			ee Categories listed at	the top of this sch	nedule)	(b)	Description		d4 T	modeta Oaka III. T	
	EXPENDITURE		Advertising	Expense				Check if travel of Check if Austin,			omplete Schedule T.	
								Email Market			ng expense	
								a market	9			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/O		on ididate/OIII	conduct name		omee sout	9111			Onice		

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: 34/100 Rpt:	Rose, Toni N. (The Honorable) 00067987						
4	Date	5 Payee name						
	05/08/2025	Constant Contact						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$93.80	1601 Tapelo Rd.						
		Waltham, MA 02451						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Email Marketing						
		Email warketing						
_	0 1 0 0 1 1 1 1							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	06/08/2025	Constant Contact						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$104.46	1601 Tapelo Rd.						
		Waltham, MA 02451						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Email Marketing						
		Email Marketing						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
	Date	Payee name						
	01/21/2025	Costco						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$130.00	2201a I35						
		Georgetown, TX 78628						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	ZAI ZIADITORZ	Check if Austin, TX, officeholder living expense						
		Capitol Office Supplies						
_	Occupation ONE VIII	On didn't 10 ff a balden name						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	5.ps.(s.a.) to 25.15.11 57511							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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)	
		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1: Sch: 35/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987	
4	Date	5 Payee name	_
	03/03/2025	Dallas County Democratic Party	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1414 N. Washington Ave	
		 3	
		Dallas, TX 75204	
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 Check if Austin, TX, officeholder living expense Event Sponsorship	
		Event Sponsorsing	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/06/2025	Dallas County Tax Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.25	702 E. Jefferson Blvd.	
		Dallas, TX 75203	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Vehicle Fee for Travel in District and Travel out of	
		District	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/09/2025	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.21	1954 Commerce St.	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Subscription - Campaign	
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		es/Wag	es/Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment			The Instruction Gu	ide explains how to	comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 36/100 Rpt:		Rose, Toni I	N. (The Honoral	ole)				00067987		
4	Date	5	Payee name					•			
	02/10/2025		Dallas Morn	ing News							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	<u> </u>				
	\$35.21		1954 Comm		- IIII - I						

