CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00087854 18 Date Received CANDIDATE / MS / MRS / MR **FIRST** ΜI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Denise 07/15/2025 NAME NICKNAME **LAST SUFFIX** Villalobos Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Accidently posted my cash on hand amount under the cell for current principal loans. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements:

AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally

> The Honorable Denise Villalobos Signature of Candidate or Officeholder

filed was made in good faith.

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Printed name of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The Honorable Denise The Honorable Denise Honorable The Honorable Denise Honorable The Honorable Denise The Honorable Denise Th							
The Honorable Denise De	The C/OH Instruction (Guide explains how to comple	ete this form.	(Ethics Commi		· -	
NAME The Horrorable Definise Definise Definise Date Recovered ELECTRONICALLY FILED District The Horrorable ELECTRONICALLY FILED District The Horrorable ELECTRONICALLY FILED District The Horrorable Productive District The Horrorable Productive District The Horrorable Definishment District The Horrorable District		MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
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NICKNAME LAST Vilialobos SUFFIX Vilialobos SUFFIX OfficeHolDer Manual Address Date Processed Date Procese							CALLY FILED
A CANDIDATE / OFFICE HOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE OFFICE HOLDER MAILING ADDRESS / Corpus Christi, TX 78410 Anount Corpus Christi, TX 78410 Anount Corpus Christi, TX 78410 Anount Corpus Christi, TX 78410 MS / MRS / MR FIRST MI MI MS / MRS / MR Kandice NICKNAME LAST SUFFIX Campos 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SIZE ADDRESS (Reidence or Business) Corpus Christi, TX 78410 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CORPUS Christi, TX 78410 8 REPORT TYPE		NICKNAME			CUEFIX		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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OFFICE HOLDER MALING ADDRESS Craupe of Address Corpus Christi, TX 78410 Date Processed Date Invaded			VIIIaiobos				
MALING ADDRESS Corpus Christi, TX 78410 Date Processed Date Processed		ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
ADDRESS Change of Address Corpus Christi, TX 78410 Date Imaged Date Imaged		10330 Kingsbury Dr					
TREASURER NAME MS / MRS / MR	•					Receipt #	Amount
TREASURER NAME MS / MRS / MR	Change of Address	Corpus Christi, TX 78410				2 . 2	
5 CAMPAIGN TREASURER NAME Mrs. Kandice NICKNAME LAST Campos SUFFIX Campos 6 CAMPAIGN TREASURES (Residence or Business) Corpus Christi, TX 78410 7 CAMPAIGN TREASURER PHONE 7 CAMPAIGN TREASURER PHONE (361) 537-3626 8 REPORT TYPE January 15 Suffix Suffix SUFFIX CITY; STATE: ZIP CODE APT / SUITE #; CITY; STATE: ZIP CODE TOPUS Christi, TX 78410 7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 537-3626 8 REPORT TYPE January 15 Suffix Suffi		'				Date Processed	
5 CAMPAIGN TREASURER NAME Mrs. Kandice NICKNAME LAST Campos SUFFIX Campos 6 CAMPAIGN TREASURES (Residence or Business) Corpus Christi, TX 78410 7 CAMPAIGN TREASURER PHONE 7 CAMPAIGN TREASURER PHONE (361) 537-3626 8 REPORT TYPE January 15 Suffix Suffix SUFFIX CITY; STATE: ZIP CODE APT / SUITE #; CITY; STATE: ZIP CODE TOPUS Christi, TX 78410 7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 537-3626 8 REPORT TYPE January 15 Suffix Suffi						Date Imaged	
TREASURER NAME Mrs. Kandice NICKNAME LAST SUFFIX						Date imaged	
TREASURER NAME Mrs. Kandice NICKNAME LAST SUFFIX	5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
NICKNAME LAST Campos STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3122 Creek Side Dr Corpus Christi, TX 78410 Corpus Christi, TX 78410 AREA CODE PHONE NUMBER EXTENSION (361) 537-3626 REPORT TYPE January 15 July 15 Rith day before election Exceeded modified population in the propring limit Exceeded modified propring limit Exceeded modified propring limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year O1/01/2025 THROUGH Month Day Year O3/03/2026 DELECTION DATE Month Day Year O3/03/2026 Month Day Year O3/03/2026 DELECTION DATE Month Day Year O3/03/2026 State Representative District 34 Nueces 12 OFFICE SOUGHT (if known) State Representative District 34					1411		
