CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00080443	sion Filers)	2 Total pages fil	ed: 8
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Rhetta A.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/15/2025	
		Bowers				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3526 Lakeview Pkwy. Ste.	B, #211			Receipt #	Amount
Change of Address	Dowlett TV 75000					
Change of Address	Rowlett, TX 75088				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Richie L.				
	NICKNAME	LAST		SUFFIX		
		Butler				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	5710 E. R L Thorton Fwy.					
(Residence or Business)	Dallas, TX 75223					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(214) 887-3903					
8 REPORT TYPE		-				
ITPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	
				reporting limit		
9 PERIOD COVERED	Month Day Year		IDOLIOI I	Month Day	Year	
COVERED	01/01/2025	IH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026	□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distr	ict 113 Dallas		State Represent	tative District 113	
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Bowers, Rhetta A. (The Honorable) 14 Filer ID 00080443			(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without officeholders are required to report this information.	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
46 CONTRIBUTION	4 TOTAL LINUTENA	ZED POLITICAL CONTRIBUTIONS (OTHER TI	IAN DI FDOFO LOANO	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	\$ 0.00		
	2. TOTAL POLITIC (OTHER THAN F	NS)	\$ 4,906.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 2,856.81	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,488.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THI RIOD	E LAST DAY OF THE	\$ 3,563.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 2,800.00
17 AFFIDAVIT				
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required to	
		The Use	bla Dhatta A. Danna	
			norable Rhetta A. Bowe of Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL ABO	Ç	or caracast or criscillo	
			this the	day
		aidertify which, witness my hand and seal of office.	, uiis uie	day
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 01 28
	ER NAM	ME Chetta A. (The Honorable)	19 Filer ID 00080443	(Eth	ics Commission Filers)
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,951.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	955.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	2,800.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	21,538.70
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	10,950.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this 1	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/28		
2	FILER NAME Bowers, Rhe	tta A. (The Honorable)		3	Filer ID (Ethics Commission 00080443	on Filers)
4	Date 06/27/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$200.00	
_		Austin, TX 78701	T	Ļ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248				Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Moak Casey PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2429)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	untion Cuido explaine how to complete this	1 Total pages Schedule A2:			
i ne instru	uction Guide explains how to complete this f	Sch: 1/1 Rpt: 5/28			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Bowers, Rh	etta A. (The Honorable)		00080443		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
06/24/2025	Ingersoll, Deborah		contribution (\$) description \$655.00 Event Coordination and		
	7 Contributor address; City; State; Zip Code		Email Distribution for June		
			24 Austin Club Event		
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	•		
Owner		Legislative Solution	าร		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
06/24/2025	<u></u>		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$300.001 Austin Club Venue Cost for June 24 fundraiser		
			lor danc 24 landraiser		
			į į		
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
President &	(CEO	JTM Consulting, LLC			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