			Dallac TV 7	'E201							
Ļ		_	Dallas, TX 7			1					
8	PURPOSE OF	(a)		e Categories listed at th		(b	Description	ata	ide of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Office Overr	nead/Rental Exp	ense		_		, officeholder livin	nplete Schedule T. a expense	
							Subscription			3 - 1	
							•		. •		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н				Ū					
H	Date	Г	Payee name								
	03/10/2025		Dallas Morn	ina News							
	Amount (\$)	H	Payee addres		State; Zip	Code	<u> </u>				
	\$32.51		1954 Comm		Otato,p	0040					
	402.01		1004 0011111	icroc ot.							
			Dallas, TX 7	7E2O1							
	DUDDOGE	(-)				10.	.				
	PURPOSE OF	(a) 		e Categories listed at th		(D	Description Check if travel	oute	ide of Teyas Con	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Exp	ense		<u> </u>		, officeholder livin		
							Subscription	- C	ampaign		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	04/08/2025		Dallas Morn	ing News							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	·				
	\$32.51		1954 Comm	erce St.							
			Dallas, TX 7	'5201							
	PURPOSE	(a)	Category (%	e Categories listed at th	e ton of this schedule)	(b) Description				
	OF	 `		nead/Rental Exp		`		outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE			,					, officeholder livin	g expense	
							Subscription	- C	ampaign		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	sough	t		Office h	eld	
	experientale to beliefft C/OI										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 37/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4 Date	5 Payee name
05/08/2025	Dallas Morning News
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.51	1954 Commerce St.
	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Subscription - Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/011	
Date	Payee name
06/08/2025	Dallas Morning News
Amount (\$)	Payee address; City; State; Zip Code
\$32.51	1954 Commerce St.
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Subscription - Campaign
	Cabbonipaidin Campaigin
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
04/01/2025	Dear Delta
Amount (\$)	Payee address; City; State; Zip Code
\$635.22	1221 Bowers St.
Ψ000.22	
	Birmingham, MI 48012
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Supporter Gifts
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Print Sala	Ü	se s/Contract Labor	Tra	avel in District avel Out of Dis THER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3 Fi	ler ID	(Ethics Commission Fi	lers)
	Sch: 38/100 Rpt:	Rose, Toni	i N. (The Honorable)				00	0067987		
4	Date	5 Payee name					•			
	03/24/2025	Dear Delta	ı							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code					
	\$38.88	1221 Bowe	ers St.							
		Birminghar	m, MI 48012							
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		s/Memorials Expens			=			plete Schedule T.	
						Check if Austin, Supporter Gif		icenolaer living	ехрепѕе	
						- 1-1				
9	Complete ONLY if direct		ficeholder name	Office	sought			Office he	·ld	
	expenditure to benefit C/OI	1								
	Date	Payee name	9							
	03/23/2025	Delta Rese	earch & Education							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				_	
	\$75.00	1703 New	Hampshire Ave.							
		Washingto	n, DC 20009							
	PURPOSE		See Categories listed at the top		(b)	Description				
	OF EXPENDITURE		ns/Donations Made /Officeholder/Politica			Check if travel of Check if Austin,			plete Schedule T.	
		Canuluale/	Onicendiaer/Politica	ı Committee	,	Donation	, 17, UIII	.conoluer living	s.ponoc	
	Complete ONLY if direct		ficeholder name	Office	sought			Office he	eld	
	expenditure to benefit C/O									
	Date	Payee name								
	01/07/2025	Delta Sigm	na Theta Sorority, Inc	ະ., Dallas Alu	ımnae (Chapter				
	Amount (\$)	Payee addre	•	State; Zip	Code					
	\$465.00	P.O. Box 2	22051							
		Dallas, TX	75222							
	PURPOSE		See Categories listed at the top		(b)	Description				
	OF EXPENDITURE		ns/Donations Made /Officeholder/Politica		,	Check if travel of Check if Austin,			plete Schedule T.	
		Cariuluale/	Onicendide/Politica	ı Commudee	·	Event Tickets		.conoluci livilly	onpolioo	
	Complete ONLY if direct		ficeholder name	Office	sought			Office he	ld	
	expenditure to benefit C/O	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/09/2025	Delta Sigma Theta Sorority, Inc., Dallas Alumnae Chapter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 222051
		Dallas, TX 75222
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
		Event Tickets
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2025	Delta Sigma Theta Sorority, Inc., Dallas Alumnae Chapter
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 222051
		Dallas, TX 75222
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event Horicis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
	Date	Payee name
	03/24/2025	Delta Sigma Theta Sorority, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1707 New Hampshire Ave., NW
		Washington, DC 20009
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Or	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 40/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date 03/18/2025	5 Payee name Delta Sigma Theta Sorority, Inc.
6	Amount (\$) \$795.00	7 Payee address; City; State; Zip Code 1707 New Hampshire Ave., NW
8	PURPOSE OF EXPENDITURE	Washington, DC 20009 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Convention Registration
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/17/2025 Amount (\$)	Payee name Democratic National Committee Payee address; City; State; Zip Code
	\$105.60	430 South Capitol St. SE Washington, DC 20003
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/03/2025	Payee name Dillard's
	Amount (\$) \$309.81	Payee address; City; State; Zip Code 2901 S. Capital of Texas Highway
		Austin, TX 78746
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	
1	Total pages Schedule F1: Sch: 41/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date	5 Payee name
	03/11/2025	Dillard's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.08	2901 S. Capital of Texas Highway
	,	
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	01/21/2025	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.32	4807 Sunnyvale St.
	+ 20.02	
		Dallas, TX 75216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-	Data	Para series
	Date	Payee name
	01/31/2025	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.43	4777 Vista Wood Blvd. #150
		Dallas, TX 75232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		District Office Supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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		sted above)
1	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID (Ethics Co	nmission Filers)
	Sch: 42/100 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	01/13/2025	Doordash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$66.62	901 Market Street	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule	T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense Food/Bev For Campaign Meeting	
		Pourbey For Campaign Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	ОН	
	Date	Payee name	
	01/24/2025	Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$111.97	7 901 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	Т.
