# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00062288		2 Total pages filed: 54	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	,
OFFICEHOLDER NAME	The Honorable	Matthew M.			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	07/15/2025	
	Dade	Phelan		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
MAILING	Post Office Box 5990				Receipt # Amount	
ADDRESS						
Change of Address	Austin, TX 78763				Date Processed	
					Date Imaged	
- 044541041	140 /4400 /440					
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	William F.				
	NIO(A) A A A E					
	NICKNAME	LAST Scott		SUFFIX		
		30011				
6 CAMPAIGN	STREET ADDRESS (NO PC		ΔΡ	T / SUITE #; CITY;	STATE; ZIP C	CODE
TREASURER	1735 West Cardinal Drive		7 u	1730112 ", 0111,	017(12, 211 0	JODE
ADDRESS	2.00 1.001 00.0					
(Residence or Business)	Beaumont, TX 77705					
	Beaumont, 1777705					
7 CAMPAIGN TREASURER	AREA CODE PHO	NE NUMBER E	EXTENSION			
PHONE	(409) 727-4801					
8 REPORT TYPE	January 15	30th day before	oloction $\square$	Runoff	15th day after campaign treasure	r
=	January 15	Sour day before	election	Rulloll	appointment (officeholder only)	I
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
				reporting innit		
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/202	25	
44 ELECTION	FI FOTION DATE	<del></del>		ELECTION TYPE		
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	03/03/2026	X Pi	Tilliary	브	Uotilei	
		∐ <sup>G</sup>	General	Special		
				1		
11 OFFICE	OFFICE HELD (if any)	triot 21		12 OFFICE SOUGHT		
	State Representative Dis	trict 21		State Represent	tative district 21	
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 54

13 C / OH NAME	Phelan, Matthew M.	The Honorable)	<b>14</b> Filer ID (100062288	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho d officeholders are required to report this informa	ut the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Texans for Dade		
		COMMITTEE ADDRESS		
	X SPECIFIC	PO Box 5990		
		Austin, TX 78763		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Scott, William		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
		1735 W. Cardinal Dr		
		Beaumont, TX 77705		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TIES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 31,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 3,129.08
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 252,291.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 566,204.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required to	
		The Hon	orable Matthew M. Phel	lan
		Signature	of Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

					3 of 54
	ER NAN		19 Filer ID	(Ethic	es Commission Filers)
Phelan, Matthew M. (The Honorable) 00062288					
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				31,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	233,230.98
6.	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	5,934.80	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	13,125.65
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	DNS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHED	ULE <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/54	
2	FILER NAME Phelan, Matthew M. (The Honorable)			3	Filer ID (Ethics Commis 00062288	sion Filers)
4	Date 06/24/2025  Full name of contributor out-of-state PAC (ID#:) Texans for Truth & Liberty PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$	\$25,000.00	
		Austin, TX 78701				
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#: Texas Craft Brewers Guild PAC - Craft PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$	\$1,000.00
		Austin, TX 78766-7356				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas REALTORS PAC (TREPAC)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$	\$5,000.00
		Austin, TX 78768-2246				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1: Sch: 1/37 Rpt: 5/54	FILER NAME     Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	Date 02/03/2025	5 Payee name AT&T Mobility	
6	Amount (\$) \$102.08	7 Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353	
8	PURPOSE OF EXPENDITURE	ch	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense paign staff cell phone
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/03/2025	Payee name AT&T Mobility	
	Amount (\$) \$84.02	Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353	
	PURPOSE OF EXPENDITURE	ch	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense paign staff cell phone
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 05/03/2025	Payee name AT&T Mobility	
	Amount (\$) \$84.02	Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353	
	PURPOSE OF EXPENDITURE	ch	ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense paign staff cell phone
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/37 Rpt: 6/54	Phelan, Matthew M. (The Honorable) 00062288
4 Date	5 Payee name
06/03/2025	AT&T Mobility
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$83.73	PO Box 537104
	Atlanta, GA 30353
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign staff cell phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit 6/6	···
Date	Payee name
03/03/2025	AT&T Mobility
Amount (\$)	Payee address; City; State; Zip Code
\$79.20	PO Box 537104
	Atlanta, GA 30353
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign staff cell phone
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialiture to benefit 6/0	
Date	Payee name
01/31/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$90.78	PO Box 5014
	Carol Stream, IL 60197-5014
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Internet service for Austin apartment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma 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:		_
	Sch: 3/37 Rpt: 7/54	Phelan, Matthew M. (The Honorable)  00062288	
4	Date	5 Payee name	
	04/07/2025	AT&T	
6	Amount (\$) \$80.70	7 Payee address; City; State; Zip Code PO Box 5014  Carol Stream, IL 60197-5014	
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 Internet service for Austin apartment	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Ī
	05/07/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.70	PO Box 5014	
		Carol Stream, IL 60197-5014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxos Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.    Check if Austin, TX, officeholder living expense	
		Internet service for Austin apartment	
	Complete ONLY if alice -t	Condidate/Officeholder name Office county Office hold	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.70	PO Box 5014	
		Carol Stream, IL 60197-5014	
	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	
		Internet service for Austin apartment	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		rc)
_	Total pages Schedule F1: Sch: 4/37 Rpt: 8/54	2 FILER NAME Phelan, Matthew M. (The Honorable)  3 Filer ID (Ethics Commission Filer 00062288	5)
4	Date	5 Payee name	
	03/10/2025	AT&T	
6	Amount (\$) \$76.34	7 Payee address; City; State; Zip Code PO Box 5014	
		Carol Stream, IL 60197-5014	
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	
		Internet service for Austin apartment	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/16/2025	American Bank of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,682.42	PO Box 650789	
	, ,		
		Dallas, TX 75265-0789	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Compaign gradit cord payment	
		Campaign credit card payment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/11/2025	American Bank of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,330.41	PO Box 650789	
	• •		
		Dallas, TX 75265-0789	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign credit card payment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPETIGITATE TO DETICITE C/OI		
			ı

