CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:				OFFICE I	ICE ONLY
•	00065973	ics commission r licrs)	135					JSE ONLY
3	CANDIDATE /	MS / MRS / MR	FIRST			MI	Date Received	
3	OFFICEHOLDER	The Honorable	Giovanni S.			IVII	ELECTRONICA 07/29/2025	ALLY FILED
	NAME	NICKNAME	LAST			SUFFIX		
		MONIMANIE	Capriglione			301117		
4	ORIGINAL	January 15	Runoff	Г	Other (s	pecify)	Date Hand-delivered or	Date Postmarked
	REPORT TYPE	X July 15	Exceeded modified	reporting limi		, , , ,	Receipt #	Amount
		30th day before election	15th day after camp	, ,			1	
		8th day before election	appointment (office				Date Processed	
_			<u> </u>			.,		
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/01/2025	ır THROUGH	Month	Day	Year	Date Imaged	
6	EXPLANATION OF C			06/3	30/2025			
0		nd contributions was mistal	enly reported as 6/5/2	5 instead of	the correc	nt date 6/25/25		
							•	
	I am requesting a wai	ver of the late filing penalty	as the error was accid	lental and d	e minimis.			
_	AFFIDA)//T							
′	AFFIDAVIT				n, under pe	enalty of perjury	y, that this corrected	report is true
			and	correct.				
			Che	ck the box n	ext to any	and all applica	ble statements:	
			X	Semiannu	ıal reports	: I swear, or	affirm that the origin	nal report
							an intent to mislead	l or to
				moreprese	ziii uie IIIIC	mnauun cuntal	ned in the report.	
			X				, that I am filing this	
				report not that the re	later than i port as oric	the 14th busine ginally filed is ir	ess day after the date naccurate or incomp	e I learned lete. I
							mission in the report	as originally
				filed was n	naue III yo	ou iailii.		
					The Hond	orable Giovar	nni S. Capriglione	
					Signatu	re of Candidate	e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
	Sworn to and out-	rihad hafara ma butha asi	4			thic t	tho.	dov
	of	ribed before me, by the said , 20, to cert	ifv which witness my	hand and se	al of office	, triis t `	.iie	day
	VI	, 20, to cen	ing willicit, with 1633 Hily	iana ana se	a or office	••		
	Signature of office	er administering oath	Printed name of of	ficer admini	stering oat	:h	Title of officer admir	nistering oath
								

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00065973		2 Total pages fil	led: 35
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Giovanni S.			Date Received	
10 101					ELECTRONICA	ALLY EILED
					07/29/2025	ALLI FILLD
	NICKNAME	LAST		SUFFIX	0112912025	
		Capriglione				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	1352 Ten Bar Trail					
ADDRESS					Receipt #	Amount
Change of Address	Southlake, TX 76092					
					Date Processed	
					Data Incomed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER		Elisa B.		1411		
NAME	IVII 3.	Liisa D.				
	NIOZALANE					
		LAST		SUFFIX		
		Capriglione				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	1352 Ten Bar Trail					
(Residence or Business)						
	Southlake, TX 76092					
7 CAMPAICN	ADEA CODE DUON	IE NILIMBED - F	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(214) 500-3302					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	mnaign treasurer
		J countary belove		L	appointment (offi	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/03/2026	l⊓G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
II OFFICE	State Representative Distri	ict 98 Tarrant		State Represent		
	State Representative Biotis	iot oo rarram		Ciaio Noproconi	divo Biotrior oo	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 135

13 C / OH NAME	Capriglione, Giovanr	i S. (The Honorable)	14 Filer ID 00065973	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political control made without the candidate's or office this information only if they receive no	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	OOMMITTEE ABBRESS				
		COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREAS	CUDED ADDRESS			
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTION	IS (OTHER THAN PLEDGES, LOANS, DNS MADE ELECTRONICALLY)	\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	TEES OF LOANS)	\$ 26,690.03		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	S	\$ 1,544.14		
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 88,353.28		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI		D AS OF THE LAST DAY OF THE	\$ 303,692.51		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR		ING LOANS AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		true and correc	rm, under penalty of perjury, that the acc ct and includes all information required t Election Code.			
			The Honorable Giovanni S. Capriç	alione		
			Signature of Candidate or Officehol			
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 s	seal of office.			
Signature of offi	cer administering	Printed name of officer admir	nictoring Title of office	r administering oath		
Signature or offic	cer auministening	Finited name of officer duffill	natering Title of Office	auministering vatir		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		4 of 135							
18 FILER NAME Capriglione, Giovanni S. (The Honorable)	, and the second								
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT							
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 25,310.03							
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,380.00							
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4. SCHEDULE E: LOANS		\$							
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 88,353.28							
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	TIONS	\$							
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH	\$							
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$							
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

	MONETARY POLITICAL CONTRIBUTIONS						LE A1	
	The Instru	ction Guide explains hov	ı to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 5/135	
2	Page 15 FILER NAME Capriglione, Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)			
4	Date 06/24/2025	5 Full name of contributor Arnett, Keith6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.03
0	Dringing Lagge	Keller, TX 76248	<u> </u>		Employer (Coo Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	5)		
	Date 06/26/2025	Full name of contributor Cammack & Strong, P.C. Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	•	· · · · · · · · · · · · · · · · · · ·						
	Date 06/24/2025	Full name of contributor Capriglione, Frank Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2,000.00
	Dringing aggr	Dallas, TX 75214			Employer (See Instructions	<u></u>		
	Sales	pation / Job title (See Instructions	b)		Employer (See Instructions NTX Bio	s)		
	Date 06/26/2025	Full name of contributor DTH Strategies, LLC Contributor address; City; S Austin, TX 78701					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>I</u> S)		
	Date 06/26/2025	Full name of contributor Delisi Communications P. Contributor address; City; S Austin, TX 78701					Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/135	
2	Page 15 FILER NAME Capriglione, Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Energy Transfer Partners Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00		
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor Gillett, Stephen Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Southlake, TX 76092		Franks von (Cooks brothe votions			
Principal occupation / Job title (See Instructions) Employer (See Instructions Technologist ITSaint)					
	Date 06/26/2025	Full name of contributor Goldberg, Ken Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Grace and McEwan Consulting LLC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor HILLCO PAC Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/135	
2	FILER NAME Capriglione,	ER NAME origlione, Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 06/26/2025	5 Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of TEXAS 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
_	Daine in all account	Austin, TX 78701	O Frankrije (Construction)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Longbow Consulting Partners LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Luce, Cris Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$104.10
		The COlony, TX 75056				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) Smart Sort)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Mauro, Kyle Contributor address; City; State; Zip Code Austin, TX 78747)		Amount of Contribution (\$)	\$500.00
	Principal occu Consulting	pation / Job title (See Instructions)	Employer (See Instructions) HillCo)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey, LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/6 Rpt: 8/135	
2	FILER NAME Capriglione,	FILER NAME Capriglione, Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) POLITICAL ACTION COMMITTEE OF THE INDEPENDENT 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78768				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Purdue, Brandon, Fielder, Collins & Mott LLP Contributor address; City; State; Zip Code Lubbock, TX 79408			Amount of Contribution (\$)	\$1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instruction)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Roessner, Gregory Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.41
		Grapevine, TX 76051				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Rutherford, Teresa Contributor address; City; State; Zip Code Colleyville, TX 76034)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Simmons, Ronald Contributor address; City; State; Zip Code Lewisville, TX 75056			Amount of Contribution (\$)	\$105.14
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/135		
2	P. FILER NAME Capriglione, Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)		
4	Date 06/30/2025	6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Muenster, TX 76252 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Developmen			Fort Worth Diocese			
	Date 06/26/2025	Full name of contributor TEXPAC Contributor address; City; Stat)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701			Ĺ		
	Principal occuj	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor Texans for Lawsuit Reform Contributor address; City; Stat)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor [Upperman, Maria Contributor address; City; Stat Southlake, TX 76092	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/27/2025	Full name of contributor Weekley, Richard Contributor address; City; Stat Houston, TX 77027	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions Weekley Homes	5)		
				., .,			

	MONET	ARY POLITICAL CONTRI	BUTIO	NS		SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/6 Rpt: 10/135		
2	FILER NAME Capriglione, Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)		
4	Date O6/26/2025 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00		
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Date 06/24/2025	Full name of contributor out-of-stat Woertendyke, Randy Contributor address; City; State; Zip Code Southlake, TX 76092	e PAC (ID#:			Amount of Contribution (\$)	\$104.10
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 06/23/2025	Full name of contributor out-of-stat Yousif, Amar Contributor address; City; State; Zip Code The Woodlands, TX 77385	e PAC (ID#:			Amount of Contribution (\$)	\$260.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions UT Health Houston	<u> </u> 5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/135 3 Filer ID (Ethics Commission Filers) FILER NAME Capriglione, Giovanni S. (The Honorable) 00065973 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 Associated Republicans of Texas Campaign Fund \$1,000.00 | Campaign Digital 7 Contributor address; City; State; Zip Code Advertising Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/25/2025 Eichler, Shera \$380.00 Fundraiser @ Texas Contributor address; City; State; Zip Code Chemistry Council Conference Room Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Founding Partner Second Floor Strategies Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OT USE (of the Section 2014 Each of the 19)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		(2
	Sch: 1/123 Rpt:	Capriglione, Giovanni S. (The Honorable)	رد.
4	Date	5 Payee name	
	05/19/2025	24 Diner	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$240.28	600 N Lamar Blvd	
		Austin, TX 78703	
8	PURPOSE		
ľ	OF		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Meal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			
	Date	Payee name	
L	01/15/2025	281 Club Properties LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	301 Country Lane	
		Dripping Springs, TX 78620	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense	
		Apartment Lease - 1703 Cedar Ave. Austin TX 78702	
_	0 1: 0:::::::::::::::::::::::::::::::::		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
_			
	Date	Payee name	
L	02/15/2025	281 Club Properties LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	301 Country Lane	
		Dripping Springs, TX 78620	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense	
		Apartment Lease - 1703 Cedar Ave. Austin TX 78702	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefft C/Of		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/123 Rpt:	Capriglione, Giovanni S. (The Honorable)
4 Date	5 Payee name
03/15/2025	281 Club Properties LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	301 Country Lane
	Dripping Springs, TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	X Check if Austin, TX, officeholder living expense
	Apartment Lease - 1703 Cedar Ave. Austin TX 78702
	10102
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/15/2025	281 Club Properties LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	301 Country Lane
	Dripping Springs, TX 78620
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	\times Check if Austin, TX, officeholder living expense Apartment Lease - 1703 Cedar Ave. Austin TX
	78702
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/15/2025	281 Club Properties LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	301 Country Lane
42,000.00	
	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	X Check if Austin, TX, officeholder living expense
	Apartment Lease - 1703 Cedar Ave. Austin TX 78702
Complete ONLY if direct	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p. 1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