		Capitol Office Lunch	
	Complete ONLY if direct expenditure to benefit C/OI		
	Date	Payee name	
	01/28/2025	Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.03	901 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	т
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	1.
		Capitol Office Lunch	
	Operation ONE V. C.	Continue (Office helder never	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 43/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987	
4	Date 03/23/2025	5 Payee name Doordash	
6	Amount (\$) \$49.99	7 Payee address; City; State; Zip Code 901 Market Street	
		San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food/Bev For DST Legislative Conference	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/04/2025	Payee name Doordash	
	Amount (\$) \$107.00	Payee address; City; State; Zip Code 901 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 04/06/2025	Payee name Doordash	
	Amount (\$) \$51.17	Payee address; City; State; Zip Code 901 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food/Bev	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 Commis	sion Filers)
	Sch: 44/100 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	05/19/2025	Doordash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
•	\$30.05	901 Market Street	
	430.00		
		San Francisco CA 04103	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food/Bev Capitol	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date		
	06/04/2025	Payee name Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.05	901 Market Street	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Food/Bev Capitol	
		Τοσα/Βεν σαριτοί	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
		<u> </u>	
	Date	Payee name	
	03/07/2025	Double Good Popcorn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.57	16W030 83rd st.	
		Barr Ridge, IL 60527	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Donation D31 Scholarship	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 45/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/27/2025	Enterprise Rent-A-Car
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$640.03	1230 E. Pleasant Run Rd.
		DeSoto, TX 75115
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District/Capitol Travel (Vehicle in Shop)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/05/2025	Enterprise Rent-A-Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$340.03	1230 E. Pleasant Run Rd.
	Ψ0-10.00	1200 E. Fredsuit Nati Na.
		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District/Capitol Travel (Vehicle in shop)
		District Capitor Haver (Verticle in Shop)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/21/2025	Payee name Family Dollar
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.52	4422 S. Marsalis Ave.
		Dallas, TX 75216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Supplies
		District Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/05/2025	Fast Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$548.16	6940 Marvin D. Love Fwy.
		Dallas, TX 75237
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parade Signs & Office Banners
		Tarado Orgino a Ornos Barrioro
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
_	Data	Para and a second secon
	Date 05/09/2025	Payee name Freedom Chevrolet
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,797.82	8008 Marvin D. Love Fwy.
		Dallas, TX 75237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Car Maintenance for Travel in District and Travel out
		of District
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/20/2025	Friends of Raychel Proudie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 10945
		Ferguson, MO 63135
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign Contribution
	Complete ONLY if direct	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	· 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Gara Faymont	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: 47/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4 Date	5 Payee name	<u> </u>
03/18/2025	Grand Hyatt Washington	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$353.69	1000 H St. NW	
	Washington, DC 20001	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Member Lodging - DST Convention, Legislative
		Guest
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	-1	
Date	Payee name	
03/24/2025	Grand Hyatt Washington	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$899.12	1000 H St. NW	
	Washington, DC 20001	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Member Lodging - DST Legislative Conference
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held
experience to benefit ever		
Date	Payee name	
01/30/2025	Hebbett Sports	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$109.78	4778 Vista Wood Blvd. #190	
	Dallas, TX 75232	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Gear
0 1. 0	0 51 40%	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ught Office held

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: 48/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	03/03/2025	Hilton Capital DC	
6	Amount (\$) \$307.27	7 Payee address; City; State; Zip Code 525 New Jersey Ave. NW	
		Washington, DC 20001	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Office Overhead/Rental Expense	ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense Lodging - NBCSL ALC
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	02/10/2025	Homegoods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.34	5400 Brodie Ln	
		Sunset Valley, TX 78745	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overricad/Nertial Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		l	partment Supplies
		Gupto. 7.	заганен Саррисс
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	02/01/2025	Jasmine For US	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.00	P.O. Box 227235	
		Dallas, TX 75222	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made by	ravel outside of Texas. Complete Schedule T.
			nustin, TX, officeholder living expense
		Campaigi	1 Continuation
	Complete ONU V # stills	Condidate/Officeholder norm	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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 Salaries (Contract Labor

Candidate/Officenoider/Po	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 49/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4 Date	5 Payee name
04/10/2025	Jersey Mike
6 Amount (\$) \$451.0	7 Payee address; City; State; Zip Code 12407 N. Mopac Expy.
	Austin, TX 78758
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch Sponsorship - Capitol Sergeant's Office
9 Complete ONLY if direct expenditure to benefit (
Date	Payee name
05/23/2025	John Bowers Campaign
Amount (\$) \$500.0	Payee address; City; State; Zip Code 3416 Enterprise Dr. #2567
	Rowlett, TX 75089
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit (· · · · · · · · · · · · · · · · · · ·
Date 02/01/2025	Payee name Jones IncK Custom Embroidery & More
Amount (\$) \$181.:	Payee address; City; State; Zip Code
	Duncanville, TX 75116
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campiagn Gear
Complete ONLY if direct expenditure to benefit (