### 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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wa	ges/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to com	piete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/37 Rpt: 9/54	Phelan, Matthew M. (The Honorable)	00062288
4 Date	5 Payee name	
01/10/2025	American Bank of Commerce	
6 Amount (\$)	7 Payee address; City; State; Zip Code	e
\$3,900.02	PO Box 650789	
	Dallas, TX 75265-0789	
		N.
8 PURPOSE OF	c , (cor canegaries materials in the community)	b) Description
EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign credit card payment
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
expenditure to benefit C/O		it Office field
Date	Payee name	
03/13/2025	American Bank of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	е
\$432.61	PO Box 650789	
	Dallas, TX 75265-0789	
PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Credit Card Fayment	Check if Austin, TX, officeholder living expense
		Campaign credit card payment
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	1	
Date	Payee name	
04/14/2025	American Bank of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	0
\$429.66	PO Box 650789	
Ψ429.00	1 O Box 030709	
	Dallas, TX 75265-0789	
PURPOSE OF	,	b) Description
EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign credit card payment
		Campaign ordan dara payment
Complete ONLY if direct	Candidate/Officeholder name Office accord	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
,		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	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: 6/37 Rpt: 10/54	Phelan, Matthew M. (The Honorable) 00062288
4 Date	5 Payee name
05/13/2025	Atchley & Associates LLP
6 Amount (\$) \$6,011.28	7 Payee address; City; State; Zip Code 1005 La Posada Dr  Austin, TX 78759
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign accounting and reporting services
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/13/2025	Ben E Keith
Amount (\$)	Payee address; City; State; Zip Code
\$1,734.79	PO Box 1570
- Dunnage	Fort Worth, TX 76101
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kitchen supplies for legislative purposes
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/19/2025	Ben E Keith
Amount (\$)	Payee address; City; State; Zip Code
\$1,420.80	PO Box 1570
	Fort Worth, TX 76101
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kitchen supplies for legislative purposes
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/37 Rpt: 11/54	2 FILER NAME3 Filer ID(Ethics Commission Filers)Phelan, Matthew M. (The Honorable)00062288
4	Date 04/02/2025	5 Payee name Ben E Keith
6	Amount (\$) \$1,083.67	7 Payee address; City; State; Zip Code PO Box 1570
8	PURPOSE OF EXPENDITURE	Fort Worth, TX 76101  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kitchen supplies for legislative purposes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/23/2025	Payee name Ben E Keith
	Amount (\$) \$896.18	Payee address; City; State; Zip Code PO Box 1570
	PURPOSE OF EXPENDITURE	Fort Worth, TX 76101  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Kitchen supplies for legislative purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/27/2025	Payee name Ben E Keith
	Amount (\$) \$846.44	Payee address; City; State; Zip Code PO Box 1570
		Fort Worth, TX 76101
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kitchen supplies for legislative purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Sch: 8/37 Rpt: 12/54 Phelan, Matthew M. (The Honorable) 00062288	thics Commission Filers)
4 D-1-	
4 Date 5 Payee name	
02/12/2025 Ben E Keith	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$720.69 PO Box 1570	
Fort Worth, TX 76101	
8 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas Complete See Categories (See Categories at the top of this schedule)	
EXPENDITURE  Food/Beverage Expense  Check if travel outside of Texas. Complete S  Check if Austin, TX, officeholder living exper	
Kitchen supplies for legislative p	
Tation of Capping 181 Togical and p	pa. pooco
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date Payee name	
02/24/2025 Ben E Keith	
Amount (\$) Payee address; City; State; Zip Code	
\$482.19 PO Box 1570	
Fort Worth, TX 76101	
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 S	
Check if Austin, TX, officeholder living exper	
Kitchen supplies for legislative p	purposes
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/20/2025 Ben E Keith	
Amount (\$) Payee address; City; State; Zip Code	
\$429.85 PO Box 1570	
Fort Worth, TX 76101	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas Complete See Complete See Categories (See Categories as Complete See Categories (See Categories (See Categories See Categories (See Categories	
Food/Beverage Expense Check if travel outside of Texas. Complete S  EXPENDITURE  Food/Beverage Expense  Check if Austin, TX, officeholder living expe	
Kitchen supplies for legislative p	
Tationen supplies for regislative p	pai p0000
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/37 Rpt: 13/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	04/21/2025	Ben E Keith
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$428.89	PO Box 1570
		Fort Worth, TX 76101
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
		Kitchen supplies for legislative purposes
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2025	Ben E Keith
	Amount (\$)	Payee address; City; State; Zip Code
	\$364.42	PO Box 1570
	Ψ004.42	1 O BOX 1010
		Fart Warth, TV 70404
		Fort Worth, TX 76101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Kitchen supplies for legislative purposes
		Tatorieri supplies for regisiative parposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/20/2025	Ben E Keith
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.25	PO Box 1570
		Fort Worth, TX 76101
	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
		Kitchen supplies for legislative purposes
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 10/37 Rpt: 14/54	2 FILER NAME3 Filer ID(Ethics Commission Filers)Phelan, Matthew M. (The Honorable)00062288
4 Date	5 Payee name
04/07/2025	Ben E Keith
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$243.99	PO Box 1570
	Fort Worth, TX 76101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Kitchen supplies for legislative purposes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/04/2025	Ben E Keith
Amount (\$)	Payee address; City; State; Zip Code
\$94.98	PO Box 1570
	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LA LADITORL	Check if Austin, TX, officeholder living expense
	Kitchen supplies for legislative purposes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to beliefit 6/01	•
Date	Payee name
03/11/2025	Ben E Keith
Amount (\$)	Payee address; City; State; Zip Code
\$94.52	PO Box 1570
	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Kitchen supplies for legislative purposes
Commission Chill V St. div.	Constitute / Office helder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/37 Rpt: 15/54	2 FILER NAME Phelan, Matthew M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062288
4	Date 03/31/2025	5 Payee name Ben E Keith
6	Amount (\$) \$92.11	7 Payee address; City; State; Zip Code PO Box 1570
8	PURPOSE OF EXPENDITURE	Fort Worth, TX 76101  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kitchen supplies for legislative purposes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/21/2025	Payee name Ben E Keith
	Amount (\$) \$68.02	Payee address; City; State; Zip Code PO Box 1570  Fort Worth, TX 76101
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kitchen supplies for legislative purposes
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/02/2025	Payee name Ben E Keith
	Amount (\$) \$57.04	Payee address; City; State; Zip Code PO Box 1570
		Fort Worth, TX 76101
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Kitchen supplies for legislative purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 12/37 Rpt: 16/54	Phelan, Matthew M. (The Honorable) 00062288	
4	Date	5 Payee name	
	05/28/2025	Ben E Keith	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$47.90	PO Box 1570	
		Fort Worth, TX 76101	
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.	
		Check if Austin, TX, officeholder living expense  Kitchen supplies for legislative purposes	
		Tation of Supplies for Togistative purposes	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/05/2025	Ben E Keith	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.90	PO Box 1570	
		Fort Worth, TX 76101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Kitchen supplies for legislative purposes	
		Tattorier supplies for legislature purposes	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	01/15/2025	Bergman, Maricruz M	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$5,289.45	PO Box 5990	
		Austin, TX 78763	
	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.	
		Check if Austin, TX, officeholder living expense  Campaign staff payroll	
		Campaign stan payron	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/37 Rpt: 17/54	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	01/15/2025	Brown, Autumn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,692.00	PO Box 5990	
		Austin, TX 78763	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	k if Austin, TX, officeholder living expense
		Campa	aign staff payroll
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
<u> </u>			
	Date	Payee name	
	01/15/2025	Carmichael, Kimberly M	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.87	PO Box 5990	
		Austin, TX 78763	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	Salaries/Wages/Contract Labor	k if travel outside of Texas. Complete Schedule T.
		,	x if Austin, TX, officeholder living expense aign staff payroll
		Cumpt	iigii siaii payroii
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0
	Date	Payee name	
	03/17/2025	City of Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$132.39	PO Box 2267	
	Ψ132.03	1 O BOX 2201	
		Augtin TV 70702	
		Austin, TX 78783	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Descrip	tion k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nerital Expense	k if Austin, TX, officeholder living expense
			aign office utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_			