06/14/2025 7-11 6 Amount (\$) 7 Payee address; City; State; Zip Code 3011 STATE HWY 121 Euless, TX 76092		Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
4 Date 06/14/2025 5 Payee name 7-11 6 Amount (\$) 7 Payee address: City: State: Zip Code 301.1 STATE HWV 12.1 Euless, TX 76092 8 PURPOSE OF EXPENDITURE (a) Category: Gase Categories listed at the top of this admension. Food/Beverage Expense 9 Complete QNLY if direct: A 8 B TV Amount (\$) Payee name Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category: Gase Categories listed at the top of this admension. Date 0.1107/2025 A 8 B TV Amount (\$) Payee address: City: State: Zip Code 1.128/2025 A 8 B TV Complete QNLY if direct: expenditure to benefit C/OH Candidate/Officeholder name Office Sought Office Overhead/Rental Expense Date 0.128/2025 A B B TV Awount (\$) Payee name Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category: Gase Categories listed at the top of this schedule) Office Sought Office Overhead/Rental Expense Date 0.1128/2025 A B TV Awount (\$) Payee name Austin, TX 78757 PURPOSE OF EXPENDITURE (b) Description Office diversite residence from Office held Date 0.1128/2025 A B TV A B TV A B TV A B TV PURPOSE OF Expenditure to benefit C/OH A B TV A B TV Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category: Gase Categories listed at the top of this schedule) Office Sought Office Overhead/Rental Expense (b) Description Office held Discover fraction Complete Schedule T. Office held Date Office Overhead/Rental Expense (b) Description Office Revenue Schedule T. Office held Discover fraum. Tx, officenoods froing expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office Sought Office Delivery	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
6 Amount (\$) 8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Payee name Austin, TX 78757 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Payee name Austin, TX 78757 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Payee name Austin, TX 78757 PURPOSE EXPENDITURE (b) Description Check if austin, TX, officeholder of twos. Complete Schoolub T. Check if austin, TX, officeholder in the spent		Sch: 3/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
Amount (\$)	4	Date	5 Payee name
S15.17 S10 S15.17 S10		06/14/2025	7-11
Euless, TX 76092 8	6	Amount (\$)	7 Payee address; City; State; Zip Code
R		\$15.17	3011 STATE HWY 121
R			
Complete ONLY if direct expenditure to benefit C/OH			Euless, TX 76092
POURSeverage Expense Condition Conditi	8		l
9 Complete ONLY if direct expenditure to benefit C/OH Date 01/10/2025			1 dod/Beverage Expense
9 Complete ONLY if direct expenditure to benefit C/OH Date 01/10/2025			
Date 01/10/2025 Amount (\$) Payee address; City; State; Zip Code 1912 W Anderson Lane Austin, TX 78757 PURPOSE OF EXPENDITURE Candidate/Office holder name 01/28/2025 Amount (\$) Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Office Overhead//Rental Expense Complete QNLY if direct expenditure to benefit C/OH Date 01/28/2025 A & B TV Amount (\$) Payee name A & B TV Amount (\$) Payee address; City; State; Zip Code 1912 W Anderson Lane Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead//Rental Expense (b) Description Check if Austin, TX, officeholder living expense Media Screen for Office (b) Description Check if Austin, TX, 78757 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead//Rental Expense (b) Description Check if Tarvel outside of Texas. Complete Schedule T. Check if Tarvel outside of Texas. Complete Schedule T. Check if Tarvel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete QNLY if direct Candidate/Officeholder name Office sought Office held			Otali Brillio
Date 01/10/2025 Amount (\$) Payee address; City; State; Zip Code 1912 W Anderson Lane Austin, TX 78757 PURPOSE OF EXPENDITURE Candidate/Office holder name 01/28/2025 Amount (\$) Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Office Overhead//Rental Expense Complete QNLY if direct expenditure to benefit C/OH Date 01/28/2025 A & B TV Amount (\$) Payee name A & B TV Amount (\$) Payee address; City; State; Zip Code 1912 W Anderson Lane Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead//Rental Expense (b) Description Check if Austin, TX, officeholder living expense Media Screen for Office (b) Description Check if Austin, TX, 78757 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead//Rental Expense (b) Description Check if Tarvel outside of Texas. Complete Schedule T. Check if Tarvel outside of Texas. Complete Schedule T. Check if Tarvel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete QNLY if direct Candidate/Officeholder name Office sought Office held	Ļ	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
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### State: State	L	01/10/2025	A & B TV
Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen for Office Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2025 Amount (\$) Payee name A & B TV Amount (\$) Payee address; City; State; Zip Code 1912 W Anderson Lane Austin, TX 78757 PURPOSE OF Office Overhead/Rental Expense (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Austin, TX officeholder in Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office Sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description		\$2,814.25	1912 W Anderson Lane
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description			
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			Austin, TX 78757
Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2025			Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2025 Payee name A & B TV Amount (\$) Payee address; City; State; Zip Code 1912 W Anderson Lane Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		2/11/2/10/12	
Date 01/28/2025 A & B TV Amount (\$) Payee address; City; State; Zip Code 4 Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Media Screen for Office
Date 01/28/2025 A & B TV Amount (\$) Payee address; City; State; Zip Code 4 Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held	L	0 1: 01:14 7 1	
Date 01/28/2025 A & B TV Amount (\$) Payee address; City; State; Zip Code 4. Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held			y
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\$322.59 Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Office Sought Office held		01/28/2025	A & B TV
Austin, TX 78757 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$322.59	1912 W Anderson Lane
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Austin, TX 78757
Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media Screen Delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Check if Austin, 1X, officeholder living expense Media Screen Delivery Office sought Office held			Office Overficad/Nertial Expense \Box
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		LXI LINDITORL	
			iviedia Screen Delivery
	dash	Complete ONII V if direct	Candidate/Officeholder name Office sought
	\vdash		
	L		

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/14/2025	ACCO Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$267.37	4 Corporate Dr
		Lake Zurich, IL 60047
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
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/04/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.60	208 S Akard St
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Internet Access Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Wifi For Remote Work - @ 1703 Cedar Ave Austin
		TX 78701
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/04/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.60	208 S Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Access
		X Check if Austin, TX, officeholder living expense Wifi For Remote Work - @ 1703 Cedar Ave Austin
		TX 78701
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to cor	-	tet this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/123 Rpt:	Capriglione, Giovanni S. (The Honorable)		00065973
4	Date	5 Payee name		•
	03/04/2025	AT&T		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$65.60	208 S Akard St		
		Dallas, TX 75202		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Internet Access		Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
				Wifi For Remote Work - @ 1703 Cedar Ave Austin
				TX 78701
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/04/2025	AT&T		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$70.66	208 S Akard St		
		Dallas, TX 75202		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Internet Access		Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
				Wifi For Remote Work - @ 1703 Cedar Ave Austin
				TX 78701
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/23/2025	Adobe		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$21.64	345 Park Avenue		
		San Jose, CA 95110		
	PURPOSE OF	2 ((b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if days outside of fexas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
				Adobe Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OH			

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		Gift/Awards/Memorials Expens Legal Services The Instruction Guide expenses the control of the c	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
┰	Total pages Schedule F1:	2 FILED NAME		•			1	Filer ID	(Ethics Commission File	ore)
ľ				onoroblo)			3		(Ethics Commission File	215)
	Sch: 6/123 Rpt:	· -	, Giovanni S. (The H	onorable)				00065973		
4	Date	5 Payee name								
	02/23/2025	Adobe								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$21.64	345 Park A	venue							
		San Jose, (CΔ 05110							
Ļ					- ·					
8	PURPOSE OF		ee Categories listed at the top of		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense	e				de of Texas. Com officeholder living		
						Adobe Subso			схрепос	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l abt			Office he	nld	
	expenditure to benefit C/O		icenoidei name	Office sou	igiit			Office file	au	
L										
	Date	Payee name								
	03/23/2025	Adobe								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$21.64	345 Park A	venue							
		San Jose, (CA 95110							
H	PURPOSE				(h)	Description				
	OF		ee Categories listed at the top of head/Rental Expense		(2)	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Over	nead/Nental Expensi	C		=		officeholder living		
						Adobe Subsc	rip	tion		
Г	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OH									
F	Date	Payee name								
	04/23/2025	Adobe								
	Amount (\$)	Payee addre	cc: City:	State; Zip Co	ndo.					
	()			State, Zip Ct	ue					
	\$21.64	345 Park A	venue							
		San Jose, (CA 95110							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense	e				de of Texas. Com		
	_/							officeholder living	expense	
						Adobe Subso	πþ	uUH		
L		<u> </u>			<u> </u>					
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld	
	experience to belieff C/O	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4		5 Payee name Adobe
6	Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Avenue
8	PURPOSE OF EXPENDITURE	San Jose, CA 95110 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/23/2025	Payee name Adobe
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/01/2025	Payee name Aldredge, Katy
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4330 Bull Creek Road
		Austin, TX 78732
	PURPOSE OF EXPENDITURE	(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 Salary
	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

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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/01/2025	Aldredge, Katy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	4330 Bull Creek Road
		Austin, TX 78732
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Salary
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
F	Date	Payee name
	03/01/2025	Aldredge, Katy
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4330 Bull Creek Road
	·	
		Austin, TX 78732
	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 Salary
		Campaign calary
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payoo namo
	04/01/2025	Payee name Aldredge, Katy
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4330 Bull Creek Road
		Austin, TX 78732
	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 Salary
1		Jampang. Salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 9/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/01/2025	Aldredge, Katy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	4330 Bull Creek Road
		Austin, TX 78732
8	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 Salary
		Campaigh Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/01/2025	Aldredge, Katy
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4330 Bull Creek Road
	+ =,000.00	1000 Dail G. 100 K. 1. 100 K.
		Austin, TX 78732
┝	PURPOSE	
	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 Salary
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	01/14/2025	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.49	410 Terry Avenue N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Al Webcam for Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/21/2025	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.29	410 Terry Avenue N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign Phone - Project A
		Campaight Fhorie - Froject A
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/23/2025	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.29	410 Terry Avenue N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compaign Phone Project A
		Campaign Phone - Project A
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 06/30/2025	Payee name
		Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.42	410 Terry Avenue N
		Seattle, WA 98109
	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 Brother Toner 3 Pack
		DIOUICI TOIICI 3 FACK
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 11/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973			
4	Date	5 Payee name			
	03/25/2025	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$41.12	410 Terry Avenue North			
		Seattle, WA 98109			
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 Cups			
		- Cupo			
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	· 				
	Date	Payee name			
	05/05/2025	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$34.62	410 Terry Avenue North			
		Seattle, WA 98109			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Office Supplies			
		Office Supplies			
┡	Commission ONII V if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI	o			
L	<u> </u>				
	Date	Payee name			
	05/05/2025	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$28.13	410 Terry Avenue North			
		Seattle, WA 98109			
	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.			
	LAI LINDITORL	Check if Austin, TX, officeholder living expense			
		Office Supplies			
L					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L					
<u> </u>					

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 12/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/16/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.62	410 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Committee Gifts
		Committee Cities
Ļ	Complete ONII V if direct	Condidate/Officeholder name Office country Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
⊨		
	Date	Payee name
	05/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$567.07	410 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee Gifts
		Committee dits
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	01/17/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.12	410 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Dcor
\vdash	Complete ONII V if allow	Constitute (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	,	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 13/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973		
4	Date	5 Payee name		
	01/30/2025	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$17.31	410 Terry Avenue North		
		Seattle, WA 98109		
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		
		Office Supplies		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	01/27/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$46.27	410 Terry Avenue North		
		Seattle, WA 98109		
	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		
		Certificate Materials		
		Sertificate Waterials		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	· ·		
	Date	Payee name		
	02/03/2025	Amazon		
		Payee address; City; State; Zip Code		
	Amount (\$) \$20.56			
	Φ20.50	410 Terry Avenue North		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Certificate Materials		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experiulture to periorit G/OTT			