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed abovi	e)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	n Filers)
L	Sch: 50/100 Rpt:	L	Rose, Toni	N. (The Honora	ble)					00067987		
4	Date	5	Payee name									
	02/18/2025		Just 7									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$112.56		3407 W Car	mp Wisdom Rd								
			Dallas, TX 7	75237								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ion Equipment					outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Expense					ш		officeholder living	g expense	
								Car Maintena	anc	е		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld	
⊨	Date	Π	Payee name									
	04/29/2025		•	man Campaign								
\vdash	Amount (\$)	\vdash	Payee addres			Zip Co	nde					
	\$250.00		•	ss, City, c Ave. #5095	ડાતાંં,	Zip CC	Jue					
	Φ250.00		TATO LUCIII(AVE. #3093								
			B. II	75004								
			Dallas, TX 7	[′] 5201								
	PURPOSE OF	(a)		ee Categories listed at t		edule)	(b)	Description				
	EXPENDITURE			ns/Donations Ma Officeholder/Pol		ittoc		_		de of Texas. Com officeholder living	plete Schedule T.	
			Canuluate/C	Jiliceriolaer/Pol	ilicai Comm	шее		Donation	, , ,,	STRUCTIONAL HANNI	g expense	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>ı</u> ıght			Office he	eld	
	expenditure to benefit C/OI						-					
-	Date	Π	Payee name									
	02/10/2025		Kemp, Jane	et								
	Amount (\$)	\vdash	Payee addres		State:	Zip Co	nde					
	\$250.00		412 Gotland	•	Siale,	Zip CC	Jue					
	Ψ230.00		712 Outan	, DI.								
			Grand Prair	ie, TX 75052								
	PURPOSE	(a)		ee Categories listed at t	the ton of this sch	edule)	(b)	Description				
	OF	``		se categories listed at the state of the sta		caulc)	`		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ittee				officeholder living	g expense	
								Event Sponso	ors	hip		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld	
	experiorale to belieff C/Of											
							_					

SCHEDULE F1

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

Fees Office Overhead/F Food/Beverage Expense Polling Expense Giff/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/09/2025	Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,030.00	P.O. Box 12943
		Austin, TX 78711
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
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.53	801 Beckly St
		Desoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Food/Bev
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/02/2025	Macy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.61	2901 S. Capital of Texas Highway
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Capitol Apartment Furnishings
	Complete ONLY if alignet	Candidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s expense	Salaries/V		e /Contract Labor		OTHER (enter	a category not listed above)	
	ordan dara r dyment			The Instruction G	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 52/100 Rpt:		Rose, Toni I	N. (The Honora	able)					00067987		
4	Date	5	Payee name									
	01/27/2025			is for DNC Sec	cretary							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$250.00		P.O. Box 5	-		•						
			Metuchen, N	J.1 08840								
_	DUDDOCE	(0)					(h)	5 12				
8	PURPOSE OF	(a) 		e Categories listed at		edule)	(D)	Description Check if travel (nutei	de of Tevas Co	mplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		ittee		Check if Austin,				
			Carraractor C		naoar comm			Campaign Co	ontr	ibution		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
H	Date		Payee name									
	03/16/2025		•	quis Houston								
	Amount (\$)	H	Payee addres		State:	Zip Co	de					
	\$329.96		1777 Walke	•	•	·						
	7-2											
			Houston, TX	77010								
	PURPOSE	(0)					(h)	Description				
	OF	^(a)		e Categories listed at		edule)	(D)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Ex	cperise			Check if Austin,				
									ginç	g - Congres	ssman Sylvester Tur	ner's
								Funeral				
	Complete ONLY if direct		Candidate/Offic	ceholder name	О	office sou	ght			Office I	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	02/21/2025		Marshall's									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$122.26		2508 W. Loc	ор								
			Waco, TX 7	6711								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	adula)	(b)	Description				
	OF	`´		nead/Rental Ex		outie)	` ´		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE				•			Check if Austin,			ng expense	
								Capitol Office	: Sı	ıpplies		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	O	office sou	ght			Office I	neld	
	experiencie to beliefft C/Of											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/17/2025	Marshall's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.00	9600 SIH 35
		Austin, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
		Capitor Apartment Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/12/2025	Marshall's
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.78	9600 SIH 35
		Austin, TX 78748
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2025	Marshall's
	Amount (\$) \$60.54	Payee address; City; State; Zip Code 9600 SIH 35
	Ψ00.54	3000 3H I 33
		Austin, TX 78748
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	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 -