### SCHEDULE F1

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

Event Expense 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cab - dul - Ed	,
1	Total pages Schedule F1:	
L	Sch: 14/37 Rpt: 18/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	03/18/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.46	PO Box 2267
	φ±04.40	1 O DOX 2201
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign office utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
H	Date	Payee name
		Payee name City of Austin Litilities
	04/14/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.22	PO Box 2267
		Austin, TX 78783
_	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign office utilities
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	02/18/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.62	PO Box 2267
		Auetin TV 78783
		Austin, TX 78783
	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.
	-	Compaign office utilities
		Campaign office utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 15/37 Rpt: 19/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	02/11/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.43	PO Box 2267
		Austin, TX 78783
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
		Campaign office utilities
		Campaign onice dantee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/17/2025	City of Austin Utilities
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.92	PO Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign office utilities
		Campaign onice utilities
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/10/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.56	PO Box 2267
	4.0.00	. 6 26. 220.
		Austin, TX 78783
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign office utilities
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/37 Rpt: 20/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	05/19/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.04	PO Box 2267
		Austin, TX 78783
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
		Campaign office utilities
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit crof	
	Date	Payee name
	05/13/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.93	PO Box 2267
		Austin, TX 78783
	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 office utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/10/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.63	PO Box 2267
		Austin, TX 78783
	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 office utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/37 Rpt: 21/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	04/18/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.09	PO Box 2267
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign office utilities
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Hand, Braden A
	Amount (\$)	Payee address; City; State; Zip Code
	\$852.03	PO Box 5990
		Austin, TX 78763
	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.
		Check if Austin, TX, officeholder living expense  Campaign staff payroll
		Campaign stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dougo nama
	02/28/2025	Payee name Hand, Braden A
	Amount (\$)	Payee address; City; State; Zip Code
	\$852.02	PO Box 5990
		A . (*) . TV 70700
		Austin, TX 78763
	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 staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/37 Rpt: 22/54	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	03/14/2025	Hand, Braden A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$852.02	PO Box 5990	
		Austin, TX 78763	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	scription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
		Can	mpaign staff payroll
_	Complete ONII V if direct	Condidate/Officeholder nove	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/31/2025	Hand, Braden A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$852.02	PO Box 5990	
		Austin, TX 78763	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	Salaries/Wages/Cortifact Eabor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			mpaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/30/2025	Hand, Braden A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$852.02	PO Box 5990	
		Austin, TX 78763	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ecrintion
	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Can	mpaign staff payroll
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to beliefit 0/0	•	