	LOANS						SCHEDULE E
	The Instruction	on Guide explains ho	w to c	omplete this f	form. 1 Total pages Schedule E: Sch: 1/1 Rpt: 6/28		
2	FILER NAME Bowers, Rhetta	A. (The Honorable)				3 Filer ID 00080	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZED LOANS						\$
5	Date of loan 04/21/2025	7 Name of lender Bowers, Rhetta (Rep).)	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$1,800.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate
	No	Rowlett, TX 75088					11 Maturity Date
12	Principal occupation Owner	on / Job title (See Instruction	ns)		13 Employer (See Instructions Our Democracy	3)	
14	Description of Coll X None	ateral			15 Check if personal funds we	ere deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code		
20 Principal occupation 21 Em				21 Employer (See Instructions	5)		
	Date of loan	Name of lender		out-of-state PA	C (ID#:	,	Loan Amount (\$)
	06/06/2025	Bowers, Rhetta (Rep	o.)				\$1,000.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate
	No	Rowlett, TX 75088					Maturity Date
	Principal occupation	n / Job title (See Instruction	ns)		Employer (See Instructions	s)	
	Owner				Our Democracy		
	Description of Coll X None	ateral			Check if personal funds were deposited into political account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code		
	Principal occupation	on			Employer (See Instructions	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 1/20 Rpt: 7/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	01/06/2025	Advantage Storages
6	Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 5280 Hwy 78
	φου.00	3200 nwy 76
		Sachse, TX 75048
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.
		Campaign supplies storage
		Campaign supplies storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Advantage Storages
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	5280 Hwy 78
		Sachse, TX 75048
	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 storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	Advantage Storages
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	5280 Hwy 78
	Ψ03.00	3200 HWy 70
		Sachse, TX 75048
	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
		Campaign supplies storage
	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 2/20 Rpt: 8/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	04/03/2025	Advantage Storages
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.00	5280 Hwy 78
		Sachse, TX 75048
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.
		Campaign supplies storage
		Campaign supplies storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	05/02/2025	Advantage Storages
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	5280 Hwy 78
		Sachse, TX 75048
	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.
		Campaign supplies storage
		Campaight supplies storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	06/09/2025	Payee name Advantage Storages
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	5280 Hwy 78
		Sachse, TX 75048
	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.
		Campaign supplies storage
		Campaign supplies storage
_	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 3/20 Rpt: 9/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
L	01/15/2025	Alonti Caf & Catering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$126.53	3421 W. William Cannon Dr. #115
		Austin, TX 78745
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.
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Capitol Office Catering - First Day of Session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/OI	
	Date	Payee name
	01/31/2025	Alonti Caf & Catering
	Amount (\$)	Payee address; City; State; Zip Code
	\$430.81	3421 W. William Cannon Dr. #115
		Austin, TX 78745
\vdash	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Catering
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/18/2025	Brick & Bones Backyard
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,890.75	3410 Main St.
	Φ1,030.75	OTIO MIGHT St.
		Doublett TV 75000
		Rowlett, TX 75088
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the unique statistic of Taylor Camplete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Catering
		Cupitor Cirios Cutoring
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 4/20 Rpt: 10/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	03/03/2025	Capital Hilton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$921.81	1001 16th Street NW
		Washington, DC 20036
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 - Presidential Lifetime Achievement
		Award Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.04	1400 Congress Ave.
	,	3 *** 3 ***
		Austin, TX 78701
	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 Welcome Gifts for Interns
		Weldonie Onto lot interno
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	01/16/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.89	1400 Congress Ave.
	Ψ31.03	1400 Congress Ave.
		Austin, TX 78701
	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
		Welcome Gifts for Interns
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPCHURATE TO DEFICIT C/OF	'

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	- Gil Committee Le	od/Beverage Expense ft/Awards/Memorials Expense gal Services he Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 5/20 Rpt: 11/28		ta A. (The Honorable)			3 Filer ID (Ethics Commission Filers 00080443	;)
Ļ			ta A. (The Hohorable)			00080443	
4	Date 01/17/2025	5 Payee nameConstant Con	tact				
6	Amount (\$)	7 Payee address;	yee address; City; State; Zip Code				
	\$255.84	1601 Trapelo	Road				
		Waltham, MA	02451				
8	PURPOSE OF	(a) Category (See	Categories listed at the top of this so	chedule)	(b) Description		
	EXPENDITURE	Advertising Ex	xpense		=	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					Email Softwa		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght	Office held	
_	Date	Dayon nama					
	01/21/2025	Payee name Constant Con	tact				
	Amount (\$)	Payee address;		e; Zip Co	10		
	\$127.92	1601 Trapelo	•	c, 2ip 00			
	4121.02	1001 Hapolo	11000				
		Waltham, MA	02451				
	PURPOSE OF		Categories listed at the top of this so	chedule)	(b) Description		
	EXPENDITURE	Advertising Ex	xpense		<u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					Email Softwa		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght	Office held	
_	Date	Dayon nama					_
	02/18/2025	Payee name Constant Con	tact				
	Amount (\$)	Payee address;		e; Zip Co	10		
	\$127.92	1601 Trapelo	•	e, zip coi	ue		
	Ψ121.32	1001 Hapelo	rtodd				
		Waltham, MA	02451				
	PURPOSE OF		Categories listed at the top of this so	chedule)	(b) Description		
	EXPENDITURE	Advertising Ex	xpense			outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					Email Softwa		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name	Office sou	ght	Office held	
	ponditaro to bonont 0/01	-					

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/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: 6/20 Rpt: 12/28	Bowers, Rhetta A. (The Honorable) 00080443
4 Date	5 Payee name
03/18/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$127.92	1601 Trapelo Road
	Waltham, MA 02451
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
	Email Software
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$127.92	1601 Trapelo Road
	Waltham, MA 02451
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 Email Software
	Linui convac
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	T
Date	Payee name
05/19/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$127.92	1601 Trapelo Road
	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Email Software
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	