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6 CAMPAIGN TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE January 15 January 15 Stit day before election Exceeded modified reporting limit 9 PERIOD COVERED Month Day Vear 01/01/2025 THROUGH Runoff ELECTION DATE Month Day Vear 03/03/2026 PFINATE Month Day Vear 03/03/2026 PFINATE Month Day Vear 03/03/2026 PFINATE PRIOD General 15th day after campaign treasurer appointment (officeholder only) Exceeded modified reporting limit Final Report (Attach C/OH-FR) PPRIOD COVERED OFFICE HELD (if any) State Representative District 34 Nueces 12 OFFICE SOUGHT (if known) State Representative District 34 Nueces					SUFFIX		
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ADDRESS (Residence or Business) Corpus Christi, TX 78410 7 CAMPAIGN TREASURER PHONE (361) 537-3626 8 REPORT TYPE January 15 January 15 Bith day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH Month Day Year 03/03/2026 10 ELECTION ELECTION DATE Month Day Year 03/03/2026 Month Day Year O3/03/2026 Month Day Year O3/03/2026 Jeneral ELECTION TYPE Runoff Other Oberoal Special 11 OFFICE OFFICE HELD (if any) State Representative District 34 Nueces State Representative District 34		•	BOX PLEASE);	AP	T / SUITE #; CITY;	ST	TATE; ZIP CODE
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7 CAMPAIGN TREASURER PHONE (361) 537-3626 8 REPORT TYPE January 15	(Residence or Business)						
TREASURER PHONE 361) 537-3626 Report Type		Corpus Christi, TX 78410					
TREASURER PHONE 361) 537-3626 Report Type							
TREASURER PHONE 361) 537-3626 Report Type	7 CAMPAICNI	ADEA CODE DUON	E NUMBER - F	VTENCION			
8 REPORT TYPE January 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH Month Day Year 03/03/2026 Primary General ELECTION TYPE Month Day Year 03/03/2026 Descripting imit ELECTION TYPE Month Day Year Descripting imit Final Report (Attach C/OH-FR) Final Report (Attac			E NUMBER E	EXTENSION			
TYPE January 15 January 15 Sth day before election Runoff Final Report (Attach C/OH-FR) Final Rep	PHONE	(361) 537-3626					
TYPE January 15 January 15 Sth day before election Runoff Final Report (Attach C/OH-FR) Final Rep	0 DEDODT						
appointment (officeholder only) X		January 15	30th day before	election	Runoff F	15th day after c	amnainn treasurer
9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH BLECTION DATE Month Day Year 06/30/2025 10 ELECTION DATE Month Day Year 03/03/2026 General Special 11 OFFICE OFFICE HELD (if any) State Representative District 34 Nueces THROUGH Month Day Year 06/30/2025 ELECTION TYPE Month Day Special Primary Runoff Other Special Special 12 OFFICE SOUGHT (if known) State Representative District 34] coan day belore		L		
9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025 10 ELECTION DATE Month Day Year Nother Day Year 03/03/2026 Month Day Year Nother Day Year Nother Day Year Nother Day Year Nother Day Year Day Primary Runoff Dother Day Special 11 OFFICE OFFICE HELD (if any) State Representative District 34 Nueces 12 OFFICE SOUGHT (if known) State Representative District 34		X July 15	8th day before 6	election	Exceeded modified	Final Report (At	tach C/OH-FR)
THROUGH O6/30/2025 THROUGH O6/30/2025 O6/30/2025 THROUGH O6/30/2025 THROUGH O6/30/2025 OFFICE HELD (if any) State Representative District 34 Nueces THROUGH O6/30/2025 ELECTION TYPE Runoff Special OFFICE SOUGHT (if known) State Representative District 34					reporting limit		
10 ELECTION DATE Month Day Year 03/03/2026 General OFFICE HELD (if any) State Representative District 34 Nueces Month Day Year Special 12 OFFICE SOUGHT (if known) State Representative District 34		Month Day Year			Month Day	Year	
Month Day Year 03/03/2026 General Runoff Other Special	COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
Month Day Year 03/03/2026 General Runoff Other Special							
11 OFFICE OFFICE HELD (if any) State Representative District 34 Nueces 12 OFFICE SOUGHT (if known) State Representative District 34	10 ELECTION	ELECTION DATE			ELECTION TYPE		
11 OFFICE OFFICE HELD (if any) State Representative District 34 Nueces State Representative District 34 Nueces			XP	rimary	Runoff	Other	
State Representative District 34 Nueces State Representative District 34		03/03/2026	│ □G	eneral	Special		
State Representative District 34 Nueces State Representative District 34							
State Representative District 34 Nueces State Representative District 34	11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOLIGHT	(if known)	
			ict 34 Nueces				
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			GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 18