### SCHEDULE F1

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

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 19/37 Rpt: 23/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	05/15/2025	Hand, Braden A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$852.02	PO Box 5990
		Austin, TX 78763
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll
		Campaign stan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	Hand, Braden A
	Amount (\$)	Payee address; City; State; Zip Code
	\$852.02	PO Box 5990
		Austin, TX 78763
	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.
		Check if Austin, TX, officeholder living expense  Campaign staff payroll
		Campaigh stan payron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	06/13/2025	Hand, Braden A
	Amount (\$) \$852.02	Payee address; City; State; Zip Code PO Box 5990
	Φ032.02	PO BOX 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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: 20/37 Rpt: 24/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	01/15/2025	Hand, Braden A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$852.01	PO Box 5990
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Campaight stall payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	02/14/2025	Hand, Braden A
	Amount (\$)	Payee address; City; State; Zip Code
	\$852.01	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll
		Campaigh stall payroll
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/15/2025	Payee name
		Hand, Braden A
	Amount (\$)	Payee address; City; State; Zip Code
	\$852.01	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		☐ Check if Austin, TX, officeholder living expense  Campaign staff payroll
		Campaigh stall payroll
_	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 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: 21/37 Rpt: 25/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	06/30/2025	Hand, Braden A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$852.01	PO Box 5990
		Austin, TX 78763
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.
		Check if Austin, TX, officeholder living expense  Campaign staff payroll
		Campaign stail payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/05/2025	It's All N' the Presentation
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,830.35	3965 Phelan Blvd, #106
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Design services for legislative member Christmas
		events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/09/2025	Johnson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$30,000.00	4612 Dusik Ln
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign political consulting services
_	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 22/37 Rpt: 26/54 Phelan, Matthew M. (The Honorable) 00062288 4 Date Payee name 01/15/2025 Meisenheimer, Caitlin E 6 Amount (\$) Payee address; City; State; Zip Code \$919.99 PO Box 5990 Austin, TX 78763 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 staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/15/2025 Michalk, Cole A. Amount (\$) Payee address; City; State; Zip Code \$1,144.81 PO Box 5990 Austin, TX 78763 **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 staff payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2025 Mitchell, Kelly M Amount (\$) Payee address: City; State; Zip Code \$3,450.96 PO Box 5990 Austin, TX 78763 **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 staff payroll 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 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)

l	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)
l	Sch: 23/37 Rpt: 27/54	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	•
	02/14/2025	Mitchell, Kelly M	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$3,450.96	PO Box 5990	
l			
		Austin, TX 78763	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
l		Campaign s	in, TX, officeholder living expense
		Campaign s	tan payron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		C66 1.6.14
F	Date	Payee name	
l	03/14/2025	Mitchell, Kelly M	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$3,450.96	PO Box 5990	
	, , , , , , , ,		
		Austin, TX 78763	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	· · · · · · · · · · · · · · · · · · ·	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Campaign s	taff payroll
L	Onwellate ONII V if direct	One district (Office health a reserve	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
H	Dete		
	Date 05/15/2025	Payee name Mitchell, Kelly M	
┝			
l	Amount (\$) \$3,450.96	Payee address; City; State; Zip Code PO Box 5990	
l	Ψ0,400.50	1 O BOX 3330	
		Austin, TX 78763	
$\vdash$	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  □ Check if trave	l outside of Texas. Complete Schedule T.
l	EXPENDITURE		n, TX, officeholder living expense
l		Campaign s	taff payroll
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L	experiulture to beliefit C/OI	· 	
_			

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	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: 24/37 Rpt: 28/54	Phelan, Matthew M. (The Honorable)  00062288
4	Date	5 Payee name
	05/30/2025	Mitchell, Kelly M
6	Amount (\$) \$3,450.96	7 Payee address; City; State; Zip Code PO Box 5990  Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	,
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign staff payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Mitchell, Kelly M
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,450.95	PO Box 5990
		Austin, TX 78763
	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.
		Compaign stoff payroll
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Mitchell, Kelly M
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,450.95	PO Box 5990
		Austin, TX 78763
	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 staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

	ard Payment	The Instruction Guide explains how to co	-	tet this form.
1 Total pa	ages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2	5/37 Rpt: 29/54	Phelan, Matthew M. (The Honorable)		00062288
4 Date		5 Payee name		<u>.</u>
03/31/	2025	Mitchell, Kelly M		
6 Amount	t (\$) \$3,450.95	7 Payee address; City; State; Zip Co PO Box 5990	de	
		Austin, TX 78763		
	RPOSE OF NDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign staff payroll
	ete <u>ONLY</u> if direct iture to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date		Payee name		
04/15/	2025	Mitchell, Kelly M		
Amoun	t (\$) \$3,450.95	Payee address; City; State; Zip Co PO Box 5990	de	
		Austin, TX 78763		
	RPOSE OF NDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign staff payroll
	ete <u>ONLY</u> if direct iture to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date 06/13/2	2025	Payee name Mitchell, Kelly M		
Amoun	t (\$) \$3,450.95	Payee address; City; State; Zip Co PO Box 5990	de	
		Austin, TX 78763		
	RPOSE OF NDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign staff payroll
	ete <u>ONLY</u> if direct iture to benefit C/O	L Candidate/Officeholder name Office sou H	ght	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/37 Rpt: 30/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
_	06/30/2025	Mitchell, Kelly M
6	Amount (\$)	7 Payee address; City; State; Zip Code PO Box 5990
	\$3,450.95	PO BOX 5990
		Austin, TX 78763
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
⊨	Date	Payee name
	04/30/2025	Mitchell, Kelly M
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,450.86	PO Box 5990
		Austin, TX 78763
	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.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/15/2025	Mittnacht, Daniel L
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.35	PO Box 5990
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/37 Rpt: 31/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	01/15/2025	Parker, Ridge T.
6	Amount (\$) \$2,635.37	7 Payee address; City; State; Zip Code PO Box 5990
		Austin, TX 78763
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.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Perkins, Lauren K.
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	PO Box 5990
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Campaign staff payroll
		Campaign stail payroll
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Richmond, Kristine E
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 5990
		Austin, TX 78763
	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 staff payroll
	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