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: 14/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973		
4	Date	5 Payee name		
	04/03/2025	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$36.81	410 Terry Avenue North		
		Seattle, WA 98109		
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		
		Office Supplies		
		Стоб Сарриос		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	06/06/2025	American Airlines		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$385.49	4333 Amon Carter Boulevard		
		Fort Worth, TX 76155		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		C/OH: Travel to Washington DC		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/02/2025	Best Buy - AUstin		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$50.85	1201 Barbara Jordan Blvd		
		Austin, TX 78723		
	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		
		Charging cables and adapters for office		
		Sharging sables and adapters for since		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/21/2025	Best Buy
6	Amount (\$) \$238.14	7 Payee address; City; State; Zip Code 9607 Research Blvd
		Austin, TX 78759
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Bohemian Bull
	Amount (\$) \$48.71	Payee address; City; State; Zip Code 1112 W Northwest Hwy
		Grapevine, TX 76051
	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 Constituent Meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2025	Braum's Ice Cream & Burger Restaurant
	Amount (\$) \$9.08	Payee address; City; State; Zip Code 1221 Keller Pkwy
		Keller, TX 76248
	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 Staff Meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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	d Com		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 16/123 Rpt:		Capriglione.	, Giovanni S. (Th	e Honorab	le)				00065973		
4	Date	5	Payee name									
	02/28/2025		CHICK-FIL-	A								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode					
	\$380.07		503 W Mart	in Luther King Jr	Blvd							
			Austin, TX 7	78701								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=			plete Schedule T.	
	-							Committee M		officeholder living	g expense	
								Committee W	·cui	•		
9	Complete ONLY if direct		andidate/Offi	ceholder name	<u> </u>	office sou	<u>l</u> ught			Office he	eld	
Ĺ	expenditure to benefit C/OI			- Tanic			-9·11					
	Date		Payee name									
L	04/24/2025		CHICK-FIL-	Α								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode					
	\$131.03		503 W Mart	in Luther King Jr	Blvd							
L			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense				ш			plete Schedule T.	
								Office Lunch	, IX,	officeholder living	j expense	
								JIIIOO EUIIOII				
\vdash	Complete ONLY if direct	C	andidate/Offi	ceholder name	0	office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O						-					
H	Date		Payee name									
	05/15/2025	ı	Cabo Bob's	Burritos								
	Amount (\$)	_	Payee addres		State:	Zip C	ode					
	\$156.80	l	500 E Ben \		,	,- 5						
	+		Ste D-100	-								
		l	Austin, TX 7	78704								
	PURPOSE						(b)	Dogorintian				
	OF			ee Categories listed at the age Expense	top of this sche	edule)	(0)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		i Journevel	age Expense				ш		officeholder living		
								Office Lunch				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	0	office sou	ught			Office he	eld	
	experioralie to belieff C/Of	1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/123 Rpt:	Capriglione, Giovanni S. (The Honorable)	00065973
4	Date	5 Payee name	·
	06/11/2025	Capital Hilton	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$487.45	1001 16th St Nw	
		Washington, DC 20036	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE		neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
			H: Lodging DC Trip 11-13
		J 3,5.	Loading Do Trip II Io
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	01/13/2025	Capitol Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.74	1400 North Congress Avenue	
	·	3	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	rintion
	OF	_	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l □ ch	neck if Austin, TX, officeholder living expense
		chari	ity auction donation
	0 1 0 0 1 1 1 1 1 1		000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/05/2025	Capitol Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$383.74	1400 North Congress Avenue	
		: => =========	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Citi/Awards/Memorials Expense	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
			ity auction donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
ı			

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/13/2025	Cattleman's Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.10	2458 N Main Street
		Fort Worth, TX 76164
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/04/2025	Cava
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.86	515 Congress Ave
		Austin, TX 78745
	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.
	LA LABITORE	Check if Austin, TX, officeholder living expense Office Lunch
		Office Editori
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/17/2025	Charleston's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	3020 S Hulen Street
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Meal
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
•	Sch: 19/123 Rpt:	Capriglione, Giovanni S. (The Honorable)
_	-	
4	Date	5 Payee name
	03/13/2025	Chef Point Bar and Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	5220 State Highway 121
		Colleyville, TX 76034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		constituent meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2025	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.01	1105 N Burleson Blvd
	\$10.01	
		Burlagan TV 76020
		Burleson, TX 76028
	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
		Staff Meal
		Stan Wear
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Data	
	Date	Payee name
	01/10/2025	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.78	2401 N Tarrant Parkway
		Fort Worth, TX 76177
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 20/123 Rpt:	Capriglione, Giovanni S. (The Honorable)	00065973
4	Date	5 Payee name	
	03/03/2025	Chick Fil A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.01	2401 N Tarrant Parkway	
		Fort Worth, TX 76177	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE		avel outside of Texas. Complete Schedule T.
	LAFENDITORE		austin, TX, officeholder living expense
		Staff Mea	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	CAPERIOLORE TO DETICITE C/OI		
	Date	Payee name	
	01/10/2025	Chick Fil A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.41	1002 Keller Parkway	
		·	
		Keller, TX 76248	
	PURPOSE		
	OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if to	I avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 00d/Beverage Expense	ustin, TX, officeholder living expense
		Staff Mea	I
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/25/2025	Chuy's - Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$198.14	1728 Barton Springs Rd	
	\$100.11T		
		Austin, TX 78704	
	DUDDOCT		
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if to	navel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Deverage Expense	austin, TX, officeholder living expense
		Office Lur	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 21/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/19/2025	Chuy's - Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$265.19	1728 Barton Springs Rd
		Austin, TX 78704
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
		Office Lunch
		Sinds Editori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/27/2025	Chuy's - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$372.59	1728 Barton Springs Rd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
		565 255
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/30/2025	Colleyville Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	35 Veranda Lane
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense membership luncheon
		membership function
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/30/2025	Colleyville Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	35 Veranda Lane
		Colleyville, TX 76034
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	01/30/2025	Colleyville Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	35 Veranda Lane
		Colleyville, TX 76034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/05/2025	Colleyville Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	35 Veranda Lane
		Colleyville, TX 76034
	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 membership luncheon
		membership tanoneon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/03/2025	Costco Wholesale #681
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.66	10401 Research Blvd
		Austin, TX 78759
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
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	01/13/2025	Costco Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.68	2601 E State Hwy 114
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Snacks
		Since chacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/14/2025	DFW Airport Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	2400 Aviation Drive North
		DFW Airport, TX 75261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Airport Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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: 24/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/24/2025	Dai Due
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.02	2406 Manor Rd
		St A
		Austin, TX 78722
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
		Constituent Meal
		Constituent weta
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	Dai Due
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.91	2406 Manor Rd
		St A
		Austin, TX 78722
	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.
		Constituent Meal
		Constituent Wear
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/10/2025	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.04	1954 Commerce Street
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Local News Subscription
		Local News Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	 E				3	Filer ID	(Ethics Commission Filer	s)
	Sch: 25/123 Rpt:	l	, Giovanni S. (The	Honorable)				00065973		
4	Date	5 Payee name								
	04/14/2025	Dayne's Cr	aft BBQ							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$53.34	100 S Fron	t Street							
		Aledo, TX 7								
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp officeholder living		
						Staff Meal	, 17,	onicendider living	expense	
						Stall Wear				
_	Complete ONLY if direct	Candidata/Off	iceholder name	Office acu	ıabt			Office he	uld	
9	expenditure to benefit C/O		icenoider name	Office sou	ıgnı			Office fie	eid	
-	Date	Payee name								
	02/17/2025	Del Frisco's								
	Amount (\$)	Payee addre		State; Zip Co	nde					
	\$176.34	1200 E Sou	-	State, Zip Ct	Jue					
	\$170.34	1200 E 500	инаке вічи							
		Southlake,	TX 76092							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com		
	EXI ENDITORE					ш.		officeholder living	expense	
						Constituent M	/lea	U		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	experientare to benefit 6/01	1								
	Date	Payee name								
	06/02/2025	Delta Airlin	es							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$438.98	1030 Delta	Blvd							
		Atlanta, GA	30354							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out				X Check if travel				
	LAFENDITORE							officeholder living	expense	
						C/OH: Washi	ngt	ion DC		
					L					
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
L	CAPETIONALE TO DEHELL C/OF									

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 Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/06/2025	Desano Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$303.65	301 Lavaca St
		Ste 200
		Autin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Construitte a Macal
		Committee Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	02/11/2025	Dino's Steak and Claw House
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	342 S Main St
		Grapevine, TX 76051
	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.
		Constituent Meal
		Constituent Meai
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Douge name
	01/14/2025	Payee name Dirty Martin's Place
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.77	2808 Guadalupe St
		Austin, TX 78705
	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
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor Travel Out or District OTHER (enter a category) The Instruction Guide explains how to complete this form.						bove)			
		_			ilue explains not	w to con	пріє	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 27/123 Rpt:		Capriglione,	Giovanni S. (TI	ne Honorable)				00065973		
4	Date	5	Payee name									
	01/16/2025		Door Dash									
_		_		City II	Ctata	Zin Cod	J -					
6	Amount (\$)	7	Payee address	ss; City;	State; 2	zip Cou	ie.					
	\$23.08		303 2nd St									
			Suite 800									
			San Francis	co, TX 94107								
8	PURPOSE	(a)	Category (sc	ee Categories listed at the	no ton of this schodu	ulo)	(b)	Description				
	OF	l`´		nead/Rental Exp		ile)	` ′	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Omec even	read/remail Exp	Jense			Check if Austin,	, TX,	officeholder livir	ig expense	
								Essentials				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ht			Office h	ield	
	expenditure to benefit C/OI	Н				J						
_	Date	Π	Payee name									
	03/14/2025		Dunkin Don	ute								
		┡										
	Amount (\$)		Payee addres	-	State; Z	Zip Coo	de					
	\$3.01		760 Pipeline	e RD								
			Hurst, TX 76	6053								
	PURPOSE	(a)	Category (sc	ee Categories listed at th	no ton of this schodu	(مار	(b)	Description				
	OF	l`		age Expense	ie top of this schedu	ile)	` '	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 oou/Deven	age Expense				Check if Austin,	, TX,	officeholder livir	ig expense	
								Staff Meal				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Offi	ice soug	ht			Office h	ield	
	expenditure to benefit C/OI					J						
	D :											
	Date		Payee name									
	01/30/2025		Einstein Bro	s Bagels - Kelle	er 							
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$2.91		751 Keller P	kwy								
			Keller, TX 7	6248								
	PURPOSE	(2)				1	(h)	Description				
	OF	(۵)		ee Categories listed at th	ne top of this schedu	ule)	(5)		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		F00u/bever	age Expense				ш		officeholder livir	•	
								Constituent C			- '	
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	∩ffi	ice soug	ıht			Office h	ield	
	expenditure to benefit C/OI		Jan Ididato/Offic	ostiolasi Hallis	One	oc soug	,,,,,			Office I	ioid	
_												