13 C / OH NAME	Villalobos, Denise (T	he Honorable)	14 Filer ID (I 00087854	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 informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Associated Republicans of Texas		
		COMMITTEE ADDRESS		
	SPECIFIC	807 Brazos Ste 601		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		DeLeon, Hector		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		901 S Mopac Ste 300		
		Austin, TX 78746		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 14,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 37,140.92
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 48,926.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Denise Villalobo	ne.
			f Candidate or Officehold	
		ű		
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		•
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath
-	Ţ	J		J

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLK 3	4 of 18
l	ER NAN alobos	Denise (The Honorable)	19 Filer ID 00087854	(Ethics Cor	nmission Filers)
l	HEDULI ME OF :	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,725.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	37,140.92
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 FOR TO FILER	RETURNED	\$	

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/18		
2	FILER NAME Villalobos, D	enise (The Honorable)		3	Filer ID (Ethics Commission 00087854	on Filers)	
4	Date 06/26/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00	
		Corpus Christi, TX 78415					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$200.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Erben & Yarbrough Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Garza, Mary Jane Contributor address; City; State; Zip Code Corpus Christi, TX 78414			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Gilbert, Jesse Contributor address; City; State; Zip Code Portland, TX 78374)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this form	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/18	
2	FILER NAME Villalobos, D	enise (The Honorable)		3	Filer ID (Ethics Commission 00087854	n Filers)
4	Date 06/25/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Daine in a la casa	Laredo, TX 78041	Frankrija (Cara katanatian a			
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Longbow Consulting Partners LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: McAllen Firefighters for Responsible Government Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Mission Firefighters Committee Contributor address; City; State; Zip Code Mission, TX 78574)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	: A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/18	
2	FILER NAME Villalobos, D	Denise (The Honorable)		3	Filer ID (Ethics Commission 00087854	Filers)
4	Date 06/30/2025	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77002				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	5,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	 - s)		
				_		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$	52,500.00
		Houston, TX 77027				
	Principal occu business ow	pation / Job title (See Instructions) /ner	Employer (See Instructions Self	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$	31,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/11 Rpt: 8/18	Villalobos, Denise (The Honorable) 00087854
4	Date	5 Payee name
	06/30/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	410 Terry Ave N
		Seattle, WA 98109
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
		Backpacks
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	Clayton Spangler Photographic Design
_	Amount (\$)	Payee address; City; State; Zip Code
	\$549.00	235 Point Lick Dr
	\$549.00	233 POINT LICK DI
		Charleston, WV 25306
	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
		Panoramic
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit ever	
	Date	Payee name
	01/01/2025	Coldwater Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1717 Toomey Rd apt 118
	·	
		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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Application Fees
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

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

	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: 2/11 Rpt: 9/18	Villalobos, Denise (The Honorable) 00087854
4	Date	5 Payee name
	01/01/2025	Coldwater Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1717 Toomey Rd apt 118
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Application Fees
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2025	Coldwater Apartments
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,797.09	1717 Toomey Rd apt 118
		Austin, TX 78704
	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
		Session in Austin Apartment - Deposit/setup
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Or	
	Date	Payee name
	01/03/2025	Coldwater Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,866.00	1717 Toomey Rd apt 118
	Ψ2,000.00	1717 Toomey Na apt 110
		Austin, TX 78704
	PURPOSE	1
	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	Tille Overhead/Rental Expense X Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Rent & utilities
	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)