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 Exp Legal Services The Instruction Guide	oense		pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:			orabla)					Filer ID	(Ethics Commission Filers	)
Ļ	Sch: 28/37 Rpt: 32/54		atthew M. (The Hon	iorable)					00062288		
4	Date	5 Payee name									
	05/13/2025		io Street Partners								
6	Amount (\$)	7 Payee addre		State;	Zip Coo	de					
	\$15,300.00	1402 San /	Antonio Street								
		Austin, TX	78701					_			
8	PURPOSE	(a) Category (	See Categories listed at the t	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		ļ			de of Texas. Com officeholder living	plete Schedule T.	
						ı	Rent for camp			,,o.,,oo	
							'		=		
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	ffice soug	ght			Office he	eld	
H	Date	Payee name									
	02/10/2025	The Arnolo									
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	de					
	\$3,052.53	1621 E 2nd	d St								
		Austin, TX	78702								
	PURPOSE OF		See Categories listed at the t		dule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		ļ			de of Texas. Com officeholder living	plete Schedule T.	
							Officeholder A				
									•		
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	ffice soug	ght			Office he	eld	
	Date	Payee name	<del></del>								
	03/03/2025	The Arnolo									
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de					
	\$2,867.28	1621 E 2n	d St								
		Austin, TX	78702								
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		ļ				plete Schedule T.	
							X Check if Austin, Officeholder A		officeholder living		
									Spartific	<del>-</del>	
	Complete ONLY if direct		ficeholder name	Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/O	H									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	—
1	Sch: 29/37 Rpt: 33/54	Phelan, Matthew M. (The Honorable)  00062288	
4	Date	5 Payee name	_
	06/02/2025	The Arnold	
6	Amount (\$) \$2,829.57	7 Payee address; City; State; Zip Code 1621 E 2nd St	
	. ,		
_		Austin, TX 78702	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		Officeholder Austin apartment rent	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	04/01/2025	The Arnold	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,827.17	1621 E 2nd St	
		Austin, TX 78702	
	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	
		Officeholder Austin apartment rent	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	05/01/2025	The Arnold	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,826.58	1621 E 2nd St	
		Austin, TX 78702	
	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	
		Officeholder Austin apartment rent	
_	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

sement Solicitation/Fundraising Expense
Dense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

	Contributions/ Donations made by - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed above	e)
				The Instruction G	uide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	r Filers)
	Sch: 30/37 Rpt: 34/54		Phelan, Mat	thew M. (The H	Honorable)					00062288		
4	Date	5	Payee name									
	01/09/2025		The Arnold									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$2,158.07		1621 E 2nd	St								
			Austin, TX 7	8702								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							_		officeholder livin		
								Officeholder A	Aus	stin apartme	nt rent	
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenolder name	(	Office sou	gnt			Office h	ela	
_		_										
	Date		Payee name									
	04/10/2025		United Healt	hcare								
	Amount (\$)		Payee addres	•		; Zip Co	de					
	\$3,049.08		1250 S Cap	ital of Texas H	wy #1							
			West Lake,	TX 78746								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			<b>=</b>		de of Texas. Con officeholder livin	plete Schedule T.	
								Campaign he				
	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
	Date	Π	Payee name									
	05/12/2025		United Healt	hcare								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$3,049.08		•	ital of Texas H		, 1						
			·		,							
			West Lake,	TX 78746								
	PURPOSE	(a)					(h)	Description				
	OF	(")		e Categories listed at nead/Rental Ex		iedule)	(5)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		011100 01011	rodan tomai En	фотос			Check if Austin,	, TX,	officeholder livin	g expense	
								Campaign he	alth	ncare insura	ance	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	experientare to benefit G/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