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: 28/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/11/2025	Einstein Bros Bagels - Keller
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.91	751 Keller Pkwy
		Keller, TX 76248
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Coffee
		School School
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
F	Date	Payee name
	03/24/2025	Einstein Bros Bagels - Keller
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.91	751 Keller Pkwy
		Keller, TX 76248
	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 Constituent Coffee
		Sonsatuent Sones
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Date	Payee name
	05/16/2025	Einstein Bros Bagels - Keller
L		<u> </u>
	Amount (\$) \$8.99	Payee address; City; State; Zip Code 751 Keller Pkwy
	Ф0.99	751 Relief FRWy
		Voller TV 76240
		Keller, TX 76248
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Coffee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/23/2025	Einstein Bros Bagels - Keller
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.91	751 Keller Pkwy
		Keller, TX 76248
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 Constituent Coffee
		Consultating Confec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/15/2025	Einstein Bros Bagels
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$57.68	2404 Guadalupe St
	Ψ31.00	2404 Guadalape St
		Auctin TV 79705
L		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Morning Meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
F	Date	Payee name
	04/17/2025	Einstein Bros Bagels
H	Amount (\$)	Payee address; City; State; Zip Code
	\$172.11	2404 Guadalupe St
	·	
		Austin, TX 78705
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Morning Meeting
L		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/17/2025	Eirinn Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	3100 Town Center Trail
		Denton, TX 76201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the unless that the control of this schedule To the control of t
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitare to benefit C/O	'
	Date	Payee name
	01/07/2025	Fedex
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.51	1501 Gaylord Trail
		Grapevine, TX 76051
	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
		Shipping to Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>
	Date	Payee name
	01/21/2025	Fuzzy's Taco Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.08	480 W Southlake Blvd
		Suite 101
		Southlake, TX 76092
	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
		Constituent Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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: 31/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/01/2025	Galaxy Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$221.44	1000 W Lynn St
		Austin, TX 78703
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 Office Lunch
		Office Editori
Ļ	Operation ONLY if dispert	Occasional Office had been assessed to the contract of the con
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	05/23/2025	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.25	1000 W Lynn St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Office Lunch
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	01/31/2025	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.40	1000 W Lynn St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Lunch
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/09/2025	Gloria's Latin Cuisine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	5611 Colleyville Blvd
		Suite 300
		Colleyville, TX 76034
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 Constituent Meeting
		Constituent weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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
		GSuite
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-i
	Date	Payee name
	02/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
	Ψ10.00	1000 / Milpinuleade i Kwy
		Mountain View, CA 94043
	DUDDOOF	To a second seco
	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
		GSuite
	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 Commit Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 33/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
_	·	
4	Date	5 Payee name
	03/01/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		, , , , , , , , , , , , , , , , , , ,
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GSuite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
	,	, , , , , , , , , , , , , , , , , , ,
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		GSuite
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Davida nama
		Payee name
	05/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		GSuite
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 34/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/01/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		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 GSuite
		Counte
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/05/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.42	1600 Amphitheatre Pkwy
		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 TV Sub. for Office
		TV Sub. for Office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davis same
	Date 03/05/2025	Payee name Google
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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 TV Sub. for Office
		I V Sub. for Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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 Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
_		I		nams now to co	Jilipit	ete tilis ioiili.	_			>
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 35/123 Rpt:	Capriglione	, Giovanni S. (The Hor	norable)				00065973		
4	Date	5 Payee name								
	04/05/2025	Google								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$45.43	1	itheatre Pkwy	, ,						
	,		,							
		Marintain	Sau CA 04042							
		Mountain v	iew, CA 94043							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			_		ide of Texas. Comp		
						TV Sub. for C		, officeholder living	expense	
						1 V 3ub. 101 C	,,,,,	JC		
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld	
	experience to benefit of or									
	Date	Payee name								
	05/02/2025	Google								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$15.14	1600 Amph	itheatre Pkwy							
		·	,							
		Mountain V	iow CA 04042							
			iew, CA 94043							
	PURPOSE OF		ee Categories listed at the top of t	his schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense					ide of Texas. Com _l , officeholder living		
						TV Sub. for C			схрензе	
							,,,,,			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	vld	
	expenditure to benefit C/OI		icentituei fiame	Office Suc	agrit			Office fie	au	
	·									
	Date	Payee name								
	06/02/2025	Google								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$15.14	1600 Ampl	itheatre Pkwy							
		 Mountain ∖	iew, CA 94043							
	PURPOSE				(h)	Description				
	OF		ee Categories listed at the top of t	his schedule)	(0)	Description Check if travel	outsi	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Office Over	head/Rental Expense					, officeholder living		
						TV Sub. for C				
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI			J.//00 300	-911L			Silloc IIC		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/10/2025	Grammarly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.50	548 Market Street
		San Francisco, CA 94104
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
		Grammarly Office Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/07/2025	Grapevine Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 E Vine Street
		Grapevine, TX 76051
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		membership luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/07/2025	Grapevine Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 E Vine Street
	,	
		Grapevine, TX 76051
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/30/2025	Grapevine Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	200 E Vine Street
		Grapevine, TX 76051
8	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
		membership luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/05/2025	Grapevine Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 E Vine Street
		Grapevine, TX 76051
	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
		membership luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2025	Grapevine Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 E Vine Street
		Grapevine, TX 76051
	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 membership luncheon
		monitorion prantonom
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 38/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/07/2025	5 Payee name Grapevine Chamber of Commerce
6	Amount (\$) \$370.00	7 Payee address; City; State; Zip Code 200 E Vine Street
8	PURPOSE OF EXPENDITURE	Grapevine, TX 76051 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/03/2025	Payee name Grapevine Convention Center
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1209 S Main Street
	PURPOSE OF EXPENDITURE	Grapevine, TX 76051 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dementia symposium
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/30/2025	Payee name Grapevine Convention Center
	Amount (\$) \$877.86	Payee address; City; State; Zip Code 1209 S Main Street
		Grapevine, TX 76051
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dementia symposium
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card F dyment			The Instruction Gu	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 39/123 Rpt:		Capriglione,	Giovanni S. (T	he Honorabl	e)				00065973		
4	Date	5	Payee name									
	02/13/2025			er Chamber of	Commerce							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$750.00		420 Johnson	n Road								
			Suite 301									
			Keller, TX 76	6248								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Event Exper			,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							_		officeholder livir	ig expense	
								Program Spo	nsc	orhip		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
	Date		Payee name									
	05/21/2025		Greater Kell	er Chamber of	Commerce							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$30.00		420 Johnson	n Road								
			Suite 301									
			Keller, TX 76	6248								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Event Exper					=			nplete Schedule T.	
								ш		officeholder livir	g expense	
								membership	iuri	cheon		
_	Complete ONLY if direct	<u> </u>	`andidato/Offic	ceholder name	0:	ffice sou	aht			Office h	vold	
	expenditure to benefit C/O		-andidate/Offic	enoluei name	O.	ince sou	gni			Office i	iciu	
_	Date											
	Date	l	Payee name	or Chambar of	Commoroo							
	01/07/2025			er Chamber of								
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$35.00	l	420 Johnson	n Road								
			Suite 301									
			Keller, TX 76	6248								
	PURPOSE			e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse				ш			nplete Schedule T.	
								membership		officeholder livir	ig expense	
								попретапр	iuil	on con		
_	Complete ONLY if direct		`andidate/Offic	ceholder name	<u> </u>	ffice sou	aht			Office h	reld	
	expenditure to benefit C/O		-andidato/Offic	ondiadi Hame	O.	moo sou	Aiir			Jilice I		
_												
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	d above)
	Credit Card Payment			The Instruction Gu	ıide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 40/123 Rpt:		Capriglione	, Giovanni S. (Tl	he Honorabl	e)				00065973		
4	Date	5	Payee name									
	01/30/2025		Greater Kel	ler Chamber of (Commerce							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$60.00		420 Johnso	n Road								
			Suite 301									
			Keller, TX 7	6248								
8	PURPOSE	(a)	Category (s.	ee Categories listed at the	no top of this school	dulo)	(b)	Description				
	OF	<u> `</u>	Event Expe		ie top of this scriet	uuie)	` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		·					—		officeholder livir	ng expense	
								membership	lun	cheon		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	neld	
	Date		Payee name									
	02/14/2025		Greater Kel	ler Chamber of (Commerce							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$60.00		420 Johnso	n Road								
			Suite 301									
			Keller, TX 7	6248								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Event Expe					=			mplete Schedule T.	
	EX. ENDITORE							ш		officeholder livir	ng expense	
								membership	iuii	CHEOH		
	Complete ONLY if direct	<u> </u>	^andidate/Offi	ceholder name	Of	ffice sou	aht			Office h	neld	
	expenditure to benefit C/OI		Carididate/Offi	centiquel flame	Oi	ince sou	gni			Office i	iciu	
	Data											
	Date 03/26/2025		Payee name	ler Chamber of (Commorco							
	Amount (\$)		Payee addre	•	State;	Zip Co	de					
	\$45.00		420 Johnso	n Roau								
			Suite 301									
			Keller, TX 7	6248								
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sche	dule)	(b)	Description				
	EXPENDITURE		Event Expe	nse				<u></u>		de of Texas. Cor officeholder livir	mplete Schedule T.	
								membership			. д одрогос	
								- 4	-			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI					•	-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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: 41/123 Rpt: Capriglione, Giovanni S. (The Honorable) 00065973 4 Date Payee name 03/05/2025 **HEB Chamber of Commerce** 6 Amount (\$) Payee address; City; State; Zip Code \$38.00 2109 Martin Drive Bedford, TX 76021 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense membership luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/07/2025 **HEB Chamber of Commerce** Amount (\$) Payee address; City; State; Zip Code \$38.00 2110 Martin Drive Bedford, TX 76021 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense membership luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/07/2025 **HEB Chamber of Commerce** Amount (\$) Payee address: City: State; Zip Code \$30.00 2111 Martin Drive Bedford, TX 76021 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense membership luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	
Ļ		<u>_</u>
1	Total pages Schedule F1:	
	Sch: 42/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/07/2025	HEB Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$38.00	2112 Martin Drive
	φ30.00	ZIIZ Martin Drive
		Bedford, TX 76021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Davisa nama
		Payee name
	05/30/2025	HEB Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	2113 Martin Drive
		Bedford, TX 76021
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership luncheon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/11/2025	HEB Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	2114 Martin Drive
		Bedford, TX 76021
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		dues
		uues
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiencie to beliefft C/OI	·
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/08/2025	Half Price Books
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.71	475 Sherry Lane
		Fort Worth, TX 76114
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Books for Office
		Books for Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	05/19/2025	Hat Creek Burger
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.75	5300 Golden Triangle Blvd
		Fort Worth, TX 76244
	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
		Constituent Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/09/2025	Heim BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.00	1109 W Magnolia Avenue
		Fort Worth, TX 76104
	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 Staff Meal
		Clair Wear
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 44/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 06/02/2025	5 Payee name Hilton Garden Inn - Alexandria Old Town National Harbor
6	Amount (\$) \$935.65	7 Payee address; City; State; Zip Code 1620 Prince St Alexandria, VA 22314
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense C/OH Travel: Washington DC - 6/2 - 6/2
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Hotel Emma
	Amount (\$) \$251.35	Payee address; City; State; Zip Code 136 E Grayson St San Antonio, TX 78215
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Event - Sine Die
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Hurley, Jenna
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4122 Mapleridge Dr.
		Grapevine, TX 76051
	PURPOSE OF EXPENDITURE	(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 Salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 45/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 02/03/2025	5 Payee name Hurley, Jenna
6	Amount (\$) \$27.00	7 Payee address; City; State; Zip Code 4122 Mapleridge Dr.
8	PURPOSE OF EXPENDITURE	Grapevine, TX 76051 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/16/2025	Payee name IDSER
	Amount (\$) \$75.00	Payee address; City; State; Zip Code One UTSA Circle Main Building 2.306 San Antonio, TX 78249
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texas Demographic Center event
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/27/2025	Payee name Innovation and Technology Caucus of the Texas Legislature
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1108 Lavaca Street STE 110-701 Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IT Caucus Membership Dues
	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 Comi

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

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

	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: 46/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/24/2025	JW Marriott Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.73	110 E 2nd St,
		Austin, TX 78701
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 Dinner Meeting - Dean's
		Diffict Weeting - Dearts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/23/2025	Jersey Mike's Subs - Southlake
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.10	410 West Southlake Blvd
	φ21.10	410 West Soutiliare Bivu
		Southlake, TX 76092
	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
		Staff Lunch
		Gian Euron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
	Date	Payee name
	03/12/2025	Jimmy Johns #491
	Amount (\$)	Payee address; City; State; Zip Code
	\$317.44	515 Congress Ave
	Ψ517.44	
		Suite 1200
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office lunch
		333
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 47/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/19/2025	Jimmy Johns #491
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$317.44	515 Congress Ave
		Suite 1200
		Austin, TX 78701
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 Office lunch
		Cince landii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2025	Kerbey Lane Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$329.33	3704 Kerbey Ln
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/22/2025	Kerbey Lane Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.32	3704 Kerbey Ln
		Austin, TX 78731
	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 Staff Lunch
		Stati Luticii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 48/123 Rpt:	Capriglione, Giovanni S. (The Honorable)	00065973
4 Date	5 Payee name	·
05/16/2025	La Fonda On Main	
6 Amount (\$)	7 Payee address; City; State; Zip Co.	de
\$161.47	2415 N Main Ave	
	San Antonio, TX 78212	
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 Dinner Meeting
		Diffici Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnt Office field
	1	
Date	Payee name	
02/18/2025	La Madeleine	
Amount (\$)	Payee address; City; State; Zip Co	de
\$30.66	900 W State Highway 114	
	Grapevine, TX 76051	
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.
LXI ENDITORE		Check if Austin, TX, officeholder living expense
		Constituent Meal
0 1 0 0 1 0 0 1 0 1		05.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sougH	ght Office held
<u>'</u>		
Date	Payee name	
01/23/2025	Lawson Strategies, LLC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$515.40	1115 Kinney Avenue	
	Unit 5	
	Austin, TX 78704	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Text Messages & Design
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientare to benefit 6/0	••	