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/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: 7/20 Rpt: 13/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	06/18/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.25	1601 Trapelo Road
		Waltham, MA 02451
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 Email Software
		Email Goldward
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	01/28/2025	Courtyard by Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.27	11200 Broadway St Ste. 2000
		Pearland, TX 77584
	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
		Member Lodging - St. Thomas HS Hall of Fame Honoree Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	02/20/2025	Criminal Justice Reform Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2601 N. Stanton St.
		El Paso, TX 79902
	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 Legislative Caucus Dues
		Legislative Caucus Dues
\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 -

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: 8/20 Rpt: 14/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	01/27/2025	Enterprise Rent-A-Car
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$281.27	2101 Travis
		Houston, TX 77002
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
		Transportation - St. Thomas HS Hall of Fame Honoree Event
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2025	Fragoso, Daisy
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1207 Cedar Branch Dr.
		Wylie, TX 75098
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Bonus
		Gilliania Bolido
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	04/20/2025	Payee name Fragoso, Daisy
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1207 Cedar Branch Dr.
		Wylie, TX 75098
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign Services
		- Campaign Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 9/20 Rpt: 15/28	Bowers, Rhetta A. (The Honorable) 00080443	
4	Date	5 Payee name	_
	05/01/2025	Fragoso, Daisy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	1207 Cedar Branch Dr.	
		Wylie, TX 75098	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Services	
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/OH		
L	Date		_
	Date	Payee name	
	01/09/2025	Fragoso, Daisy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	1207 Cedar Branch Dr.	
		Wylie, TX 75098	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	=
	01/17/2025	Garland Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	520 N. Glenbrook Drive	
		Garland, TX 75040	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE	Chember Dune	
		Chamber Dues	
L		Candidate/Officeholder name Office sought Office held	_
ı	Complete ONI V it direct	Candidate/Onicendidel name Onice South Office Itela	
	Complete ONLY if direct expenditure to benefit C/O	o	
		o	_
		o	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 16/28		Bowers, Rhetta A. (The Honorable)		00080443
4	Date	5	Payee name		•
	01/09/2025		Hall, Sydney		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$500.00		5711 Preston Oaks Rd., Apt. 1138		
			Dallas, TX 75254		
8	PURPOSE	(a)		(b)	Description
ľ	OF	```	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Caranos, magos, Com act East.		Check if Austin, TX, officeholder living expense
					Campaign Services
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
	experialiture to beliefit C/O				
	Date		Payee name		
	04/07/2025		Hyatt Regency Seattle		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$282.02		808 Howell St.		
l					
l			Seattle, WA 98101		
Г	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l					Check if Austin, TX, officeholder living expense
l					Member Lodging - The Innocence Project Criminal Justice Award Honoree Event
⊢	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O		Candidate/Officeriolider frame Office Soc	igiit	Office field
-	D-t-	_			
	Date		Payee name		
	01/15/2025		JW Marriott Austin		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$329.08		110 E 2nd St.		
l					
			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. X Check if Austin, TX, officeholder living expense
					Member Lodging - First Day of Session
\vdash	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	I ight	Office held
	expenditure to benefit C/O		3 3	J	

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

l	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
l	Sch: 11/20 Rpt: 17/28	Bowers, Rhetta A. (The Honorable)		00080443	
4	Date	5 Payee name		•	
l	04/22/2025	Legislative Study Group			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
l	\$1,000.00	P.O. Box 12943			
l					
l		Austin, TX 78711			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
l				Check if Austin, TX, officeholder living expense Membership Dues	
l				Wellbership Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
ľ	expenditure to benefit C/O		9	- Cindo Hold	
H	Date	Payee name			
l	01/30/2025	Mailchimp			
┝	Amount (\$)	Payee address; City; State; Zip Co	de		
l	\$117.26	195 Montague St.	uc		
	411.120	100 Montague C.			
		Brooklyn Heights, NY 11201			
⊢	PURPOSE		(h)) Description	
l	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense	
l				Email Software	
L					
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held	
L					
l	Date	Payee name			
L	03/03/2025	Mailchimp			
l	Amount (\$)	Payee address; City; State; Zip Co	de		
l	\$117.26	195 Montague St.			
l					
		Brooklyn Heights, NY 11201			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Towas Complete Schoolule T	
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l				Email Software	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/O	1			
Г					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<u> </u>		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/20 Rpt: 18/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	03/31/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	195 Montague St.
		Brooklyn Heights, NY 11201
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/30/2025	Mailchimp
_	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	195 Montague St.
	Φ111.20	195 Montague St.
		Book to the the Any agent
		Brooklyn Heights, NY 11201
	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 Email Software
		Linai Soliwaie
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Mailabinan
	06/16/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	195 Montague St.
		Brooklyn Heights, NY 11201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	Za Enditone	Check if Austin, TX, officeholder living expense
		Email Software
	Operation Of the Control of the Cont	Overskildete (Office helden manne
	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 Commi