The Instruction Guide explains how to complete this form.	=ilore)
	=ilore)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	-licis)
Sch: 31/37 Rpt: 35/54         Phelan, Matthew M. (The Honorable)         00062288	
4 Date 5 Payee name	
06/11/2025 United Healthcare	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$3,049.08   1250 S Capital of Texas Hwy #1	
West Lake, TX 78746	
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, 1X, officeholder living expense	
Campaign healthcare insurance	
<b>9</b> Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experience to benefit 0/011	
Date Payee name	
01/10/2025 United Healthcare	
Amount (\$) Payee address; City; State; Zip Code	
\$2,765.32 1250 S Capital of Texas Hwy #1	
West Lake, TX 78746	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense  Campaign healthcare insurance	
Campaign nealineare insurance	
Complete ONLY if direct Condidate/Officeholder reces Office search	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Davis rams	
Date Payee name	
02/12/2025 United Healthcare	
Amount (\$) Payee address; City; State; Zip Code	
\$2,765.32 1250 S Capital of Texas Hwy #1	
West Lake, TX 78746	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Campaign healthcare insurance	
Complete ONLY if direct Condidate/Officeholder name Office sought	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/37 Rpt: 36/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	03/12/2025	United Healthcare
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,765.32	1250 S Capital of Texas Hwy #1
		West Lake, TX 78746
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
		Campaign healthcare insurance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/15/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,680.74	Internal Revenue Service
		Ogden, UT 84201
	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 staff payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and a second
	Date 04/15/2025	Payee name United States Treasury
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code Internal Revenue Service
	\$1,124.40	internal Revenue Service
		Orden LIT 94201
		Ogden, UT 84201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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: 33/37 Rpt: 37/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	06/30/2025	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,124.40	Internal Revenue Service
		Ogden, UT 84201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign staff payroll taxes
		Campaign stall payroll taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	02/14/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,124.38	Internal Revenue Service
		Ogden, UT 84201
	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.
		Check if Austin, TX, officeholder living expense  Campaign staff payroll taxes
		Campaign stan payron taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 02/28/2025	Payee name United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,124.38	Internal Revenue Service
L		Ogden, UT 84201
	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 staff payroll taxes
		Campaign stail payroll taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## 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:	<u> </u>
	Sch: 34/37 Rpt: 38/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	03/31/2025	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,124.38	Internal Revenue Service
		Ogden, UT 84201
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.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,124.38	Internal Revenue Service
		Ogden, UT 84201
	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.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/14/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,124.36	Internal Revenue Service
		Ogden, UT 84201
	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 staff payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 35/37 Rpt: 39/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	04/30/2025	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,124.36	Internal Revenue Service
		Ogden, UT 84201
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.
		Check if Austin, TX, officeholder living expense  Campaign staff payroll taxes
		Campaign stan payron taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/15/2025	United States Treasury
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,124.36	Internal Revenue Service
		Ogden, UT 84201
	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.
		Check if Austin, TX, officeholder living expense  Campaign staff payroll taxes
		Campaign stan payron taxes
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/30/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,124.36	Internal Revenue Service
		Ogden, UT 84201
	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.
		Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	1
1	Total pages Schedule F1: Sch: 36/37 Rpt: 40/54	2 FILER NAME Phelan, Matthew M. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062288
_	·	
4	Date	5 Payee name
	01/31/2025	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,124.34	Internal Revenue Service
	¥=,== ·	
		Ogden, UT 84201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/15/2025	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.60	Internal Revenue Service
	,	
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Dayaa nama
	01/22/2025	Payee name United States Treasury
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.99	Internal Revenue Service
		Ogden, UT 84201
$\vdash$	PURPOSE	To a second seco
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign staff payroll taxes
		Sampaigh stall payroll taxes
	Complete ONU V if allow :	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	OAPCHARAGE TO DETICITE C/OI	•