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

Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
4. Tatal manage Cuturatula Ed. Ta	
1 Total pages Schedule F1: 2 Sch: 49/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4 Date	Payee name
02/18/2025	Lawson Strategies, LLC
6 Amount (\$) 7 81,049.21	Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Messages & Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2025	Lawson Strategies, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6,062.72	1115 Kinney Avenue
	Unit 5
	Austin, TX 78704
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense (Print Material, Mail & Design Fee)
	(i iiii Material, Mari & Design i co)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/25/2025	Lawson Strategies, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$5,734.93	1115 Kinney Avenue
	Unit 5
	Austin, TX 78704
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	(Print Material, Mail & Design Fee)
	(
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/14/2025	Liberty Leadership Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	901 Congress Avenue
		Austin, TX 78701
8	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 Staff Leadership Dinner
		Stan Leadership Diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
⊨	Date	Payee name
	01/01/2025	Lone Star Executive Suites
┡		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,168.00	312 W Northwest Hwy
L		Grapevine, TX 76051
	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
		Campaign Onice
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	02/01/2025	Lone Star Executive Suites
L	Amount (\$)	Payee address; City; State; Zip Code
	\$1,168.00	312 W Northwest Hwy
	\$1,100.00	S12 W Northwest riwy
		Creative TV 70054
L		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental 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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
一		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Sala	_	es/Contract Labor	Travel Out of I OTHER (enter	District a category not listed above)	
_	Total pages Cab - distant	9 EU ED ***		- 3/10/10/10/1			a Filer ID	(Ethios Commission Filers)
_	Total pages Schedule F1: Sch: 51/123 Rpt:		мь ne, Giovanni S. (The	Honorable)			3 Filer ID 00065973	(Ethics Commission Filers)
4	Date	5 Payee nar	ne				•	
	03/01/2025	Lone Sta	r Executive Suites					
6	Amount (\$) \$1,168.00		dress; City; orthwest Hwy ne, TX 76051	State; Zi _l) Code	•		
8	PURPOSE	(a) Category	(See Categories listed at the t	top of this schedule)	(b) Description		
	OF EXPENDITURE	Office Ov	/erhead/Rental Expe	nse			outside of Texas. Co n, TX, officeholder livi ffice	·
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Officeholder name	Office	sough	t	Office	held
	Date	Payee nar	me					
	04/01/2025	Lone Sta	r Executive Suites					
	Amount (\$)	Payee add	dress; City;	State; Zij	Code)		
	\$1,168.00	312 W N	orthwest Hwy					
	DUDDOG	•	ne, TX 76051		1,6	N =		
	PURPOSE OF EXPENDITURE		(See Categories listed at the tyerhead/Rental Expe			<u> </u>	outside of Texas. Co	
						Campaign O		ng vapense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Officeholder name	Office	sough	t	Office	held
	Date	Payee nar	me			· · · · · · · · · · · · · · · · · · ·		
	05/01/2025	Lone Sta	r Executive Suites					
	Amount (\$)	Payee add	dress; City;	State; Zi	Code	;		
	\$1,168.00	312 W N	orthwest Hwy					
		Grapevin	e, TX 76051					
	PURPOSE OF		(See Categories listed at the t		(b) Description	= -	
	EXPENDITURE	Office O	/erhead/Rental Expe	nse			outside of Texas. Co n, TX, officeholder livi	•
						Campaign O		ng enperior
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office	sough	t	Office	held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorial Legal Services The Instruction G	•		/ages	Contract Labor		Travel Out of DOTHER (enter	District a category not listed	above)		
_	Total manage Coloradula 54	<u> </u>			a.ac explains				_	Files ID	(Ethias Com	ingion Filere
1	Total pages Schedule F1: Sch: 52/123 Rpt:	2		Giovanni S. (1	Γhe Honoral	ble)			3	Filer ID 00065973	(Ethics Commi	ission Filers)
4	Date	5	Payee name									
	06/01/2025		Lone Star E	xecutive Suites								
6	Amount (\$) \$1,168.00	7	Payee address 312 W North Grapevine,	nwest Hwy	State	e; Zip Co	de 					
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex				Check if travel of Check if Austin. Campaign Of	, TX,	officeholder livi	omplete Schedule T. ng expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Office I	held	
	Date		Payee name									
	04/17/2025		Madam Mar	n's Thai Cuisin	e							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$57.32		9911 Brodie	Lane								
			Ste 600									
L			Austin, TX 7	8748								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	hedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				Check if travel of Check if Austin			mplete Schedule T. na expense	
								Staff Lunch	, .,,,		2	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Office I	held	
	Date		Payee name									
	01/27/2025		MailChimp									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$47.97		675 Ponce	de Leon Ave N	E							
			Suite 500									
			Atlanta, GA	30308								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				Check if travel of Check if Austin			mplete Schedule T.	
								Email Market		omcendider ilvi	ing evhelipe	
									. 9			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Office I	held	

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/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 53/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4 Date 02/27/2025	5 Payee name MailChimp
6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 500 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Marketing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 03/27/2025	Payee name MailChimp
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 500 Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Marketing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/27/2025	Payee name MailChimp
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 500 Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Marketing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/F Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule Sch: 54/123 Rpt:	
4 Date 05/27/2025	5 Payee name MailChimp
6 Amount (\$) \$47	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 500 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Marketing
Complete ONLY if dire expenditure to benefit	
Date 06/27/2025	Payee name MailChimp
Amount (\$) \$47	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 500 Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Marketing
Complete ONLY if dire expenditure to benefit	· · · · · · · · · · · · · · · · · · ·
Date 01/15/2025	Payee name Maria Cuca's
Amount (\$) \$30	Payee address; City; State; Zip Code 85 800 S Main Street
	Keller, TX 76248
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 Staff Meal
Complete ONLY if dire expenditure to benefit	

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/26/2025	Maria Cuca's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.82	800 S Main Street
		Keller, TX 76248
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 Staff Meal
		Stall Woal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	McCaslin, Charlie
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,600.00	3525 Plymouth Avenue
	40,000.00	
		Fort Worth, TX 76109
	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
		Salary
	Operation ONLY if direct	Our distance (Office health are nown as the contract of the co
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Meat U Anywhere BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.57	919 W Northwest Hwy
		0 TV 70054
		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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/Political Committee Credit Card Payment								Travel Out of OTHER (ente	District r a category not liste	d above)		
		_			uide explains	now to cor	mple	ete tnis form.	_			
1	Total pages Schedule F1:	2							3		(Ethics Comn	nission Filers)
	Sch: 56/123 Rpt:	_		Giovanni S. (T	he Honoral	ole)				00065973	3	
4	Date	5	Payee name									
L	02/22/2025		Metal Prom	0								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$437.55		1700 S Lam	ar Blvd								
			STE 338-M									
			Austin, TX 7	'8704								
8	PURPOSE	(a)				1	(h)	Description				
ľ	OF	(۳)		ee Categories listed at the Memorials Exp		nedule)	(6)		outsi	de of Texas. C	omplete Schedule T.	
	EXPENDITURE		Jiiu Awai uS	nvicinionais Exp	CHSC			Check if Austin,				
								DOGE Pins fo	or t	he DOGE	Committee m	embers
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	 					_					
	Date		Payee name									
L	01/30/2025		Metroport C	hamber of Com	merce							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$60.00		381 W Byro	n Nelson Blvd								
			Roanoke, T									
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Event Expe	nse				Check if travel of Check if Austin,			omplete Schedule T.	
								luncheon	, 1/,	omcendidei IIV	ing expense	
								.3				
_	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	05/02/2025		Mi Dia From	Scratch								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$20.57		1295 S Maii	n St								
			Grapevine,	TX 76051								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				<u></u>			omplete Schedule T.	
								Constituent M			ring expense	
								CONSULUENT IV	ıed	u		
	Complete ONLY if direct	Ц	Candidate/Offi	ceholder name		Office sou	abt			Office	hold	
	expenditure to benefit C/O		Januluale/OIII	ocholaci nallic	,	ome sou(grit			Office	noiu	

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 Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Pri Sal	-	se s/Contract Labor	Trav	el in District el Out of Dis ER (enter a	
1	Total pages Schedule F1: Sch: 57/123 Rpt:		E e, Giovanni S. (The	Honorable)			3 File	r ID)65973	(Ethics Commission Filers)
Ļ	-		-	i ioriorable)			"	100313	
4	Date	5 Payee name							
	04/28/2025	Michaels C							
6	Amount (\$)	7 Payee addre		State; Zi	ip Code				
	\$9.29	1051 E So	uthlake Blvd						
		Southlake,	TX 76092						
8	PURPOSE OF		See Categories listed at the to		e) (b)	Description			
	EXPENDITURE	Gift/Award:	s/Memorials Expens	se		Check if travel Check if Austin			plete Schedule T.
						Stickers	,, 511100		y - 1
9	Complete ONLY if direct		ficeholder name	Offic	e sought			Office he	eld
	expenditure to benefit C/OI	 							
	Date	Payee name)						
	01/28/2025	Modern Ma	arket						
	Amount (\$)	Payee addre	ess; City;	State; Zi	ip Code				
	\$199.21	401 Congr	ess Ave						
		Austin, TX	78701						
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule	e) (b)	Description			
	OF EXPENDITURE		rage Expense			=			plete Schedule T.
						Check if Austin		nolder living	g expense
						Office Editor			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	e sought			Office he	eld
	expenditure to benefit C/OI			20					
	Date	Payee name	<u> </u>						
	05/27/2025	Modern Ma							
	Amount (\$)	Payee addre		State; Zi	ip Code				
	\$228.55	401 Congre	•	J	,				
	+ 0.00		· · · · -						
		Austin, TX	78701						
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule	e) (b)	Description			
	OF EXPENDITURE		rage Expense	, I me concadic		Check if travel			plete Schedule T.
	LAFEINDITURE					Check if Austin		holder living	g expense
						Office Lunch			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	e sought			Office he	ald
	expenditure to benefit C/O		icentituel Haifle	Onic	e sougill			Onice H	ciu

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 58/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973					
4	Date	5 Payee name					
	02/06/2025	Modern Market					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$132.93	401 Congress Ave					
		Austin, TX 78701					
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					
		Office Lunch					
_	Occupation ONLY if allocat	Our did at 10% as hald a grant of the country of th					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/18/2025	Modern Market					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$99.20	401 Congress Ave					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Office Lunch					
		Office Euricii					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Data						
	Date 02/09/2025	Payee name Modern Market					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$149.59	401 Congress Ave					
		Austin, TX 78701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Office Lunch					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 59/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/10/2025	Motto By Hilton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.43	627 H Street
		NW
		Washington, DC 20001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		C/OH: Washington DC Trip 10-11
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Nasser, Nicholas
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	715 W. 23rd Street
	φ500.00	713 W. Zalu Sueet
		Austin, TX 78705
	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
		Salary
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	Noble Sandwhich
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.09	3600 Presidential Blvd
		Austin, TX 78719
	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 Staff Meal
		Stall Medi
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