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	
Ļ	Tatalana O. I. I. T.	
1	Total pages Schedule F1:	
L	Sch: 3/11 Rpt: 10/18	Villalobos, Denise (The Honorable) 00087854
4	Date	5 Payee name
	02/03/2025	Coldwater Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$2,881.00	1717 Toomey Rd apt 118
	Ψ2,001.00	1717 Toomey Na apt 110
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Rent & utilities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to belieff C/OI	1
	Date	Payee name
	03/03/2025	Coldwater Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,028.98	1717 Toomey Rd apt 118
	40,020.00	
		Auglia TV 70704
		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 Session in Austin Apartment - Rent & utilities
		Session in Austin Apartment - Nent & dunities
_	Opening the ONII Wife discort	Occasional Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	Coldwater Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,894.74	1717 Toomey Rd apt 118
		Austin, TX 78704
H	PURPOSE	
	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Rent & utilities
-	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	T-t-1	
1	Total pages Schedule F1:	
L	Sch: 4/11 Rpt: 11/18	Villalobos, Denise (The Honorable) 00087854
4	Date	5 Payee name
	05/03/2025	Coldwater Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$2,995.97	1717 Toomey Rd apt 118
	Ψ2,333.31	1717 Toomby Nu apt 110
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Rent & utilities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	1
	Date	Payee name
	06/03/2025	Coldwater Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,842.87	1717 Toomey Rd apt 118
	Ψ2,042.07	1717 Toomey Nu apt 110
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Session in Austin Apartment - Rent & utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/03/2025	Corpus Christi Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	Staples St STE 150
	Ψ500.00	Staples St 012 100
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Membership Dues
	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 Comi 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 Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/11 Rpt: 12/18 Villalobos, Denise (The Honorable) 00087854 4 Date Payee name 01/01/2025 Kloberdanz, Max 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 10654 Heizer Dr. Corpus Christi, TX 78410 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Manager Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/17/2025 Kloberdanz, Max Amount (\$) Payee address; City; State; Zip Code \$549.21 10654 Heizer Dr. Corpus Christi, TX 78410 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2025 Kloberdanz, Max Amount (\$) Payee address: City; State; Zip Code \$70.34 10654 Heizer Dr. Corpus Christi, TX 78410 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 13/18	Villalobos, Denise (The Honorable) 00087854
4 Date	5 Payee name
03/07/2025	Kloberdanz, Max
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$441.87	10654 Heizer Dr.
	Corpus Christi, TX 78410
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
experience to some eye.	
Date	Payee name
03/28/2025	Kloberdanz, Max
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	10654 Heizer Dr.
	Corpus Christi, TX 78410
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
	Отпос барриос
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Data	
Date 04/23/2025	Payee name
	Kloberdanz, Max
Amount (\$)	Payee address; City; State; Zip Code
\$66.00	10654 Heizer Dr.
	Corpus Christi, TX 78410
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.
2/4 2/15/10/12	Check if Austin, TX, officeholder living expense
	snacks for office
Operated CANAY II	Our field to 10ff and address of the 10ff and 10
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
p	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/11 Rpt: 14/18	Villalobos, Denise (The Honorable)	00087854
4 Date	5 Payee name	•
05/27/2025	Kloberdanz, Max	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$24.00	10654 Heizer Dr.	
	Corpus Christi, TX 78410	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Cookies
Complete ONLY if direct	Condidate/Officeholder name Office sev	oht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
06/06/2025	Kloberdanz, Max	
Amount (\$)	Payee address; City; State; Zip Co	de
\$73.38	10654 Heizer Dr.	
	Corpus Christi, TX 78410	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		••
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	-1	
Date	Payee name	
06/30/2025	Kloberdanz, Max	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,000.00	10654 Heizer Dr.	
	Corpus Christi, TX 78410	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Calanos Wagos Contract Labor	Check if Austin, TX, officeholder living expense
		Campaign Manager
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientials to beliefft G/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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/11 Rpt: 15/18	Villalobos, Denise (The Honorable) 00087854
4	Date	5 Payee name
	06/30/2025	Kloberdanz, Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$346.25	10654 Heizer Dr.
		Corpus Christi, TX 78410
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
		Posters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/17/2025	NAACP Corpus Christi Branch 61681
		·
	Amount (\$) \$60.00	Payee address; City; State; Zip Code 405 N Tanachua St
	\$60.00	405 N Tanachua St
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payes name
	06/26/2025	Payee name Nueces County Republican Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$535.58	5151 Flynn Pkwy #103
		Corpus Christi, TX 78411
	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
		Back page ad
		- 100 page 00
_	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