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 13/20 Rpt: 19/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	01/17/2025	Mesquite Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$285.00	617 N. Ebrite Street
		Mesquite, TX 75149
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
		Chamber Dues
		Gildinger Bass
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/21/2025	NAACP - Garland Branch
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	713 Austin Street
		Garland, TX 75040
	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
		MLK Parade Entrance Fee
		WENT diade Entraine Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/17/2025	Rowlett Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	4418 Main St
		Rowlett, TX 75088
	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
		Event Sponsorship
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 20/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	01/10/2025	Sabine on 5th
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,637.00	507 Sabine St.
		Austin, TX 78701
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 Housing
		Capitol Housing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	02/04/2025	Sabine on 5th
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,400.00	507 Sabine St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		 ∑ Check if Austin, TX, officeholder living expense Capitol Housing
		Capitor Flousing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	01/27/2025	Payee name Target
		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.29	10107 Research Blvd.
		Austin, TX 78759
	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 Supplies for legislative office
		Supplies for legislative office
_	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 Cr

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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 21/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	03/27/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.44	10107 Research Blvd.
		Austin, TX 78759
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 Supplies for legislative office
		Supplies for legislative office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Dougo nama
	01/14/2025	Payee name Target
		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.86	10107 Research Blvd.
		Austin, TX 78759
	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
		Supplies for legislative office
		Supplies for registative office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/24/2025	Trinity Chapter, The Links Inc.
\vdash	Amount (\$)	
	\$200.00	Payee address; City; State; Zip Code P.O. Box 820534
	Φ200.00	F.O. DOX 020004
		Dollar TV 75202
		Dallas, TX 75382
	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 Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Trinity Links Sneakers and Diamonds Gala Donation
	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/20 Rpt: 22/28	Bowers, Rhetta A. (The Honorable) 00080443
4	Date	5 Payee name
	01/08/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.12	1515 3rd St.
		San Francisco, CA 94158
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
		Austin Car Service
		A LOCALITY CHAIR CONTINUES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies same
	01/15/2025	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.40	1515 3rd St.
		San Francisco, CA 94158
	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 Austin Car Service
		Additi dai Scivice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/15/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.82	1515 3rd St.
		San Francisco, CA 94158
	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 Austin Car Service
		Austin Car Service
	Operation ONLY if allowed	On did to 10 ff as halden game.
	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 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	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: 17/20 Rpt: 23/28	Bowers, Rhetta A. (The Honorable) 00080443			
4 Date	5 Payee name			
02/11/2025	UBER			
6 Amount (\$) \$167.05	7 Payee address; City; State; Zip Code 1515 3rd St. San Francisco, CA 94158			
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 Car Service to Airport			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/05/2025	UBER			
Amount (\$) \$16.87	Payee address; City; State; Zip Code 1515 3rd St.			
	San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Austin Car Service			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/05/2025	UBER			
Amount (\$) \$13.80	Payee address; City; State; Zip Code 1515 3rd St.			
	San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Austin Car Service			
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 24/28	Bowers, Rhetta A. (The Honorable)	00080443
4	Date	5 Payee name	•
	03/21/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.87	1515 3rd St.	
		San Francisco, CA 94158	
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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Austin Car Service
_			000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/24/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.75	1515 3rd St.	
		San Francisco, CA 94158	
	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
			Austin Car Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Data		
	Date	Payee name UBER	
	03/24/2025	*	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.11	1515 3rd St.	
		San Francisco, CA 94158	
	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 Austin Car Service
			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	3	Office Hold