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: 60/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/18/2025	North Italia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.55	500 W 2nd St
		#120
		Austin, TX 78701
Ļ	BURDOGE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter it reveal subside of Taylor Complete Categories
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
	Date	Payee name
	06/26/2025	Northeast Leadership Forum
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Drawer 969
		Bedford, TX 76094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		dues
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	
	Date	Payee name
	02/10/2025	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.92	1317 TX-114 West
	4202.02	
		Grapevine, TX 76051
	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
		toner cartridge, hdmi cables, paper.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 61/123 Rpt:	Capriglione, Giovanni S. (The Honorable)	00065973
4		5 Payee name	
	01/14/2025	Office Depot	
6	` ′	7 Payee address; City; State; Zip Code	
	\$126.60	1317 TX-114 West	
	l	Grapevine, TX 76051	
8	PURPOSE	<u> </u>	
o	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		mouse, cable	es, misc. office supplies.
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
_	Data		
	Date 02/26/2025	Payee name Office Depot	
	Amount (\$) \$82.45	Payee address; City; State; Zip Code 1317 TX-114 West	
	Ψ02.43	1517 17-114 West	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE		n, TX, officeholder living expense
	l	Organizer, pa	арег.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Olifico Nolid
_	Date	Payee name	
	02/12/2025	Opiela, Eric	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	9415 Lampasas Tr	
		Austin, TX 78750	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services	outside of Texas. Complete Schedule T.
	-	l 🖵	n, TX, officeholder living expense re: ballot access challenge.
	l	Engagement	re. bailot access challenge.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
ı			

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

	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: 62/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/09/2025	Paloma Suerte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.00	122 E Exchange Ave
		Ste 280
		Fort Worth, TX 76164
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
		Staff Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/25/2025	Panda Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.52	3133 W Airport Freeway
		Irving, TX 75062
	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
		Staff Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/12/2025	Pappasitos Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	2704 West Freeway,
		Fort Worth, TX 76102
	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
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/25/2025	Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	235 Point Lick Drive
		Charleton, WV 25306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Panoramic Photo for Capitol Office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pnoramic Photo
		Thoramic Photo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Data	Para a same
	Date	Payee name
	05/18/2025	Poco Loco Supermercado
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.38	611 W Ben White Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Office Lunch - Spaghetti Meal
		Office Eurich - Spagnetti Wear
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/09/2025	Portillo's Grapevine
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.43	460 W State Highway 114
		Grapevine, TX 76051
	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 Staff Lunch
		Stati Euricii
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

ent Solicitation/Fundraising Expense
se 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: 64/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/30/2025	5 Payee name Postino
6	Amount (\$) \$63.38	7 Payee address; City; State; Zip Code 1440 Main St
		Southlake, TX 76092
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/31/2025	Payee name Pottery Barn
	Amount (\$) \$107.17	Payee address; City; State; Zip Code 1440 Civic PI
		Southlake, TX 76092
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Decorations/Scents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/09/2025	Payee name Primo Brands
	Amount (\$) \$324.53	Payee address; City; State; Zip Code 1150 Assembly Dr Ste 800 Tampa, FL 33607
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 65/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/30/2025	Raising Cane's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.13	961 Keller Parkway
		Keller, TX 76248
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 Staff Meal
		Stan Wedi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	
		Payee name
L	02/05/2025	ReadyRefresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.39	16420 N Interstate 35
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinic Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Power name
	02/26/2025	Payee name Roaring Fork
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.34	701 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
		Since Earlon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense 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/Political Committee		Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Gui	de explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	ΛΕ				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 66/123 Rpt:	Capriglion	e, Giovanni S. (Th	e Honorable)				00065973		
4	Date	5 Payee nam	e				<u> </u>			
	01/28/2025	1	RSTOCK, INC							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
٠	\$106.08	350 Fifth	•	State, Zip O	ouc					
	Ψ100.00	21st Floor								
			, NY 10118							
8	PURPOSE OF		(See Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Advertisin	g Expense					officeholder living	plete Schedule T.	
						Photos for Ac			, скропос	
9	Complete ONLY if direct	I Candidate/O	fficeholder name	Office sou	uaht			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nam	e							
	02/18/2025	1 1	an Photography							
	Amount (\$)	Payee add		State; Zip Co	nde					
	\$324.75	1	esar Chavez	Otato, Zip O	ouc					
	Ψ024.10	104	coar onavez							
			7,70702							
		Austin, TX			T					
	PURPOSE OF		(See Categories listed at the	e top of this schedule)	(b)	Description Check if travel	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE	Advertisin	g Expense			<u> </u>		officeholder living		
						Photography	for	Campaign		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nam	ie							
	04/28/2025	Savanna								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$500.00	308 Ruth	-	•						
		Grapevine	e, TX 76051							
	PURPOSE	· ·			(h)	Description				
	OF		(See Categories listed at the ds/Memorials Expe		(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	One/ ware	JS/MCMONAIS EXPC	1130		Check if Austin	, TX	officeholder living	g expense	
						Lonestar Artis	st V	Vard		
	Complete ONLY if direct		fficeholder name	Office sou	ught			Office he	eld	
	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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 67/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/18/2025	Schlotzsky's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.52	2545 W Anderson Ln
		Austin, TX 78757
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 Office Lunch
		Office Editori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
L	02/20/2025	Schlotzsky's
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.27	2545 W Anderson Ln
		Austin, TX 78757
	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 Staff Lunch
		Stall Eurich
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	01/16/2025	Shippo
	Amount (\$)	Payee address; City; State; Zip Code
	\$328.00	731 Market Street
		Ste 200
		San Francisco, CA 94103
	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
		Labels
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Dotations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services								
			e explains how to co	mple	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission File	rs)
	Sch: 68/123 Rpt:	Capriglione	, Giovanni S. (The	Honorable)				00065973		
4	Date	5 Payee name								
	01/07/2025	Southlake (Chamber of Comm	erce						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
	\$40.00	1501 Corpo	rate Circle							
		#100								
		Southlake,	TX 76092							
8	PURPOSE				(h)	Description				
ľ	OF	Event Expe	ee Categories listed at the t	op of this schedule)	(1)	_ `	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	Event Expe	1156					officeholder living	•	
						membership	lun	cheon		
9	Complete ONLY if direct		ceholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	01/30/2025	Southlake (Chamber of Comm	erce						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$40.00	1501 Corpo	rate Circle							
		#100								
		Southlake,	TX 76092							
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					ш		officeholder living	g expense	
						membership	lun	cheon		
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office h	eld	
	experientare to benefit 6/61									
	Date	Payee name								
	03/05/2025	Southlake (Chamber of Comm	erce						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$40.00	1501 Corpo	rate Circle							
		#100								
		Southlake,	TX 76092							
	PURPOSE	(a) Category (s	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF	Event Expe				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living	g expense	
						membership	lun	cheon		
	Complete ONLY if direct		ceholder name	Office sou	ght			Office h	eld	
L	expenditure to benefit C/O									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 69/123 Rpt:	Capriglione	e, Giovanni S. (The H	onorable)				00065973		
4	Date	5 Payee name	!							
	06/10/2025	St Regis								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$155.90	923 16th S	t							
		Washingto	n, DC 20006							
8	PURPOSE OF	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com , officeholder livinç	plete Schedule T.	
						Dinner Meetir		, omeendaer nving	ускрепос	
							J			
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
L	expenditure to benefit C/OI	П								
	Date	Payee name	1							
	01/03/2025	Staples Inc								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$171.53	200 N Kiml	oall Ave							
		#200								
		Southlake,	TX 76092							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expens			=			plete Schedule T.	
	-					Office Supplie		, officeholder living	g expense	
						Описс Эцррпо	CJ			
H	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name	·							
	01/11/2025	Staples Inc								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$176.91	200 N Kiml	oall Ave							
		#200								
		Southlake,	TX 76092							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expens			Check if travel			plete Schedule T.	
	EXPENDITORE							, officeholder living	g expense	
						Office Supplie	es			
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	lapt			Office he	əld	
	expenditure to benefit C/OI		iocholder hame	Office 300	agrit			Omice III	J.G	
\vdash										
L										

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/05/2025	Staples Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.49	200 N Kimball Ave
		#200
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/05/2025	Staples Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$981.14	200 N Kimball Ave
		#200
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	<u> </u>	☐ Check if Austin, TX, officeholder living expense Materials for campaign color letter: envelopes, paper,
	l	toner.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/24/2025	Statesman Capitol 10,000
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.21	10 Congress Avenue
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Cap10K
		34p25.0
	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 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
Prise 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: 71/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 05/03/2025	5 Payee name Superior Parking
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 308 S Main St
8	PURPOSE OF EXPENDITURE	Fort Worth, TX 76104 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/18/2025	Payee name Swedish Hill
	Amount (\$) \$211.79	Payee address; City; State; Zip Code 1128 W 6th St
	PURPOSE OF EXPENDITURE	Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/23/2025	Payee name Swedish Hill
	Amount (\$) \$216.18	Payee address; City; State; Zip Code 1128 W 6th St
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office lunch
	Complete ONLY if direct expenditure to benefit C/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: 72/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/12/2025	5 Payee name Sweetgreen
6	Amount (\$) \$229.08	7 Payee address; City; State; Zip Code 200 West 2nd Street
8	PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Sweetgreen
	Amount (\$) \$215.82	Payee address; City; State; Zip Code 200 West 2nd Street Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/28/2025	Payee name Sweetgreen
	Amount (\$) \$229.60	Payee address; City; State; Zip Code 200 West 2nd Street
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 73/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 04/08/2025	5 Payee name Sweetgreen
6	Amount (\$) \$244.32	7 Payee address; City; State; Zip Code 200 West 2nd Street
8	PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/22/2025	Payee name Sweetgreen
	Amount (\$) \$203.09	Payee address; City; State; Zip Code 200 West 2nd Street Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/07/2025	Payee name Sweetgreen
	Amount (\$) \$110.80	Payee address; City; State; Zip Code 200 West 2nd Street
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch
	Complete ONLY if direct expenditure to benefit C/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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 74/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/15/2025	Sweetgreen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.30	200 West 2nd Street
		Austin, TX 78701
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 Office Lunch
		Office Editor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	01/22/2025	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.21	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Lunch
		Office Euricii
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	01/24/2025	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.21	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Lunch
		Office Editor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

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

	Candidate/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: 75/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/28/2025	Sweetgreen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$186.34	200 West 2nd Street
		Austin, TX 78701
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
		Office Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/04/2025	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.26	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/11/2025	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.85	200 West 2nd Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 76/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/13/2025	Sweetgreen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.31	200 West 2nd Street
		Austin, TX 78701
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 Office Lunch
		Office Editori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	05/02/2025	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.66	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Lunch
		Office Euricii
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	05/12/2025	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.32	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Lunch
		Office Editor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a	trict 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: 77/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	05/16/2025	Sweetgreen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.80	200 West 2nd Street	
		Austin, TX 78701	
_	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the uplantistic of Taylor Communications of Taylor Com	olata Cabadula T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Com	
		Office Lunch	схрепас
		Office Earlott	
_	Operation ONE Wife disease	Outside to 10ff and address areas of the second to 10ff and address areas of the 10ff	1-1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office he	ela
	Date	Payee name	
	02/27/2025	Sweetgreen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$235.46	200 West 2nd Street	
		Austin, TX 78701	
	DUDD005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Communications and Tayon Communications are supported by the communication of Tayon Communications and Tayon Communications are supported by the communication of Tayon Communications and the communication of	olata Cabadula T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Com	
		Staff Lunch	СХРСПОС
		Stan Zanon	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ald.
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	au
	Date	Payee name	
	03/04/2025	Sweetgreen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$279.05	200 West 2nd Street	
		Austin, TX 78701	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Com	olete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	
		Staff Lunch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	eld
	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 Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ment 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 78/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/14/2025	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$441.66	PO Box 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charitable Gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/17/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.26	10107 Research Blvd
		Austin, TX 78759
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Committee Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Davies same
	04/14/2025	Payee name Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.51	10107 Research Blvd
	Ψ37.31	10107 Nescarcii bivu
		Austin, TX 78759
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Committee Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Orange to bottom of or	