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/37 Rpt: 41/54	Phelan, Matthew M. (The Honorable) 00062288
4	Date	5 Payee name
	01/28/2025	WDC Enterprises, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29,730.91	4700 Hangar Dr Hanger 5
		Beaumont, TX 77705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Officeholder flight services
		Cincertoladi ingrit services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Watts, Sydney P
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,154.37	PO Box 5990
		Austin, TX 78763
	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 staff payroll
		Campaign stan payron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 42/54 Phelan, Matthew M. (The Honorable) 00062288 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 05/22/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$934.80 1005 La Posada Dr Austin, TX 78759 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/21/2025 Margo Cardwell PLLC Amount (\$) Payee address; City; State; Zip Code \$2,500.00 508 W 14th St Austin, TX 78701 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign finance and ethics consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 43/54 Phelan, Matthew M. (The Honorable) 00062288 4 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 04/30/2025 Margo Cardwell PLLC Amount (\$) Payee address; State; Zip Code City; \$2,500.00 508 W 14th St Austin, TX 78701 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign finance and ethics consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		sion Filers)		
Sch: 1/11 Rpt: 44/54	Phelan, Matthew M. (The Honorable)			00062288			
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED DITURES	\$	<b>\$</b> 2,431.18	
ISSUER	American Ban	k of Commerce		ED TO A CREDIT		2,431.1	10
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$2,500.00	05/09/2025	06/13/20	25			
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Cates Legal Group		20210 Sil	ver Strm			
				nio, TX 78259			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Legal Services		Onicenoi	der legal service	S		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 06/13/20	Credit Card Issue	r Paid		
	\$500.45	04/21/2025	00/13/20	25			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Facebook		1 Hacker	Way			
			Menlo Park, CA 94025				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE    X   Political	Office Overhead/Ren		Social media account for campaign use				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	. , , , , ,	Credit Card Issue	r Paid		
	\$500.00	04/23/2025	06/13/20	25			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Facebook		1 Hacker	Way			
	Facebook						
				rk, CA 94025			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		oompoien use		
l <u> </u>	Office Overhead/Ren	,	Social Inc	edia account for	campaign use		
X Political			<u> </u>	_			
Non-Political	`	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
experience to benefit C/OH	l						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 2/11 Rpt: 45/54	Phelan, Matthew M. (The Honorable)			00062288				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,431.1	8		
6 PAYMENT	(a) Amount Charged \$50.11	(b) Date of Charge 04/30/2025	(c) Date(s) Credit Card Issue 06/13/2025	er Paid				
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1 Hacker Way Menlo Park, CA 94025	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Social media account for ca		campaign use					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$225.96	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issue 02/10/2025	er Paid				
PAYEE	(a) Payee name HEB Curbside		(b) Payee address; 646 S. Flores St San Antonio, TX 78204	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Provisions for legislative	office				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$27.08	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issue 02/10/2025	er Paid				
PAYEE	(a) Payee name  Microsoft		(b) Payee address; One Microsoft Way Redmond, WA 98052	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign software subs	cription				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 3/11 Rpt: 46/54	Phelan, Matthew M. (The Honorable)			00062288				
4	CREDIT CARD ISSUER		ncial institution revious	5	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$	2,431.1	18
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
		\$27.08	03/05/2025		03/12/2025	5			
7	PAYEE	(a) Payee name		(k	o) Payee ac	ldress;	City,	State,	Zip Code
		Microsoft			One Micros	soft Way			
				_		WA 98052			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	Ι,	o) Description				
	X Political	Office Overhead/Rent			Campaign	software subsc	ription		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	ce so	ought		Office held		
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issuer -	Paid		
		\$27.08	03/10/2025		03/12/2025	0			
	PAYEE	(a) Payee name		(k	o) Payee ac	ldress;	City,	State,	Zip Code
		Microsoft		C	One Micros	soft Way			
				F	Redmond,	WA 98052			
	PURPOSE OF	(a) Category	of this cobodule)	(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign software subscription					
	X Political								
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
L	Complete ONLY if direct	Candidate/Officeholder	name Office	ce so	ought		Office held		
<u>е</u>	xpenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	1 (	-) D-t-(-) C	Sundit Coud Inc. 10	Daid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	٠,	04/11/2025	Credit Card Issuer	Paid		
		\$27.08	04/10/2025						
$\vdash$	PAYEE	(a) Payee name		C	o) Payee ac	ldress:	City,	State,	Zip Code
		(a) I ayee name		- 1	One Micros		Oity,	State,	Zip Code
		Microsoft		`					
				F	Redmond,	WA 98052			
Г	PURPOSE OF	(a) Category		_	o) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,		Campaign	software subsc	ription		
	X Political	Jine Overneau/Rein	ш шүрөнэө						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	ce so	ought		Office held		
е	xpenditure to benefit C/OH								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 4/11 Rpt: 47/54	Phelan, Matthew M. (The Honorable)			00062288			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	2,431.2	18
6	PAYMENT	(a) Amount Charged \$27.08	(b) Date of Charge 05/10/2025	(c) Date(s) 06/13/20	) Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name  Microsoft			address; rosoft Way d, WA 98052	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		ription		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b>	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$27.08	(b) Date of Charge 06/10/2025	(c) Date(s) 06/13/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name  Microsoft		(b) Payee address; One Microsoft Way		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Redmond, WA 98052  (b) Description  Campaign software subscription				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$14.05	(b) Date of Charge 03/06/2025	(c) Date(s) 03/12/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Microsoft			address; rosoft Way d, WA 98052	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Campaig	n software subsc			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 5/11 Rpt: 48/54	Phelan, Matthew M	00062288					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	2,431.1	L8
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$14.05	04/06/2025	04/11/202	5			
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Microsoft		One Micro	soft Way			
				WA 98052			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Office Overhead/Rent		Campaign	software subsc	ription		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$14.05	05/06/2025	06/13/202	5			
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Microsoft		One Micro	soft Way			
			Redmond, WA 98052				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
EXPENDITURE	Office Overhead/Rent		Campaign software subscription				
X Political		•					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 06/13/2029	Credit Card Issuer	Paid		
	\$14.05	06/06/2025	00/13/202	<b>5</b>			
PAYEE	(a) Payee name	ı	(b) Payee ad	ddress;	City,	State,	Zip Code
	A 6' 6		One Micros	soft Way			
	Microsoft						
				WA 98052			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
	Office Overhead/Rent	•	Campaign	software subsc	ription		