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 C Credit Card Payment	Committee Legal Services Salaries/N The Instruction Guide explains how to co	Vages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F1: 2	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 19/20 Rpt: 25/28	Bowers, Rhetta A. (The Honorable)		00080443	
4 Date 5	Payee name			
04/07/2025	UBER			
6 Amount (\$) \$29.71	7 Payee address; City; State; Zip Co 1515 3rd St. San Francisco, CA 94158	ode		
8 PURPOSE (a	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 Austin Car Service			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
04/07/2025	UBER			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$27.54	1515 3rd St.			
	San Francisco, CA 94158	La v		
PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(b) Description	side of Texas. Complete Schedule T.	
EXPENDITURE	Travel Out of District	l <u>–</u>	K, officeholder living expense	
		Austin Car Serv	nice	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
04/08/2025	UBER			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$141.32	1515 3rd St.			
	San Francisco, CA 94158			
PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(b) Description	side of Taylor County C. L. L. T.	
EXPENDITURE	Travel Out of District		side of Texas. Complete Schedule T. K, officeholder living expense	
		Car Service to		
Computate ONE V if allows:	Condidate/Officeholder ners	an la A	Office heald	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	gnt	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 Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/20 Rpt: 26/28	Bowers, Rhetta A. (The Honorable)		00080443
4	Date	5 Payee name		•
	04/08/2025	UBER		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$14.48	1515 3rd St.		
		San Francisco, CA 94158		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Austin Car Service
Ļ	Complete ONLY if direct	Candidate/Officeholder reges	. la 4	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Jrit	Office held
_	Data			
	Date	Payee name		
	01/27/2025	VONLANE		
	Amount (\$)	Payee address; City; State; Zip Coc	ae	
	\$135.00	6310 Lemmon Ave		
		Dallas, TX 75209		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Member Transportation - District to Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/06/2025	VONLANE		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$270.00	6310 Lemmon Ave		
		Dallas, TX 75209		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Member Transportation - Capitol to District
L	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	Complete ONLY if direct expenditure to benefit C/Ol		JIIL	Office field
_				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment		r - Il Committee	Folling Expense Folling Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NAMI	Ξ			3 F	iler ID (Eth	nics Commission Filers)
	Sch: 1/2 Rpt: 27/28	Bowers, Rh	netta A. (The Honorable)			C	0080443	
4	Date	5 Payee name						
	03/09/2025	Sabine on	5th					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$3,400.00	507 Sabine	•	•				
	Reimbursement from							
	X political contributions intended	Austin TX	78701					
Ļ		Austin, TX 78701						of Toyon Complete Cabadula T
8	PURPOSE OF	' ' ' '	ee Categories listed at the top of this sch	iedule)	(b) Description	=		e of Texas. Complete Schedule T. fficeholder living expense
	EXPENDITURE	Office Over	head/Rental Expense		Capitol Housing			3 1 1 1 1
					Capitor riousing			
Ļ	Complete ONLY if direct	Caradidata/Offica	haldar rassa		Office security		04	Sian hald
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Oli	fice held
	C/OH							
	Date	Payee name						
	04/05/2025	Sabine on						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,400.00							
		OUT GUSING	. Ot.					
	Reimbursement from political contributions	Accetion TV	70701					
	intended	Austin, TX	78701					
	PURPOSE OF		ee Categories listed at the top of this sch	nedule)	Description _			e of Texas. Complete Schedule T. fficeholder living expense
	EXPENDITURE	Office Over	head/Rental Expense		Comital Haveing	X Circ	ok ii Austili, TA, o	miceriolaer living expense
					Capitol Housing			
	Opening the ONITY if allowed	0	h - l -l		Office a constant		04	C I I-I
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Oli	fice held
	C/OH							
	Date	Payee name						
	05/05/2025	Sabine on						
_	Amount (\$)	Payee addre		; Zip Co	nde			
	\$3,400.00	507 Sabine		, <u></u> ,p,	540			
		oor casine						
	X Reimbursement from political contributions intended	Austin, TX	78701					
\vdash	PURPOSE		ee Categories listed at the top of this sch	nedule)	Description	Che	ck if travel outside	e of Texas. Complete Schedule T.
	OF		head/Rental Expense	,	<u> </u>	X Che	ck if Austin, TX, o	fficeholder living expense
	EXPENDITURE				Capitol Housing			
	Complete ONLY if direct	<u>I</u> Candidate/Office	holder name		Office sought		Off	fice held
	expenditure to benefit							
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE C

				SCHEDULE G
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	GORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains 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)
1	Total pages Schedule G: Sch: 2/2 Rpt: 28/28	2 FILER NAME Bowers, Rhetta A. (The Honorable))	3 Filer ID (Ethics Commission Filers) 00080443
4	Date 06/04/2025	5 Payee name Sabine on 5th		
6	Amount (\$) \$750.00 Reimbursement from political contributions intended	7 Payee address; City; Si 507 Sabine St.Austin, TX 78701	tate; Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense June Lease Extension
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held