FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082184 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amanda NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Reichek CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kathy NAME NICKNAME LAST **SUFFIX** Tiritelli **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 505-6398 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 10 District 5

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Reichek , Amanda (T	ne Honorable)	14 Filer ID 00082184	(Ethics Commission F	ilers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	litical expenditures made by political or made without the candidate's or offic this information only if they receive no	eholder's knowledge o	or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASI	JRER NAME		
		COMMITTEE CAMPAIGN TREASI	JRER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTIO	S(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	FES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	· - · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 3,32	25.32
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY OF THE	\$ 33,02	29.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
			n, under penalty of perjury, that the ac and includes all information required Election Code.		
			The Honorable Amanda Reich	nek	
			Signature of Candidate or Officeho	lder	-
AFFIX NC	OTARY STAMP / SEAL AB	OVE			
			, this the	day	
of	, 20, to c	rtify which, witness my hand and se	eal of office.		
Signature of offi	icer administering oath	Printed name of officer admini	stering oath Title of office	r administering oath	_
-	-			-	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 19

			3 of 19				
18 FILER NAME Reichek , Amanda (The Honorable) 19 Filer ID (Ethics Commission Filers) 00082184							
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0.0				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.0				
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.0				
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0.0				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$ 3,325.3				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.0				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.0				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.0				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.0				
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 TO FILER	RETURNED	\$				
			•				

PLEDGED CONTRIBUTIONS (JUDI	CIAL)		SCHEE	DULE B(J)
The Instruction Guide explains how to com	plete this form.	1 Total pages Sch Sch: 1/1 Rpt:		
2 FILER NAME Reichek , Amanda (The Honorable)		3 Filer ID (I	Ethics Commiss	ion Filers)
TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (7 Pledgor Address; City; State;		_) 8 Amount of pledge (\$)	9 In-kind (If a	description pplicable)
		Check if travel of	I I outside of Texas	. Complete Schedule T.
10 Pledgor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgo	or's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				

	LOANS (JUDICIAL)						ULE E((J)
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/19		
2	FILER NAME Reichek , Amand	da (The Honorable)		1	Filer ID 000821	(Ethics Com	mission Fil	ers)
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$		0.00
5	Date of loan	Date of loan 7 Name of lender out-of-state PAC (ID#:))	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest R		
						11 Maturity [Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	<u> </u>					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	into political a (See Insti		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount C	Guaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code					
25	5 Guarantor's Emplo	over/Low Eirm	26 Law Firm of guarantor's sp	NOLLEC	(if any)			
	· 		20 Law Firm of guarantor 3 3p	Jouse	(ii dily)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 6/19	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	01/17/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
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 License fee
		LICETISE IEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
L	02/27/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	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
		License fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	03/26/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		License fee
\vdash	Complete ONII V if alice -	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		
L		