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: 54/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/08/2025	Marshall's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.69	9600 SIH 35
		Austin, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Capitol Office Supplies
		Capitol Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	
	06/20/2025	Payee name
		Middleton Car Repairs
	Amount (\$)	Payee address; City; State; Zip Code
	\$867.00	2714 Lebrock St.
		Dallas, TX 75241
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Car Maintenance Repairs for Travel in District and
		Travel out of District
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/02/2025	Payee name Moorland Branch YMCA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,527.30	6701 S. Hampton Rd.
		_ "
		Dallas, TX 75232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		YMCA Donation & Processing Fees
_	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
Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	<u> </u>
	02/03/2025	NAACP Dallas Branch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	P.O. Box 131768	
		Dallas, TX 75313	
8	PURPOSE		Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Ad/Event Tickets
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/61	'	
	Date	Payee name	
	03/29/2025	NCNW Greater Trinity Section	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.50	P.O. Box 763004	
		Dallas, TX 75376	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Event Tickets
			Event Florets
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Cinico Nota
_	Date	Davias nama	
	02/24/2025	Payee name NOBEL Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	20f Street NW	
	Ψ130.00	201 311661 1444	
		Washington, DC 20001	
	DUDDOOF	(-) -	
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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:	
1	Sch: 56/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
-	04/05/2025	NOPSI Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$428.14	317 Baronne St.
		New Orleans, LA 70112
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Member Lodging - Black Legislative Leaders
		Network Summit
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	National Council of Negro Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	633 Pennsylvania Ave. NW
	,	
		Weshington DC 20004
		Washington, DC 20004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	0 1: 01 1/4 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.28	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
\vdash	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Insurance for Auto for Travel in District and Travel
		out of District
	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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 57/100 Rpt:	Rose, Toni N. (The Honorable) Carrier ID (Ethics Commission Filers) 00067987
4	Date	5 Payee name
	02/21/2025	National General Insurance
6	Amount (\$) \$288.52	7 Payee address; City; State; Zip Code 4455 Lyndon B. Johnson Fwy Farmers Branch, TX 75244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Insurance for Auto for Travel in District and Travel out of District
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$288.52	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Insurance for Auto for Travel in District and Travel out of District
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2025	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$288.52	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Insurance for Auto for Travel in District and Travel out of District
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E: Legal Services The Instruction Guid			xpens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 58/100 Rpt:		Rose, Toni	N. (The Honorabl	e)				L	00067987	
4	Date	5	Payee name					•			
	05/09/2025		National Ge	neral Insurance							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$288.52		4455 Lyndo	n B. Johnson Fw	y						
			Farmers Bra	anch, TX 75244							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		-	ion Equipment Ar	nd Related			=			plete Schedule T.
			Expense					_		officeholder living	el in District and Travel
								out of District			Diodiot and mavol
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	0	office sou	l Jaht			Office he	eld
Ĺ	expenditure to benefit C/O						- 9''L				
	Date		Payee name								
	06/09/2025		National Ge	neral Insurance							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$288.52		4455 Lyndo	n B. Johnson Fw	y						
			Farmers Bra	anch, TX 75244							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			ion Equipment Ar				=			plete Schedule T.
			Expense					—		officeholder living	
								out of District		iio ioi itave	el in District and Travel
\vdash	Complete ONLY if direct	<u>_</u>	Candidata/Offi	ceholder name		office sou	labt.			Office he	old
	expenditure to benefit C/O		Januiuale/OIII	centituei Haille	C	11106 201	agrit			Office file	c iu
\vdash	D :										
	Date		Payee name	nanization of Disc	ok Eleated	Logiala	tivo	Momon			
	06/20/2025			ganization of Blac				vvoirien			
	Amount (\$)		Payee addres		State;	Zip Co	ode				
	\$229.00		20 F Street,	Ste. 700							
			144 1.2	DO 00001							
			Washington	, DC 20001							
	PURPOSE OF	(a)	,	ee Categories listed at the	top of this sche	edule)	(b)	Description		d4T -	unlata Cabandul T
	EXPENDITURE		Fees							de of Texas. Com officeholder living	plete Schedule T.
								Conference F			g composition
									- 9		
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ıght			Office he	eld
	expenditure to benefit C/O	Н					-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/22/2025	Need That Tee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.97	5077 Rocky Glen
		Stone Mountain, GA 30068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Gear
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	01/19/2025	Payee name New Beginning Bible Fellowship
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1302 Neptune Rd.
	φ300.00	1302 Neptune Ru.
		Dallac TV 75216
	DUDDOOF	Dallas, TX 75216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	<u>'</u>
	Date	Payee name
	03/12/2025	Nordstrom Rack
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.45	5601 Brodie Lane
		Sunset Valley, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Gard i dyment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 60/100 Rpt:	Rose, Toni N. (The Honorable)		00067987
4	Date	5 Payee name		·
	04/21/2025	Nordstrom		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$412.18	2901 S. Capital of Texas		
		Austin, TX 78746		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	•		Check if Austin, TX, officeholder living expense
				Congratulatory Supporter Gifts
Ļ	Operation ONE V # discort	Overallidada (Official Indiana and Indiana	. I. A	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
_				
	Date	Payee name		
	05/13/2025	Nordstrom		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$97.39	2901 S. Capital of Texas		
		Austin, TX 78746		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign Supplies
				Campaign Capping
Н	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
-	Date	Payee name		
	02/03/2025	Oh So Fresh Details		
-	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$85.00	1725 Overton Rd.		
	Ψ00.00	1720 0 001011 1 1 1 1		
		Dallas, TX 75222		
	DUDDOCE		(h)	Providetion
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	(n)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
		·		Car Maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 complete this form.
1	Total pages Schedule F1:	
	Sch: 61/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/08/2025	P. Terry's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.28	204 W. Ben White Blvd.
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food/Bev
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dove nome
	01/06/2025	Payee name Pappadeaux Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.52	230 W. Hwy 67
		Duncanville, TX 75137
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
		333
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	04/13/2025	Payee name Pappadeaux Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.38	230 W. Hwy 67
		Duncanville, TX 75137
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Lunch
		Cilico Eurion
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 62/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date	5 Pavee name
•		The state of the s
	06/29/2025	Pappasito's Cantina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$235.53	723 S. Central Expy.
		B. J. J. TV 77000
		Richardson, TX 75080
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Food/Bev Event Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L	<u> </u>	
	Date	Payee name
	06/13/2025	Pappasito's Cantina
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$69.32	10433 Lombady Ln.
		Dallas, TX 75220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food/Bev Member & Guest
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/10/2025	Pappasito's Cantina
		**
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.61	6513 N. IH 35
		Austin, TX 78752
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Lunch
_	Complete ONU V If allow	Constitute / Office helder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiorder to beliefft 6/01	··

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 63/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067987
4	Date 04/09/2025	5 Payee name Pappasito's Cantina	
6	Amount (\$) \$41.78	7 Payee address; City; State; Zip Code 6513 N. IH 35 Austin, TX 78752	
8	PURPOSE OF EXPENDITURE	Tood/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 01/16/2025	Payee name Pok-E-Jo's	
	Amount (\$) \$15.97	Payee address; City; State; Zip Code 4109 S. Capital of Texas Hwy Austin, TX 78704	
	PURPOSE OF EXPENDITURE	1 dod/beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 01/10/2025	Payee name Power Pump Girls	
	Amount (\$) \$76.69	Payee address; City; State; Zip Code P.O. Box 67021	
		Baton Rouge, LA 70896	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
		_		The Instruction G	uide explains n	ow to cor	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 64/100 Rpt:		Rose, Toni N	N. (The Honora	ıble)					00067987		
4	Date	5	Payee name									
	01/13/2025		Quik Trip									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$57.13		1235 E. Belt	line Rd.								
			DeSoto, TX	75115								
_	PURPOSE	⊢				1	/b\	5 12				
8	OF			e Categories listed at	the top of this sched	dule)	(D)	Description	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Travel In Dis	Strict						officeholder livir	•	
								Fuel Allowand				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	ield	
	expenditure to benefit C/OI	Н				•						
\vdash	Date	Г	Payee name									
	04/13/2025	ı	Quik Trip									
		⊢		City	Ctata	Zip Co	do					
	Amount (\$)	ı	Payee addres	•	Siale,	Zip Cui	ue					
	\$51.66		1235 E. Belt	iiile Ru								
			Desoto, TX	75115								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				=			nplete Schedule T.	
								Fuel Allowand		officeholder livir	ig expense	
								ruei Allowalii	LE			
_	Complete ONLY if direct		Candidate/Offic	poholdor namo	Of	ffice soug	aht			Office h	vold	
	expenditure to benefit C/OI		zanuluale/Onic	Lenoidei Hame	Oi	iiice souţ	grit			Office i	leiu	
		_										
	Date	ı	Payee name									
	05/09/2025		Quik Trip									
	Amount (\$)	ı	Payee addres		State;	Zip Co	de					
	\$57.61		102 E. Cam	p Wisdom								
			Duncanville,	TX 75115								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis								mplete Schedule T.	
	EXPENDITORE									officeholder livir	ig expense	
								Fuel Allowand	ce			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	ield	
	experience to beliefft 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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this forn	n.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
	Sch: 65/100 Rpt:	Rose, Toni N. (The Honorable)		00067987	
4	Date	5 Payee name			
	06/21/2025	Quik Trip			
6	Amount (\$)	7 Payee address; City; State; Zip Code	;		
	\$66.00	102 E. Camp Wisdom			
		Duncanville, TX 75115			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	an	
	OF	Travel In District		travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE		_	Austin, TX, officeholder living expense	
			Fuel Allo	owance	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held	
	experientare to benefit Grot	•			
	Date	Payee name			
	01/22/2025	Quik Trip			
	Amount (\$)	Payee address; City; State; Zip Code	;		
	\$48.01	1235 E. Beltline Rd.			
l		DeSoto, TX 75115			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	on	
l	OF EXPENDITURE	Travel Out of District		travel outside of Texas. Complete Schedule T.	
l			L Check if Fuel Allo	Austin, TX, officeholder living expense	
			ruei Allo	owance	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıt.	Office held	
	expenditure to benefit C/OI	•	ıı	Office field	
⊨	D-4-				
	Date 06/02/2025	Payee name			
L		Quik Trip			
	Amount (\$)	Payee address; City; State; Zip Code)		
	\$52.49	1235 E. Beltline Rd.			
l					
		DeSoto, TX 75115			
	PURPOSE OF	. () Description		
	EXPENDITURE	Travel Out of District		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
			Fuel Allo		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıt	Office held	
	expenditure to benefit C/OI				
H					