X Political		•					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)			
Sch: 6/11 Rpt: 49/54	Phelan, Matthew M	I. (The Honorable)		00062288				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD	\$	2,431.1	L8		
6 PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card 03/12/2025	Issuer Paid				
7 PAYEE	(a) Payee name  Microsoft		(b) Payee address; One Microsoft Way Redmond, WA 9805	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign software s					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held				
PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card 02/10/2025	Issuer Paid				
PAYEE	(a) Payee name (b) Payee address; One Microsoft Way  Redmond, WA 98052		City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign software subscription					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$2,500.00	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card 02/10/2025	Issuer Paid				
PAYEE	(a) Payee name  Texas Young Repu	ıblicans	(b) Payee address; 2633 McKinney Ave, Dallas, TX 75204	City, Ste 130-532	State,	Zip Code		
PURPOSE OF EXPENDITURE    X   Political	<b>—</b>	ons Made By er/Political Committee	(b) Description Donation to political convention					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<b>_</b>	etin, TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 7/11 Rpt: 50/54	Phelan, Matthew M.	(The Honorable)		00062288				
4 CREDIT CARD ISSUER	Name of finan see pro		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,431.18				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$103.27	01/09/2025	02/10/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	The Home Dept #68	392	200 Barbara Jordan Blvd					
	(a) Catagoni		Austin, TX 78723					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description  Provisions for transition to	officeholder Austin apartment				
X Political	Office Overhead/Renta	al Expense	FIOUSIONS TO TRANSMONTED	onicendidei Austin apartinent				
Non-Political	(C) Check if travel outside o	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 02/10/2025	Paid				
	\$87.25	01/12/2025	02/10/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	The Home Dept #6892		200 Barbara Jordan Blvd					
			Austin, TX 78723					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top of Office Overhead/Rental		Provisions for transition to	officeholder Austin apartment				
Non-Political	(c) Check if travel outside o	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$52.63	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issuer 02/10/2025	<sup>r</sup> Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	The Home Deat #CC	202	200 Barbara Jordan Blvd					
	The Home Dept #68	392						
			Austin, TX 78723					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	ere en				
X Political	Office Overhead/Renta	,	Provisions for transition to	officeholder Austin apartment				
Non-Political	(c) Check if travel outside o	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 8/11 Rpt: 51/54	Phelan, Matthew M	00062288					
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	2,431.	18
6	PAYMENT	(a) Amount Charged \$430.16	(b) Date of Charge 01/16/2025	(c) Date(s) 02/10/20	Credit Card Issuei 25	Paid		
7	PAYEE	(a) Payee name Tumble 22		(b) Payee 2304 Lak Austin, T	e Austin Blvd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	(b) Description Staff meeting to discuss legislative issues					
	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	xpenditure to benefit C/OH	(a) A	(h) Data of Ohama	(-) D-4-(-)	0	. D - : -!		
	PAYMENT	(a) Amount Charged \$67.76	(b) Date of Charge 05/22/2025	06/13/20	Credit Card Issuer 25	Paid		
PAYEE		(a) Payee name Tumble 22		(b) Payee 2304 Lak Austin, T	e Austin Blvd	City,	State,	Zip Code
EXPENDITURE (Se Fi		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff meeting to discuss legislative issues				
		(C) Check if travel outside of Texas. Complete Schedule T.		1	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct					Office held		
	PAYMENT	(a) Amount Charged \$111.16	(b) Date of Charge 05/07/2025	(c) Date(s) 06/13/20	Credit Card Issuer 25	<sup>*</sup> Paid		
	PAYEE (a) Payee name  UberEats			address; rket St Ste 400 4 ncisco, CA 94103		State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff meeting to discuss legislative issues					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 9/11 Rpt: 52/54	Phelan, Matthew M	00062288					
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,431.2	18
6	PAYMENT	(a) Amount Charged \$70.11	(b) Date of Charge 04/29/2025	(c) Date(s) 06/13/20	) Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name  UberEats		(b) Payee address; City, State, Zip Code 1455 Market St Ste 400 4th Floor San Francisco, CA 94103				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	(b) Description Staff meeting to discuss legislative issues					
	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$64.36	(b) Date of Charge 01/16/2025	(c) Date(s)	) Credit Card Issuer 25	Paid		
PAYEE		(a) Payee name  UberEats		(b) Payee address; City, State, Zip Code 1455 Market St Ste 400 4th Floor San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff meeting to discuss legislative issues					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH					Office held		
	PAYMENT	(a) Amount Charged \$59.95	(b) Date of Charge 04/09/2025	(c) Date(s) 04/11/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name UberEats			address; rket St Ste 400 4i ncisco, CA 94103	City, th Floor	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense		nse	(b) Description Staff meeting to discuss legislative issues				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				0 001:	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 10/11 Rpt: 53/54	Phelan, Matthew M	00062288					
4	CREDIT CARD ISSUER	Name of final see pi	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,431.2	18	
6	PAYMENT	(a) Amount Charged \$48.59	(b) Date of Charge 05/09/2025	(c) Date(s 06/13/20	) Credit Card Issue 025	r Paid		
7	PAYEE	(a) Payee name  UberEats		(b) Payee address; City, State, Zip Code 1455 Market St Ste 400 4th Floor San Francisco, CA 94103				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	(b) Description Staff meeting to discuss legislative issues					
	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$48.05	(b) Date of Charge 05/25/2025	(c) Date(s 06/13/20	) Credit Card Issue 025	r Paid		
PAYEE		(a) Payee name  UberEats		(b) Payee address; City, State, Zip Code 1455 Market St Ste 400 4th Floor San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff meeting to discuss legislative issues					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH					Office held		
	PAYMENT	(a) Amount Charged \$2,760.38	(b) Date of Charge 05/15/2025	(c) Date(s 06/13/20	) Credit Card Issue 025	r Paid		
	PAYEE	(a) Payee name Yeti		(b) Payee 7601 So Austin, T	uthwest Pkwy	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense		s Expense	(b) Description Engraved gifts for legislative members				
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	Office hold	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

	Advertising Expense Accounting/Banking	/Banking Fees		Office Overhead/Rental Expense T	olicitation/Fundraising Expense ansportation Equipment & Related Expense					
	Consulting Expense Contributions/ Donations Made By	/ - Gift/Awards/Memorials Expense Prir		Printing Expense T	ravel in District ravel Out of District					
	Candidate/Officeholder/Political 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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers	5)						
	Sch: 11/11 Rpt: 54/54	Phelan, Matthew M	. (The Honorable)		00062288					
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$ 2,431.18					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$272.79	05/09/2025	06/13/2025						
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de				
		Yeti		7601 Southwest Pkwy						
				Austin, TX 78735	Austin, TX 78735					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of the order of the	(b) Description						
	EXPENDITURE  X Political	Gift/Awards/Memorial	•	Engraved gifts for legisla	Engraved gifts for legislative staff					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	K, officeholder living expense					
9	Complete ONLY if direct	Candidate/Officeholder	Office sought	Office held						
e	xpenditure to benefit C/OH									