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 7/19	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	04/28/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
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
		License fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	05/27/2025	Payee name Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	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 License fee
		LIGHTSC 166
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	
	Date 06/26/2025	Payee name Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	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 License
		Literise
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Jawards/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 Schedule F1:	
1	Sch: 3/14 Rpt: 8/19	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184
4	Date	5 Payee name
	05/22/2025	Aiesha Redmond Campaign
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 1252 Desoto, TX 75123
8	PURPOSE	1
°	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2025	Amparo Guerra Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.01	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Monthly appellate section luncheon.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains	-	s/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1: 2 FILER NA	ME			3 Filer ID	(Ethics Commission Filers)
Sch: 4/14 Rpt: 9/19 Reichek	, Amanda (The Honorable)			00082184	
4 Date 5 Payee nar	ne				
04/18/2025 Arts Distr	rict Mansion				
6 Amount (\$) 7 Payee add	dress; City; State;	; Zip Code			
\$194.05 2101 Ro	ss Ave				
Dallas, T.	X 75201				
1 AE I	(See Categories listed at the top of this sch	nedule) (b)	Description		
EXPENDITURE Office Ov	erhead/Rental Expense		_	outside of Texas. Com , TX, officeholder living	
			_	I luncheon for j	
			'	•	3
Complete ONLY if direct Candidate/Cexpenditure to benefit C/OH	Officeholder name C	Office sought		Office he	eld
Date Payee nar	me				
l '	rict Mansion				
Amount (\$) Payee add	dress; City; State;	; Zip Code			
\$64.02 2101 Ro	•	, ,			
Dallas, T.	X 75201				
I OE I	(See Categories listed at the top of this sch	nedule) (b)	Description		
EXPENDITURE Office Ov	erhead/Rental Expense			outside of Texas. Com , TX, officeholder living	
			_	pense for speal	
			·		
Complete <u>ONLY</u> if direct Candidate/C expenditure to benefit C/OH	Officeholder name C	Office sought		Office he	eld
Date Payee nar	me				
l '	rict Mansion				
Amount (\$) Payee add	dress; City; State;	; Zip Code			
\$5.00 2101 Ro		, _,,,,			
Dallas, T.	X 75201				
PURPOSE (a) Category	(See Categories listed at the top of this sch	nedule) (b)	Description		
OF Office Ov	erhead/Rental Expense			outside of Texas. Com	
				, TX, officeholder living Ionthly luncheo	
			T arking for in	onthly lanched	11
Complete ONLY if direct Candidate/0	Officeholder name C	Office sought		Office he	-jų
expenditure to benefit C/OH	Smoonoluci name	Jinee Sougill		Onice ne	Jiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor		OTHER (enter a	category not listed above)
		The Instruction Guide explains how to complete this form.	_		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
l	Sch: 5/14 Rpt: 10/19	Reichek , Amanda (The Honorable)	l	00082184	
4	Date	5 Payee name	_		
	06/05/2025	Ashley Smith Campaign			
Ļ					
١٥	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$100.00	PO Box 800852			
l					
l		Dallas, TX 75380			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
ľ	OF	, , ,	outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Continuations/Ponditions Middle By		, officeholder living	
		Contribution			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	nid
ľ	expenditure to benefit C/OI			Office fit	au
L	· 				
	Date	Payee name			
	05/29/2025	Cynthia Garza Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00				
		TV			
L		TX			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Bonations Wade By		side of Texas. Com	
		Candidate/Officeholder/Political Committee Contribution	1, 17	, officeholder living	g expense
		Onling			
L	2				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	ela
	experience to benefit eyes				
	Date	Payee name			
	05/29/2025	Dianne Jones Campaign			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	PO Box 630264			
	Ψ100.00	1 0 Box 000204			
		Irving, TX 75063			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
l	OF EXPENDITURE	Contributions/Bonations Wade By		side of Texas. Com	
	EXI ENDITORE		ı, TX	t, officeholder living	j expense
		Contribution			
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
l	expenditure to benefit C/OI				
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l					
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 6/14 Rpt: 11/19	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	02/28/2025	Fifth District Court of Appeals
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$545.00	600 Commerce Street
		Suite 200
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Chambers chair purchase
		Chambers than purchase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/29/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 Amphitheater Parkway
		Mountain View, CA 94043
	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 Email storage
		Linar storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/26/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 Amphitheater Parkway
		Mountain View, CA 94043
	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
		Email storage
	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 Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 7/14 Rpt: 12/19 Reichek, Amanda (The Honorable) 00082184 4 Date Payee name 03/26/2025 Google 6 Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 Amphitheater Parkway Mountain View, CA 94043 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Email storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2025 Google Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 Amphitheater Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Email storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2025 Google Amount (\$) Payee address; City: State; Zip Code \$2.12 1600 Amphitheater Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Email storage 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 13/19	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	06/26/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.12	1600 Amphitheater Parkway
L		Mountain View, CA 94043
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
		Email storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	05/21/2025	Judge Dale Tillery Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4513 Scenic Circle
		Garland, TX 75043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Contribution
		Solid Ballott
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	05/21/2025	Judge Maria Aceves Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2035 Royal Lane, Suite 280
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
_		

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	
1	Total pages Schedule F1:	
Ļ	Sch: 9/14 Rpt: 14/19	Reichek , Amanda (The Honorable) 00082184
4	Date 05/21/2025	5 Payee name Judge Staci Williams Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 225321
		Dallas, TX 75222
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	Kendall Scudder Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 140981
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
	Date	Payee name
L	02/27/2025	Lambda Legal
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2406 S Jupiter Rd #3
		Dallas, TX 75219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Total marca Cabadula E1.	2 Files ID (Files Commission Files)				
1	Total pages Schedule F1: Sch: 10/14 Rpt: 15/19	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184				
4	Date	5 Payee name				
	03/24/2025	Lambda Legal				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$100.00	2406 S Jupiter Rd #3				
		Dallas, TX 75219				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
ľ	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By				
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
		Donation				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/12/2025	Martin Hoffman Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	PO Box 59642				
	Ψ100.00	1 0 500 03042				
		D. II TV 75000				
		Dallas, TX 75229				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Contribution				
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	01/03/2025	Remarkable				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.24	Biermanns gate 6				
		Oslo 0473 Norway				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Remarkable license				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm			
	Sch: 11/14 Rpt: 16/19	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	02/03/2025	Remarkable	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.24	Biermanns gate 6	
		Oslo 0473 Norway	
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	
		Remarkable license	
		Nomanasio nooneo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
F	Date	Payee name	
	03/03/2025	Remarkable	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.24	Biermanns gate 6	
		Oslo 0473 Norway	
	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 Remarkable license	
		Nemanasie license	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	
	04/03/2025	Remarkable	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.24	Biermanns gate 6	
		Oslo 0473 Norway	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Remarkable license	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
\vdash			