SCHEDULE F1

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

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

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

Candidate/Officenoider/Politic 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: 66/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4 Date	5 Payee name
02/24/2025	Quik Trip
6 Amount (\$) \$63.67	7 Payee address; City; State; Zip Code 102 E. Camp Wisdom Dallas, TX 75116
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel Allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/05/2025	Quik Trip
Amount (\$) \$53.89	Payee address; City; State; Zip Code 102 E. Camp Wisdom Dallas, TX 75116
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel Allowance
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/14/2025	Quik Trip
Amount (\$) \$58.56	Payee address; City; State; Zip Code 102 E. Camp Wisdom
	Dallas, TX 75116
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel Allowance
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 67/100 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	_
	01/31/2025	Quik Trip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$63.01	3900 N. Houston School Rd.	
		Lancaster, TX 75134	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fuel Allowance	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	'		_
	Date	Payee name	
	03/28/2025	Quik Trip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.61	3900 N. Houston School Rd.	
l		Lancaster, TX 75134	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Fuel Allowance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	-
	05/09/2025	Quik Trip	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$24.24	3900 N. Houston School Rd.	
	,		
		Lancaster, TX 75134	
_	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Fuel Allowance	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 68/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/04/2025	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.01	3900 N. Houston School Rd.
		Lancaster, TX 75134
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		T del / illowariee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/27/2025	Quik Trip
H	Amount (\$)	Payee address; City; State; Zip Code
	\$52.39	1610 Scyene Rd.
		Mesquite, TX 75149
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel Allowance
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2025	Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.92	6330 N. General Bruce Dr.
		Temple, TX 76501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		ruei Allowalice
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 69/100 Rpt:		i N. (The Honorable)					00067987		
4	Date	5 Payee name	е							
	01/26/2025	Quik Trip								
6	Amount (\$) \$55.34	7 Payee addro 2978 FM 2		State; Zip Co	ode					
		Salado, TX			1					
8	PURPOSE OF EXPENDITURE	(a) Category (a) Travel Out	See Categories listed at the top of District	of this schedule)	(b)	_	, TX	de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
Γ	Date	Payee name								
	03/03/2025	Quik Trip								
	Amount (\$) \$50.20	Payee addro 2978 FM 2	•	State; Zip Co	ode					
		Salado, TX			T					
	PURPOSE OF EXPENDITURE	(a) Category (a) Travel Out	See Categories listed at the top of District	of this schedule)	(b)		, TX	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name	9							
	04/27/2025	Quik Trip								
	Amount (\$) \$43.10	Payee addro 2978 FM 2	•	State; Zip Co	ode					
		Salado, TX	(76571							
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of District	of this schedule)	(b)		, TX	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 70/100 Rpt:	Rose, Toni N. (The Honorable) 00067987						
4	Date	5 Payee name	•					
	05/08/2025	Quik Trip						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$35.10	2978 FM 2484						
		Salado, TX 76571						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription					
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	neck if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	I — I —	neck if Austin, TX, officeholder living expense					
		Fuel	Allowance					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	experiantare to benefit or of							
	Date	Payee name						
	01/24/2025	Quik Trip						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$51.90	1405 Corsicana Hwy						
		Hillsboro, TX 76645						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription					
	OF EXPENDITURE	Travel Out of District	neck if travel outside of Texas. Complete Schedule T.					
	LAPENDITORE	l	neck if Austin, TX, officeholder living expense					
		Fuei	Allowance					
	Opening the ONLY if allowed	Out distant 10ff and all the many and the control of the control o	Office health					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/17/2025	Quik Trip						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$53.89	2350 S. New Rd						
		Waco, TX 76711						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription					
	OF EXPENDITURE	Have Out of District	neck if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	I	neck if Austin, TX, officeholder living expense					
		Fuel	Allowance					
	Operation ONE VIII II	Condition 10ff on bolding group	Office hall					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 71/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/14/2025	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.36	2350 S. New Rd
		Waco, TX 76711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel Allowance
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/28/2025	Quik Trip
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$52.37	2350 S. New Rd
	Ψ02.01	2000 O. 110W Nu
		Waco, TX 76711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel Allowance
		T del / illowarioe
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Date	Davies same
	03/25/2025	Payee name Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.37	2350 S. New Rd
		Waco, TX 76711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel Allowance
		T del / diowaride
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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: 72/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/18/2025	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.44	2350 S. New Rd
		Waco, TX 76711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Fuel Allowance
		Fuel Allowalice
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.41	2350 S. New Rd
		Waco, TX 76711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		ruei Allowalice
	Opening the ONII Wife discort	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/20/2025	Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.13	2231 S. Mays St.
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel Allowance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations wade By - Candidate/Officeholder/Political Committee			Legal Services Frinting 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 Commissi	on Filers)
	Sch: 73/100 Rpt:		Rose, Toni I	N. (The Honora	ble)					00067987		
4	Date	5	Payee name									
	02/07/2025		Quik Trip									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
Ĭ	\$63.10	ľ	1540 Round		Otato,	Z.p 00	uo					
	700.20											
			Dound Dool	. TV 70601								
		<u> </u>	Round Rock									
8	PURPOSE OF	(a)		ee Categories listed at t	he top of this sche	dule)	(b)	Description				
	EXPENDITURE		Travel Out of	of District				=		officeholder living	nplete Schedule T. g expense	
								Fuel Allowand			5 - p	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					0					
=	Date	Π	Payee name									
	01/02/2025		Ross Store									
	Amount (\$)	\vdash	Payee addres	City:	State:	Zip Co	do					
	\$66.16		1001 N. I35		Siale,	Zip Co	ue					
	φ00.10		1001 14. 155									
			D-C-t- TV	75445								
		L	DeSoto, TX									
	PURPOSE OF	(a)		ee Categories listed at t		dule)	(b)	Description	ata:	do of Toyoo Com	anlete Cebedule T	
	EXPENDITURE		Office Overl	nead/Rental Ex	pense			=		officeholder living	nplete Schedule T. g expense	
								Capitol Apartment Supplies				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	06/20/2025		•	sta Chase Park	Plaza							
	Amount (\$)		Payee addres			Zip Co	de					
	\$682.02		212 Kingshi	•	,							
			J	5								
			St. Louis, M	O 63108								
	PURPOSE	(2)				1	(h)	Description				
	OF	(۵)		ee Categories listed at t nead/Rental Ex		dule)	(5)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Overi	icaa/rentai Ex	perioc			Check if Austin,	, TX,	officeholder livin	g expense	
								Member Lodg	ginç	g - Women i	in Government	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght	<u> </u>		Office h	eld	
	expenditure to benefit C/OH											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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: 74/100 Rpt:	Rose, Toni N. (The Honorable)
4	Date	5 Payee name
	06/17/2025	Royal Sonesta Chase Park Plaza
6	Amount (\$) \$27.76	7 Payee address; City; State; Zip Code 212 Kingshighway Blvd. St. Louis, MO 63108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Parking - Women in Government
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.48	2900 W. Wheatland Rd.
		Dallas, TX 75237
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
		and the state of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.48	2900 W. Wheatland Rd.
		Dallas, TX 75237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		District Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 75/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/08/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.06	2900 W. Wheatland Rd.
		Dallas, TX 75237
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		District Office Supplies
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	01/13/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.45	2301 E. Waco Dr.
	Ф195.45	2301 E. Walto DI.
		Waco, TX 76705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	
	Date	Payee name
	05/17/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.37	2301 E. Waco Dr.
	Ψ00.01	2001 E. Waloo Bi.
		Waco, TX 76705
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	date/Officenolder/Politica ard Payment	The Instruction Guide explains how to co	-	lete this form.
1 Total pag	ges Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch:	76/100 Rpt:	Rose, Toni N. (The Honorable)	00067987	
4 Date		5 Payee name		•
03/08/2	025	Sam's Club		
6 Amount (\$98.29	7 Payee address; City; State; Zip Co 4970 W. Hwy 290 Austin, TX 78735	ode	
8 PURI	POSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF IDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Office Supplies
	e <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date		Payee name		
04/22/2	025	Sam's Club		
Amount (\$103.03	Payee address; City; State; Zip Co	ode	
		Austin, TX 78735		
C	POSE DF IDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Office Supplies
	e <u>ONLY</u> if direct cure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date		Payee name		
06/20/2	025	Signia by Hilton		
Amount ((\$) \$307.77	Payee address; City; State; Zip Co 159 Northside Dr. NW	ode	
		Atlanta, GA 30313		
C	POSE OF IDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Member Lodging - NOBEL Women Annual Legislative Conference
	e <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g 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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 77/100 Rpt:	Rose, Toni N. (The Honorable) 00067987					
4	Date	5 Payee name					
	03/11/2025	Simply Greek					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$142.00	P.O. Box 538					
		Independence, LA 70443					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Appreciation Gifts					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	04/07/2025	Simply Greek					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$131.95	P.O. Box 538					
		Independence, LA 70443					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense					
		Check if Austin, TX, officeholder living expense Congratulatory Gifts					
		Congratulatory Girls					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data						
	Date 01/08/2025	Payee name Soldier Girl Brand					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$140.00	P.O. Box 322					
		DeSoto, TX 75115					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Congratulatory Gift					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					
_							