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

	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: 79/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/05/2025	Target
6	Amount (\$) \$84.55	7 Payee address; City; State; Zip Code 10107 Research Blvd Austin, TX 78759
8	PURPOSE	
Ū	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 Committee Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Target
	Amount (\$) \$67.41	Payee address; City; State; Zip Code 10107 Research Blvd Austin, TX 78759
	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 Committee Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/28/2025	Target
	Amount (\$) \$97.41	Payee address; City; State; Zip Code 10107 Research Blvd
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

se Travel in Distri se Travel Out of I ss/Contract Labor OTHER (enter

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: 80/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/13/2025	5 Payee name Teleflora
6	Amount (\$) \$245.70	7 Payee address; City; State; Zip Code 11444 W. Olympic Blvd. 4th Floor Los Angeles, CA 90064
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Constituent Funeral
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/13/2025	Payee name Tello
	Amount (\$) \$43.26	Payee address; City; State; Zip Code 4780 Ashford Dunwoody Rd Suite A Atlanta, GA 30338
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/13/2025	Payee name Tello
	Amount (\$) \$43.27	Payee address; City; State; Zip Code 4780 Ashford Dunwoody Rd Suite A Atlanta, GA 30338
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Service
	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 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)

Tello Amount (\$) \$43.27 Tello 7 Payee address; City; State; Zip Code 4780 Ashford Dunwoody Rd Suite A Atlanta, GA 30338 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Service		Credit Card Payment	The Instruction Guide explains how to complete this form.
Date 65/13/2025 7 Payee address; City; State; Zip Code 4780 Ashford Dunwoody Rd Suite A Atlanta, GA 30338 PURPOSE OF EXPENDITURE (a) Category (see Canagories listed at the top of this adheature) Office Sought Office held Office Overthead/Rental Expense Office Office held Office held Office held Office Overthead/Rental Expense Office Office held Office he	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Tello Amount (s) Amount (s) Amount (s) Amount (s) Allanta, GA 3038 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder name Office Sought Amount (s) Payee address; City; State; Zip Code Affice Sought Office held Candidate/Officeholder name Office sought Office held Category (see Categories listed at the top of this schedule) Date Oate Amount (s) Payee address; City; State; Zip Code S20.00 Amount (s) Payee address; City; State; Zip Code S20.00 Category (see Categories listed at the top of this schedule) Complete QNLY if direct EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct EXPENDITURE (b) Description Check of function, TX, official-bidder hiving opprase Staff Meal Complete QNLY if direct EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct EXPENDITURE (b) Description Check of function, TX, official-bidder hiving opprase Staff Meal Office held Payee name O3/10/2025 The Bougs Company Amount (s) Payee address; City; State; Zip Code 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Audin, TX, officeholder Texas. Com		Sch: 81/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
Tello Amount (s) Amount (s) Amount (s) Amount (s) Allanta, GA 3038 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder name Office Sought Amount (s) Payee address; City; State; Zip Code Affice Sought Office held Candidate/Officeholder name Office sought Office held Category (see Categories listed at the top of this schedule) Date Oate Amount (s) Payee address; City; State; Zip Code S20.00 Amount (s) Payee address; City; State; Zip Code S20.00 Category (see Categories listed at the top of this schedule) Complete QNLY if direct EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct EXPENDITURE (b) Description Check of function, TX, official-bidder hiving opprase Staff Meal Complete QNLY if direct EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct EXPENDITURE (b) Description Check of function, TX, official-bidder hiving opprase Staff Meal Office held Payee name O3/10/2025 The Bougs Company Amount (s) Payee address; City; State; Zip Code 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Audin, TX, officeholder Texas. Com	4	Date	5 Payee name
\$43.27 4780 Ashford Dunwoody Rd Suite A Atlanta, GA 30338 3 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if inveit outside of Texas. Complete Schedule T. Chand if Austin, TX, officenoider Inving expense Campaign Cell Service 2 Camplete QNLY if direct Expenditure to benefit C/OH Date Payee name 03/12/2025 Texas Roadhouse Amount (\$) Payee address; City; State; Zip Code \$20,00 3000 Crystal Springs Street Bedford, TX 76021 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if assets, TX, officenoider inving expense Staff Meal (b) Description Check if Austin, TX, officenoider inving expense Staff Meal (c) Candidate/Officeholder name Office Sought Office Sought Office held (b) Description Check if Austin, TX, officenoider inving expense Staff Meal (b) Description Check if Austin, TX, officenoider inving expense Staff Meal (b) Description Check if Austin, TX, officenoider inving expense Staff Meal (b) Description Check if Austin, TX, officenoider inving expense Check if Austin, TX, officenoider inving expense Fine Bougs Company Amount (\$) Payee address: City; State; Zip Code August Zip Code A		06/13/2025	
Suite A Atlanta, GA 30338 PURPOSE OF EXPENDITURE	6	Amount (\$)	7 Payee address; City; State; Zip Code
Adlanta, GA 30338 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Crock if travel outside of Troas. Complete Schedule T.		\$43.27	4780 Ashford Dunwoody Rd
Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Categories listed at the top of this schedule Complete ONLY if direct expenditure to benefit C/OH Categories listed at the top of this schedule Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			Suite A
Office Overhead/Rental Expense			Atlanta, GA 30338
Office Overhead/Rental Expense	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Campaign Cell Service			
Date Payee name Office sought Office held		EXPENDITURE	l
Date 03/12/2025 Amount (\$) Payee address; City; State; Zip Code \$20.00 \$20.00 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if lausin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held			Campaign Cell Service
Date 03/12/2025 Amount (\$) Payee address; City; State; Zip Code \$20.00 \$20.00 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if lausin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held	_	0 1: 0 1: 0	
Amount (\$)	9		
Amount (\$)			
Amount (\$)			
\$20.00 3000 Crystal Springs Street Bedford, TX 76021 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH Date O3/10/2025 Payee name The Bouqs Company Amount (\$) Payee address; City; State; Zip Code 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Condidate/Officeholder name Office Sought Office Sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office Sought Office held			
Bedford, TX 76021 PURPOSE OF EXPENDITURE		• * *	
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.		\$20.00	3000 Crystal Springs Street
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.			
Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			Bedford, TX 76021
Complete QNLY if direct expenditure to benefit C/OH Date			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH Date O3/10/2025			1 ood/Deverage Expense
Complete ONLY if direct expenditure to benefit C/OH Date			
Date 03/10/2025 Payee name The Bouqs Company Amount (\$) Payee address; City; State; Zip Code 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Guar mou
Date 03/10/2025 Payee name The Bouqs Company Amount (\$) Payee address; City; State; Zip Code 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
The Bouqs Company Amount (\$) Payee address; City; State; Zip Code \$90.94 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		•	
The Bouqs Company Amount (\$) Payee address; City; State; Zip Code \$90.94 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name
Amount (\$) Payee address; City; State; Zip Code 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office			
\$90.94 4094 Glencoe Avenue Marina del Rey, CA 90292 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Check if Austin, TX, officeholder living expense Flowers for Office			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Marina del Rey, CA 90292 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held		φ90.94	4094 Giencoe Avenue
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Marina dal Day, CA 00202
OF EXPENDITURE Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
EXPENDITURE Office Overnead/Rental Expense Check if Austin, TX, officeholder living expense Flowers for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overhead/Nertial Expense
expenditure to benefit C/OH			
		expenditure to benefit C/OI	H
	_		

SCHEDULE F1

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

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

	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: 82/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/24/2025	The Bouqs Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.11	4094 Glencoe Avenue
		Marina del Rey, CA 90292
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Flowers for Office
		Tiowers for Chiec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	04/07/2025	The Bouqs Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.11	4094 Glencoe Avenue
		Marina del Rey, CA 90292
	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
		Flowers for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	04/21/2025	The Bouqs Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.11	4094 Glencoe Avenue
		Marina del Rey, CA 90292
	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
		Flowers for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mittee I						Travel Out of E OTHER (enter	District a category not listed above)		
1	Total pages Schedule F1:	2 -			-		_		3	Filer ID	(Ethics Commission Filer	rs)
Ĺ	Sch: 83/123 Rpt:	l .		Giovanni S. (1	he Honorab	ole)				00065973	•	/
4	Date	5 F	Payee name									
	05/05/2025	ד	The Bouqs C	Company								
6	Amount (\$) \$80.11	4	Payee addres 4094 Glenco Marina del R			; Zip Coo	de					
8	PURPOSE	(a) (Category (See	e Categories listed at	the top of this sch	nedule)	(b)	Description	_			
	OF EXPENDITURE			nead/Rental Ex				_ `	, TX,	officeholder livi	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	eholder name	(Office souç	ght			Office I	neld	
	Date	F	Payee name									
	05/21/2025	ד	The Bouqs C	Company								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Coo	de					
	\$80.11	4	4094 Glenco	e Avenue								
		-		Rey, CA 90292								
	PURPOSE OF			e Categories listed at		nedule)	(b)	Description	outo:	do of Toyon Co	mplata Schadula T	
	EXPENDITURE	(Uffice Overh	ead/Rental Ex	pense			-		of Texas. Co officeholder livi	mplete Schedule T. ng expense	
								Flowers for O				
Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH					Office souç	ght			Office I	neld		
	Date	F	Payee name									
	06/05/2025	ד	The Capital	Grille								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Coo	de					
	\$444.10	6	601 Pennsyl									
		l	٧W									
		l v	Washington,	DC 20004								
	PURPOSE	.		e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			age Expense	2. 4110 3011	/		Check if travel of			mplete Schedule T.	
	LAI LINDITURE						ı			officeholder livi	ng expense	
								Dinner Meetir	ııg			
	Complete ONLY if direct		andidato/O#:-	eholder name		Office soug	Tht			Office I	neld	
	expenditure to benefit C/OH			onoluei IIdIIle	(onice SOU(yıll			Onice I	iciu	
		it. 1										