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee 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)	٦				
	Sch: 12/14 Rpt: 17/19	Reichek , Amanda (The Honorable) 00082184					
4	Date	5 Payee name					
	05/05/2025	Remarkable					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$3.24	Biermanns gate 6					
		Oslo 0473 Norway					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overficaci Expense	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Remarkable license					
		Nemarkable liberise					
Ļ	Commisto ONII V if disport	Constitute (Office helds a name Office according	4				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	Date	Payee name	=				
	02/10/2025	Simply Rug Cleaning					
	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$471.97	2406 S Jupiter Rd #3					
		Garland, TX 75041					
	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 Clean chambers rug from water leak					
		Clean chambers rug nom water leak					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4				
	expenditure to benefit C/OH						
_	Date	Payee name	=				
	04/07/2025	Texas Democrats					
	Amount (\$)	Payee address; City; State; Zip Code	4				
	\$100.00	PO Box 15707					
	\$100.00	PO BOX 13707					
		Austin, TX 78761					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	4				
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
		Contribution					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦				
	expenditure to benefit C/OI	₹					
			\dashv				

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/Political Commi Credit Card Payment		l Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Pri Sa	-	nse es/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	AME				3 Filer ID	(Ethics Commission Filers)
	Sch: 13/14 Rpt: 18/19	Reichek	, Amanda (The Honor	able)			00082184	
4	Date	5 Payee na	me					
	05/28/2025	Tifanee	Baker Campaign					
6	Amount (\$)	7 Payee ad	dress; City;	State; Zi	ip Code			
	\$100.00	3300 Oa	k Lawn Ave., Ste. 700)				
		Dallas, 1	X 75219					
8	PURPOSE	(a) Category	(See Categories listed at the to	on of this schodule	o) (b) Description		
	OF		tions/Donations Made				outside of Texas. Com	plete Schedule T.
	EXPENDITURE		te/Officeholder/Politica		e	ш	n, TX, officeholder living	g expense
						Contribution		
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Offic	e sough	i	Office he	eld
	Date	Payee na	me					
	06/05/2025	,	Frazier Campaign					
_	Amount (\$)		-	State: 7i	ip Code			
	\$100.00	Payee address; City; State; Zip Code 4145 Beltline Road, Ste. 212-122						
	Ψ100.00	12-70 00	1 (000, 000, 212 1					
		Addican	TV 75001					
	DUDDOGE		, TX 75001		1	\		
	PURPOSE OF		(See Categories listed at the to		e) (b)	Description Check if travel	outside of Toyas Com	nlete Schedule T
	EXPENDITURE		tions/Donations Made te/Officeholder/Politica		ا م	=	outside of Texas. Com n, TX, officeholder living	
		Carialaa	to, Omeendiden/i ontice	ai Committe	.	Contribution		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						eld	
	expenditure to benefit C/OH							
H	Date	Payee na	me					
	06/12/2025	,	ailey Campaign					
	Amount (\$)	Payee ad		State; Zi	in Code			
	\$100.00	_	M 1382 PMB 604	J. 101.0, Z.	.,. 0000			
	Ψ100.00	710 E.I	1502 1110 007					
		Cedar H	ill, TX 75104					
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule	e) (b)	Description		
	OF EXPENDITURE	Contribu	tions/Donations Made	Ву		ш	outside of Texas. Com	•
	EM EMBITORE	Candida	te/Officeholder/Politica	al Committe	e	ш	n, TX, officeholder living	g expense
						Contribution		
	Complete ONU V if allow	Compliated	Office healthan in a re-	Otc.			Office 1	- I al
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Offic	e sough		Office he	eiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mplete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 19/19	Reichek , Amanda (The Honorable)		00082184
4	Date	5 Payee name		'
	04/21/2025	Vonlane		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$290.00	3800 Maple Ave Suite 265		
		Dallas, TX 75219		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Bus fare to perform wedding ceremony
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O	H	grit	Office field
_	Date	Davisa sama		
	01/03/2025	Payee name eFax		
		Payee address; City; State; Zip Co	do	
	Amount (\$) \$18.99	700 S. Flower St., 15th Floor	ue	
	\$10.99	700 S. Flower St., 15th Floor		
		Los Angeles CA 00017		
	DUDDOOF	Los Angeles, CA 90017	(1-) -	
	PURPOSE OF	2 ((D) [C	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	F	Check if Austin, TX, officeholder living expense
			F	-ax service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experialitate to belieff C/Of	'		