SCHEDULE F1

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
	Sch: 78/100 Rpt:	Rose	e, Toni N. (The Honorab	le)					00067987	
4	Date	5 Paye	e name							
	03/25/2025	Sout	h Dallas Business & Pro	ofessional \	Nomen	's Cl	ub			
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	ode				
	\$700.00	P.O.	Box 764587							
		Dalla	ıs, TX 75376							
8	PURPOSE	(a) Cated	Ory (See Categories listed at the	a ton of this sche	adula)	(b)	Description			
	OF		ributions/Donations Mac		outic)	`´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		lidate/Officeholder/Polit		ittee		—		officeholder living	
							Ad/Ticket/Eve	ent	Sponsorshi	p
9	Complete ONLY if direct expenditure to benefit C/O		late/Officeholder name	0	office sou	ught			Office he	eld
	Date	Paye	e name							
	05/15/2025	Sout	h Oak Cliff Alumni Bear	Cave						
	Amount (\$)	Paye	e address; City;	State;	Zip Co	ode				
	\$1,350.00	P.O. Box 764526								
	·									
		Dalla	s, TX 75376							
	PURPOSE OF	(a) Cate	gory (See Categories listed at the	e top of this sche	edule)	(b)	Description			
	EXPENDITURE		ributions/Donations Mad		:44				de of Texas. Com officeholder living	plete Schedule T.
		Cano	lidate/Officeholder/Polit	icai Commi	illee		Security Spor			у ехрепзе
							Security Open		p	
\vdash	Complete ONLY if direct	L Candid	late/Officeholder name	0	office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O									
-	Date	Pave	e name							
	05/23/2025	1 1	h Oak Cliff Alumni Class	s of 86						
	Amount (\$)		e address; City;		Zip Co	nde				
	\$250.00	l	Glen Arbor Dr.	State,	Zip Cl	Jue				
	φ250.00	102	JIGH AIDUI DI.							
		Dalla	ıs, TX 75241							
	PURPOSE	(a) Cate	gory (See Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		ributions/Donations Mad				ш			plete Schedule T.
		Cand	lidate/Officeholder/Polit	ıcal Commi	ittee		Event Donation		officeholder living	g expense
							LVEIIL DUIIALII	UII		
_	Complete ONLY if direct	Condi	late/Officeholder name		office as:	ught.			Office	ald.
	Complete ONLY if direct expenditure to benefit C/O		late/Officeholder name	O	office sou	uynt			Office he	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 79/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/07/2025	South Oak Cliff Highschool
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,041.60	3601 S. Marsalis Ave.
		Dallas, TX 75216
8	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
		Donation - Student Track Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit orei	
	Date	Payee name
	05/16/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.50	400 Atlantic St.
		Stamford, CT 06901
	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
		Maintence Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/06/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	400 Atlantic St.
		Stamford, CT 06901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Internet
		Campaign internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 80/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/17/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.40	400 Atlantic St.
		Stamford, CT 06901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Cable
		District Office Gable
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/12/2025	Spectrum
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$212.85	400 Atlantic St.
		Stamford, CT 06901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Internet
		- Campaign memor
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/18/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.18	400 Atlantic St.
		Stamford, CT 06901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Campaign Internet
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 81/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/03/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.00	400 Atlantic St.
		Stamford, CT 06901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		District Office Cable
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.29	400 Atlantic St.
		Stamford, CT 06901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		District Office Cable
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	04/01/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.00	400 Atlantic St.
		Stamford, CT 06901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Internet
		- Campaign monot
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 82/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
_	04/17/2025	Spectrum	
6	Amount (\$) \$117.00	7 Payee address; City; State; Zip Code 400 Atlantic St.	
	Φ117.00	400 Atlantic St.	
		Stamford, CT 06901	
8	PURPOSE		
Ü	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		District Offi	ce Cable
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
_	Date	Davida nama	
	05/14/2025	Payee name Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$189.98	400 Atlantic St.	
		Stamford, CT 06901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	rel outside of Texas. Complete Schedule T.
	-	Campaign	stin, TX, officeholder living expense
		Campagn	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/19/2025	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.29	400 Atlantic St.	
		Stamford, CT 06901	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	uel euteide of Tayon Complete Cabadula T
	EXPENDITURE	Office Overficad/Nertial Experise	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		District Offi	ce Cable
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 83/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/06/2025	TSA PreCheck
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.75	6595 Springfield Center Dr.
		Springfield, VA 20598
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Legislative Travel Fee
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.99	2300 W. Ben White Blvd.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Capitol Office Supplies
		Capitol Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	D-4-	
	Date	Payee name
	02/19/2025	Texas Legislative Women's Health Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 2910
		Austin, TX 78768
	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
		Membership Dues
		monitoring 2 doc
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 84/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/15/2025	The Leukemia & Lymphoma Society
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1201 15th St., NW
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2025	UNCF
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	600 N Pearl St. Suite 1980
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Avetic TV officeholder living greeners
		Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	David and a second a second and
	Date 02/24/2025	Payee name UNCF
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	600 N Pearl St. Suite 1980
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 85/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	•
	05/25/2025	Uber Eats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.12	1455 Market St.	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	el outside of Texas. Complete Schedule T.
		Check if Aus	in, TX, officeholder living expense
		1 000/150	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		233
H	Date	Payee name	
	02/02/2025	Uber eats	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.53	1455 Market St.	
	Ψ30.33	1400 Market Ot.	
		San Francisco, CA 0/102	
	DUDD005	San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Deverage Expense	tin, TX, officeholder living expense
		Food/Bev	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/27/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.49	182 Howard St., Ste. 8	
		San Francisco, CA 94105	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	el outside of Texas. Complete Schedule T.
	LXI LINDITORE	-	tin, TX, officeholder living expense
		Ground Tra	nsportation In District Travel
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field
H			

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

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 c	ompl	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 86/100 Rpt:		Rose, Toni N. (The Honorable)		00067987
4	Date	5	Payee name		•
	03/24/2025		Uber		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$53.68		182 Howard St., Ste. 8		
			San Francisco, CA 94105		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Ground Transportation - DST Legislative Conference
					Ground Transportation - D31 Legislative Conference
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	t Office held
•	expenditure to benefit C/O			g	
	Date	Т	Payee name		
	04/05/2025		Uber		
	Amount (\$)	┢	Payee address; City; State; Zip C	ode	
	\$26.03		182 Howard St., Ste. 8		
	,				
			San Francisco, CA 94105		
	PURPOSE	(a		(h)) Description
	OF	"`	Category (See Categories listed at the top of this schedule) Travel Out of District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travor Gut of Blounot		Check if Austin, TX, officeholder living expense
					Ground Transportation - Black Legislative Leaders Network Summit
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	t Office held
		_			
	Date		Payee name		
	05/03/2025		Uber		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$29.46		182 Howard St., Ste. 8		
			San Francisco, CA 94105		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Ground Transportation - Austin Travel
					·
	Complete ONLY if direct	1	Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н		-	
_					