	onations Made By fficeholder/Politica ment	al Committee	Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/V	/ages/C	ontract Labor		ıt of Distric enter a cat	ct tegory not listed above)
1 Total mana C	abadula Et						2 Filan ID	/-	Ethios Commission Filars)
		2 FILER NAME		- - -		;	3 Filer ID	-	Ethics Commission Filers)
Sch: 9/11 R	xpt: 16/18	Villalobos, D	enise (The Honora	abie) 			000878	ช54 	
4 Date		5 Payee name							
06/03/2025		Public Stora	ge						
6 Amount (\$)		7 Payee addres	ss; City;	State; Zip Co	de				
	\$21.64	4202 Santia	•	, ,					
	,,		g - -						
		Acceting TV 7	10745						
		Austin, TX 7							
8 PURPOSI	E	(a) Category (Se	e Categories listed at the to	pp of this schedule)	(p) [Description			
OF EXPENDITU	JRE	Office Overh	nead/Rental Expen	ise	Ļ	Check if travel ou			
						_			
					3	Storage for Au	isiii apali	unent I	umiture
9 Complete ON expenditure to		Candidate/Offic	ceholder name	Office sou	ght		Off	ice held	
ехрепание н	benefit 6/6								
Date		Payee name							
06/03/2025		Public Stora	ge						
Amount (\$)		Payee addres	ss; City;	State; Zip Co	de				
	\$67.00	4202 Santia		•					
			<u> </u>						
		Auctin TV 7	0745						
	_	Austin, TX 7							
PURPOSI OF	E		e Categories listed at the to		(b) [Description			
EXPENDITU	JRE	Office Overh	nead/Rental Expen	ise	Ļ	Check if travel out			
						x Check if Austin, Table Storage for Au			
						AUTAGE TOT AU	Juli apai	anont I	arritaro
Complete CN	I V if direct	Candidata/Offic	ocholder neme	Office	abt		0"	ioo bald	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
		<u> </u>							
Date		Payee name							
06/30/2025		Quintanilla,	Cierra						
Amount (\$)		Payee addres	s; City;	State; Zip Co	de				
	\$100.00	4021 FM 24							
		Robstown, 1	X 78380						
PURPOSI	=				(h) -	Noncription			
OF	=		e Categories listed at the to		(D) L	Description Check if travel ou	utside of Texas	s. Complet	te Schedule T
EXPENDITU	IRE	Jaianes/Wages/Contract Eabor				Check if Austin,			
						ampaign Wo		5 ·	
						. •			
Complete ON	LY if direct	L Candidate/Offic	ceholder name	Office sou	aht		Off	ice held	
expenditure to				300 300	a		Jiii	.50 .1010	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
_		<u> </u>	T						
1	Total pages Schedule F1: Sch: 10/11 Rpt: 17/18	Priler NAME Villalobos, Denise (The Honorable)	3 Filer ID (Ethics Commission Filers) 00087854						
4	 Date	Payee name	I						
	03/16/2025	STAR							
6	Amount (\$) \$90.00	Payee address; City; State; Zip Code 4934 High Meadow Dr Corpus Christi, TX 78413							
		· · · · · · · · · · · · · · · · · · ·							
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense embership Dues						
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/10/2025	Tankersley, Kate							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$7,500.00	PO Box 41964							
		Houston, TX 77241							
	PURPOSE OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/31/2025	Texas Conservative Coalition							
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2659							
		Austin, TX 78768							
	PURPOSE OF EXPENDITURE	Contributions/Donations Made by	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held						
Ec	rms provided by Tayas F	nics Commission www.athics state ty us	Varsian VA 1 0 f10d0fd9						

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	pense Pri Sa		Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 18/18	Villalobos	s, Denise (The Honor	rable)				00087854	
4	Date	5 Payee nar							
	02/20/2025	Texas Ho	ouse Republican Cau	ıcus					
6	Amount (\$)	7 Payee add		State; Z	ip Code				
	\$1,000.00	PO Box 1	13305						
		Austin, T	X 78711						
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule	e) (b)	Description			
	OF EXPENDITURE		tions/Donations Made					de of Texas. Com officeholder living	
		Candidat	e/Officeholder/Politic	ai Committe		Membership			expense
9	Complete ONLY if direct expenditure to benefit C/Ol		Officeholder name	Offic	e sought			Office he	eld