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1	Sch: 87/100 Rpt:	Rose, Toni N. (The Honorable)	
4	Date		
*			
	05/09/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.00	182 Howard St., Ste. 8	
		San Francisco, CA 94105	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Ground Transportation - Austin Travel	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experialture to benefit C/Or		
	Date	Payee name	
	06/10/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	` ,		
	\$30.70	182 Howard St., Ste. 8	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Ground Transportation - NBCSL on the Hill	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
H	Date	Davas nams	
		Payee name	
	06/17/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.74	182 Howard St., Ste. 8	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Ground Transportation - Women in Government	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 com	nple	ete this form.
1	. •	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 88/100 Rpt:	Rose, Toni N. (The Honorable)		00067987
4	Date	5 Payee name		
	06/19/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$33.17	182 Howard St., Ste. 8		
		Can Francisco CA 04105		
Ļ		San Francisco, CA 94105	<u> </u>	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Ground Transportation - Women in Government
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
L	·			
	Date	Payee name		
	01/13/2025	Ultra		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$89.85	416 FM 1382		
		Cedar Hill, TX 75104		
	PURPOSE		(h)	Description.
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gill/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
				Congratulatory Gift
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
L				
	Date 04/20/2025	Payee name		
		Walgreens State 7 Cod	d =	
	Amount (\$) \$42.12	Payee address; City; State; Zip Cod 3211 S. Lancaster Rd.	зе	
	Ψ42.12	3211 3. Lancasiei Nu.		
		Dallas, TX 75216		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				District Office Supplies
_	Complete ONII V if allow	Condidate Office helder nove	. la +	Office had
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:		
1	Sch: 89/100 Rpt:	Rose, Toni N. (The Honorable) Rose Toni N. (The Honorable)	
4	Date	5 Payee name	
•			
	06/16/2025	Walgreens	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.87	3211 S. Lancaster Rd.	
		Dallas, TX 75216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		District Office Supplies	
_	0 1 0 0 1 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to beliefit C/Oi	'	
	Date	Payee name	
	01/24/2025	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.12	2501 S. Lamar Blvd.	
		Auglia TV 70704	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Capitol Apartment Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	01/15/2025	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	
	` '		
	\$38.13	2501 S. Lamar Blvd.	
		Austin, TX 78704	
\vdash	PURPOSE	T	
	OF	l e e e e e e e e e e e e e e e e e e e	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Capitol Office Supplies	
		σαριώ στιώς σαρρίας	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	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: 90/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/14/2025	Walgreens
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.75	2501 S. Lamar Blvd.
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Office Supplies
		Capitor Office Supplies
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
\vdash	D :	
	Date	Payee name
	02/14/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.85	150 N I35
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign Supplies
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.64	200 Short Blvd.
L		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		 X Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
		Capitol Apartifierit Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pot listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District 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: 91/100 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	06/06/2025	Walmart	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	200 Short Blvd.	
		Dallas, TX 75232	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , , ,	outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
			Constituent Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinice field
	Date	Payee name	
	01/03/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.66	200 Short Blvd.	
		Dallas, TX 75232	
		I	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T.
		District Office	, TX, officeholder living expense
		District Office	Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experialitate to benefit of of	'	
	Date	Payee name	
	01/06/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$198.06	200 Short Blvd.	
	Ψ130.00	200 Short blvd.	
		Dallas, TX 75232	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneau/Nentai Expense	outside of Texas. Complete Schedule T.
	LAFLINDITORL		, TX, officeholder living expense
		District Office	Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 92/100 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	04/19/2025	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$132.32	200 Short Blvd.	
		Dallas, TX 75232	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense District Office Supplies	
		District Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Date	Payee name	
	04/26/2025	Payee name Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$168.18	200 Short Blvd.	
		Dallas, TX 75232	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		District Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	05/05/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.10	200 Short Blvd.	
	, , , ,		
		Dallas, TX 75232	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		District Office Supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 93/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/02/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.93	200 Short Blvd.
		Dallas, TX 75232
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/27/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.39	200 Short Blvd.
		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/08/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.31	710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 94/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/08/2025	Walmart
6	Amount (\$) \$230.90	7 Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Walmart
	Amount (\$) \$33.33	Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Walmart
	Amount (\$) \$78.88	Payee address; City; State; Zip Code 710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 95/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/07/2025	Walmart
6	Amount (\$) \$44.74	7 Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Apartment Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/09/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.58	710 E Ben White Blvd
	BURDOOF	Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	03/24/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.29	710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 96/100 Rpt:	Rose, Toni N. (The Honorable) 00067987			
4	Date	5 Payee name			
	05/21/2025	Walmart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$66.89	710 E Ben White Blvd			
		Austin, TX 78704			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		X Check if Austin, TX, officeholder living expenseCapitol Apartment Supplies			
		Capitol Apartment Supplies			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Date	Davies same			
		Payee name			
	01/18/2025	Walmart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$140.13	710 Ben White Blvd.			
		Austin, TX 78704			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Capital Office Supplies			
	Capitol Office Supplies				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Data				
	Date	Payee name Walmart			
	02/18/2025				
	Amount (\$)	Payee address; City; State; Zip Code			
	\$148.61	710 E Ben White Blvd			
		Austin, TX 78704			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Event Supplies			
		Event Supplies			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

	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: 97/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/26/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.54	710 E Ben White Blvd
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.06	710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Office Supplies
		Capitol Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.14	710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	<u> </u>
_	Total pages Schedule F1: Sch: 98/100 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date	5 Payee name
	06/04/2025	Walmart
6	Amount (\$) \$112.45	7 Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.81	5017 W. Hwy 290
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.44	5017 W. Hwy 290
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 99/100 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/09/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.08	5017 W. Hwy 290
		Austin, TX 78735
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Capitol Apartment Supplies
		and the second s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/13/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.75	5017 W. Hwy 290
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies/Appliances
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/06/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.53	5017 W. Hwy 290
	Ψ00.00	5011 W. Hwy 250
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	20000000	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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		
4. Total name Oct. 11. 51		
1 Total pages Schedule F1:		
Sch: 100/100 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4 Date	5 Payee name	
01/21/2025	Wayfair	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$51.95	2820 I-35 E	
	Lancaster, TX 75134	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
LAI LINDITURE	Check if Austin, TX, officeholder living expense	
	District Office Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
·		
Date	Payee name Worksir	
01/09/2025	Wayfair	
Amount (\$)	Payee address; City; State; Zip Code	
\$47.62	4500 S. Pleasant Valley Rd.	
	Austin, TX 78744	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	X Check if Austin, TX, officeholder living expense Capitol Apartment Supplies	
	Capitor / iparament Supplies	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCH		

The Insti	ruction C	Guide explains	how to complete	this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 105/105	
2 FILER NAME					3 Filer ID (Ethics Commission Filer	s)
Rose, Toni N. (T					00067987	
		ation or Labor Orga	anization / Pledgor /Paye	ee		
American Airline						
5 Contribution / Expe						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedu	le F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
6 Dates of Travel		of person(s) traveli	ng			
		Toni (Rep.)				
00/04/0005			departure location			
03/21/2025	Dallas					
00/05/0005			of destination location			
03/25/2025		ington, DC				
10 Means of transport		· ·	vel (including name of c		· ·	
Commercial Airp	nane ———	Deita Days II	n the Nation's Capital	Legislative Confere	nce (Rounatrip)	
		ation or Labor Orga	anization / Pledgor /Paye	ee		
American Airline						
Contribution / Expe						
Schedule A2	느	Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedu	le F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel		of person(s) traveli	ng			
	Rose,	Toni (Rep.)				
	-		departure location			
06/18/2025	Dallas					
			of destination location			
06/20/2025		uis, MO				
Means of transport		· ·	vel (including name of c		other event)	
Commercial Airp	olane 	women in G	overnment Conferenc	e (Rounatrip)		
		ation or Labor Orga	anization / Pledgor /Paye	ee		
American Airline						
Contribution / Expe						
Schedule A2	느	Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedul	le F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel		of person(s) traveli	ng			
	Rose,	Toni (Rep.)				
Departure city or name of departure location						
07/08/2025 Dallas, TX						
Destination city or name of destination location						
07/13/2025		ington, DC				
Means of transport		·	vel (including name of c			
Commercial Airp	lane	Delta Sigma	Theta Convention, Le	egislatīve Guest (Ro	undtrip)	