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: 84/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/25/2025	The Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$302.10	10515 N Mopac Expy
		Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tools/Equipment for Offices (movein)
		10013/Equipment for Offices (movern)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/25/2025	The Original Roy Hutchins Barbeque
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$58.51	3000 TX-114
	Ψ00.01	0000 TX 114
		Trophy Club, TX 76262
	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 Staff Lunch
		Stati Euricii
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	05/27/2025	Tumble 22
L	Amount (\$)	Payee address; City; State; Zip Code
	\$65.73	7211 Burnet Rd
	Φ05.73	7211 Buillet Ru
		Austin TV 70757
L		Austin, TX 78757
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of Education Education	<u> </u>
1	Total pages Schedule F1: Sch: 85/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date	5 Payee name
	06/20/2025	US Postal Service Southlake
6	Amount (\$) \$448.49	7 Payee address; City; State; Zip Code 300 State Street Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense PO BOX, Stamps.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.47	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within Austin
		Travel Wallin / destin
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.36	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Travel Within Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 86/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.43	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Travel Within Austin
_	2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
\vdash	Date	Payeo nama
	02/13/2025	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.23	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	= /4: =::=::	Check if Austin, TX, officeholder living expense Travel Within Austin
		Traver vviu iiri Ausuri
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/22/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.26	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel Within Austin
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 87/123 Rpt:	FILER NAME Capriglione, Giovanni S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065973
4	Date 02/05/2025	5 Payee name Uber	·
	Amount (\$) \$7.67	7 Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/25/2025	Payee name Uber	
	Amount (\$) \$7.94	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/05/2025	Payee name Uber	
	Amount (\$) \$7.98	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
	Complete ONLY if direct expenditure to benefit C/OI	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		nittee Le	t/Awards/Memorials E gal Services ne Instruction Gui	•		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	lbove)
1	Total pages Schedule F1:	2 =	II ER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 88/123 Rpt:			iovanni S. (Th	ie Honorabl	le)			٦	00065973	(Luies Commis	31011 1 11013)
4	Date	5 P	Payee name									
	05/16/2025	U	Jber									
6	Amount (\$)	7 P	Payee address;	City;	State:	Zip Cod	de					
	\$7.98		.455 Market S	-	•	·						
	, , , ,	#.	[‡] 455									
			San Francisco	CA 04102								
8	PURPOSE OF			categories listed at the	e top of this sche	edule)	(b)	Description				
	EXPENDITURE	Т	ravel Out of	District				느		officeholder living	plete Schedule T.	
								Travel Within			CAPCIISC	
9	Complete ONLY if direct	Ca	andidate/Office	nolder name	Ω	ffice soug	tht			Office he	eld	
Ĺ	expenditure to benefit C/O											
	Date	Р	Payee name									
	02/18/2025	U	Jber									
	Amount (\$)	Р	Payee address;	City;	State;	Zip Cod	de					
	\$7.98	1.	.455 Market S	Street								
		#.	[‡] 455									
		S	San Francisco	, CA 94103								
	PURPOSE OF	(a) C	Category (See (categories listed at the	e top of this sche	edule)	(b)	Description				
	EXPENDITURE	Т	ravel Out of	District				-			plete Schedule T.	
								Travel Within		officeholder living	g expense	
								Traver Within	7 10	Juli		
	Complete ONLY if direct		andidate/Office	nolder name	0	ffice souç	ght			Office he	eld	
	expenditure to benefit C/O											
	Date		Payee name									
	05/29/2025		Jber									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de					
	\$7.98	1	.455 Market S	Street								
		#-	[‡] 455									
		S	San Francisco	, CA 94103								
	PURPOSE	(a) C	Category (See (Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		ravel Out of					Check if travel			plete Schedule T.	
	EM EMDITORE							—		officeholder living	g expense	
								Travel Within	Au	ISTIN		
	Complete ONLY if direct		andidata/Office	aoldor non		effice com	nh+			Office	old	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Office	ioluei fiaifie	O	ffice soug	JIIL			Office he	eiu	

SCHEDULE F1

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

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

ment Solicitation/Fundraising Expense
Prace 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		Gift/Awards/Memorials amittee Legal Services The Instruction Gi			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed al	oove)
1	Total pages Schedule F1:	2	FII FR NAMF					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 89/123 Rpt:	ı	Capriglione, Giovanni S. (T	he Honorabl	le)				00065973		,
4	Date	5	Payee name								
	01/22/2025		Uber								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	de					
	\$7.99		1455 Market Street								
			#455								
		l	San Francisco, CA 94103								
8	PURPOSE	<u> </u>			Ī.	(b)	Deparinties				
ō	OF		Category (See Categories listed at t	he top of this sche	edule)	(D)	Description Check if travel of	nutsir	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Travel Out of District				=		officeholder living		
							Travel Within	Au	stin		
9	Complete ONLY if direct		andidate/Officeholder name	O	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Η									
	Date	_	Payee name			_					
L	03/04/2025	L	Uber								
	Amount (\$)		Payee address; City;	State;	Zip Coo	de					
	\$7.99		1455 Market Street								
			#455								
		_	San Francisco, CA 94103								
	PURPOSE OF	(a)	Category (See Categories listed at t	he top of this sche	edule)	(b)	Description		44 T O	-l-t- O-b- ! ! -	
	EXPENDITURE		Travel Out of District				<u></u>		de of Texas. Comp officeholder living		
							Travel Within			J	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	O	ffice soug	ght			Office he	eld	
	•	_									
	Date	ı	Payee name								
	06/01/2025	_	Uber								
	Amount (\$)	I	Payee address; City;	State;	Zip Coo	de					
	\$7.99		1455 Market Street								
			#455								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District				ш		de of Texas. Com		
							ш		officeholder living	expense	
							Travel Within	AU	ວແກ		
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	O:	ffice soug	thr			Office he		
	expenditure to benefit C/O		andidate/OniceHolder Haille	O	mice soul	JIIL			Office He	iu	

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: 90/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/25/2025	5 Payee name Uber
6	Amount (\$) \$7.99	7 Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/31/2025	Payee name Uber
	Amount (\$) \$8.66	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/22/2025	Payee name Uber
	Amount (\$) \$8.67	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
	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

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/Political Comm Credit Card Payment				Gift/Awards/Memorials Legal Services	·		/ages	/Contract Labor		Travel Out OTHER (er		trict category not listed above)
				The Instruction Gu	uide explains	how to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME		<u></u>				3	Filer ID		(Ethics Commission Filers)
	Sch: 91/123 Rpt:			Giovanni S. (T	he Honoral	ble)				000659	73	
4	Date	5	Payee name									
	04/04/2025		Uber									
6	Amount (\$) \$8.86	7	Payee addres 1455 Marke #455 San Francis	•	State	e; Zip Co	de					
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o			,		Check if travel				olete Schedule T. expense
								Travel Within			,	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Offic	e he	ld
	Date		Payee name									
	04/30/2025		Uber						_			
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$9.99		1455 Marke	t Street								
			#455									
			San Francis	co, CA 94103								
	PURPOSE	(a)		e Categories listed at t	he top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of	of District				=				olete Schedule T.
								Travel Within			iiviiig	evheripg
								TIGVOL VVIGIIII	, 10			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Offic	e he	ld
	Date		Payee name									
	02/12/2025		Uber									
	Amount (\$)	\vdash	Payee addres	ss; City;	State	e; Zip Co	de					
	\$10.02		1455 Marke			-						
			#455									
				co, CA 94103								
	PURPOSE	(a)	Category (Sa	e Categories listed at t	he top of this set	hedule)	(b)	Description				
	OF EXPENDITURE	ĺ <i>′</i>	Travel Out of		100 01 1110 301		.,		outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE							Check if Austin			living	expense
								Travel Within	Αu	ıstin		
	Complete ONLY if direct	L(Candidate/Offic	ceholder name	(Office sou	aht			Offic	e he	ld
	expenditure to benefit C/OI				·		J .•			30		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 92/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4 Date 01/13/2025	5 Payee name Uber
6 Amount (\$) \$10.77	7 Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 01/16/2025	Payee name Uber
Amount (\$) \$10.90	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 06/02/2025	Payee name Uber
Amount (\$) \$10.98	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within Austin
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	emorials Expense tion Guide explains		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abo	ove)	
1	Total pages Schedule F1:	2	FILER NAMF					3	Filer ID	(Ethics Commissi	on Filers)	
Ĺ	Sch: 93/123 Rpt:	ı	Capriglione, Giovanni	S. (The Honora	ble)				00065973		,	
4	Date	5	Payee name									
	03/21/2025		Uber									
6	Amount (\$)	7	Payee address; City	State	e; Zip Co	de						
	\$11.26		1455 Market Street		-							
			#455									
			San Francisco, CA 94	103								
8	PURPOSE	⊢			1	(h)	Description					
ľ	OF		Category (See Categories Ii Travel Out of District	sted at the top of this sc	hedule)	(D)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		maver Out or District				=		officeholder living			
							Travel Within	Au	ıstin			
9	Complete ONLY if direct		andidate/Officeholder na	me	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	H										
	Date		Payee name									
	04/24/2025		Uber									
	Amount (\$)		Payee address; City	State	e; Zip Co	de						
	\$12.05		1455 Market Street									
			#455									
			San Francisco, CA 94	103	•							
	PURPOSE OF		Category (See Categories li	sted at the top of this sc	hedule)	(b)	Description	, .				
	EXPENDITURE		Travel out of District						utside of Texas. Complete Schedule T. TX, officeholder living expense			
							Travel Within			CAPCIISC		
	Complete ONLY if direct		andidate/Officeholder na	me	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	П										
	Date	ı	Payee name									
L	04/25/2025		Uber									
	Amount (\$)		Payee address; City	State	e; Zip Co	de						
	\$12.92		1455 Market Street									
			#455									
			San Francisco, CA 94	103								
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District				ш		de of Texas. Com			
							ш		officeholder living	expense		
							Travel Within	AU	151111			
	Complete ONLY if direct	<u> </u>	andidate/Officeholder na	me	Office sou	ght			Office he	eld		
	expenditure to benefit C/O				- -							

Event Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting 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: 94/123 Rpt:	Capriglione, Giovanni S. (The Honorable)
4	Date	5 Payee name
	02/25/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.57	1455 Market Street
		#455
		San Francisco, CA 94103
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	02/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.44	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within Austin
		Traver vvidilit Austrit
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.76	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 95/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.77	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.50	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within Austin
		Traver within Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/19/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.72	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within Austin
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1:		3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 96/123 Rpt:	Capriglione, Giovanni S. (The Honorable)	Filer ID (Ethics Commission Filers) 00065973
4	Date	5 Payee name	
	04/29/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.94	1455 Market Street	
		#455	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	utside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		Travel Within A	Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/03/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.94	1455 Market Street	
		#455	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver out or District	utside of Texas. Complete Schedule T.
		Travel Within	TX, officeholder living expense Austin
		Traver within 7	Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/06/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.06	1455 Market Street	
		#455	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or bistrict	TX, officeholder living expense
		Travel Within	
	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/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 97/123 Rpt:		Capriglione	, Giovanni S. (The	Honorab	le)				00065973	
4	Date	5	Payee name								
L	04/21/2025		Uber								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	Code				
	\$22.26		1455 Marke	t Street							
			#455								
			San Francis	sco, CA 94103							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out o		•	,		=		de of Texas. Comp	
	EXI ENDITORE							ш		officeholder living	expense
								Travel Within	ΑU	ISUII	
_	Complete ONLY if direct	<u> </u>	andidate/Off:	coholder name		office of	nucht			Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/O		zariuluale/OM	ceholder name		office so	ougni			Office ne	:iu
	Date		Payee name								
	04/27/2025		Uber								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	Code				
	\$25.99		1455 Marke	t Street							
			#455								
			San Francis	sco, CA 94103							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of					ш		de of Texas. Comp	
	ZA ZABITORZ							Travel Within		officeholder living	expense
								maver vviumi	Au	151111	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	Office so	 ought			Office he	eld
	expenditure to benefit C/OI						-				
	Date		Payee name								
	01/21/2025		Uber								
	Amount (\$)		Payee addres		State;	Zip C	Code				
	\$26.97		1455 Marke	t Street							
			#455								
L			San Francis	sco, CA 94103							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the t	op of this sche	edule)	(b)	Description			
	EXPENDITURE		Travel Out of	of District						de of Texas. Comp officeholder living	
								Travel Within			CAPCHOC
										-	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office so	<u> </u>			Office he	eld
	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 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/Political Committee Credit Card Payment			Legal Services The Instruction Guide 6	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)	
	Sch: 98/123 Rpt:		, Giovanni S. (The H	lonorable)				00065973		
4	Date	5 Payee name								
	04/06/2025	Uber								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$32.97	1455 Marke	et Street							
		#455								
		San Franci	sco, CA 94103							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
						Travel Within		officeholder living	expense	
						Traver Within	Αι	131111		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald	
Ĺ	expenditure to benefit C/O				agric.					
	Date	Payee name								
	03/01/2025	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$14.91	1455 Marke	et Street							
		#455								
		San Franci	sco, CA 94103							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Comp		
						Travel Within		officeholder living	expense	
						Traver Within	٠,	**		
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	l ught			Office he	eld	
	Date	Payee name								_
	01/11/2025	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$17.91	1455 Marke	et Street							
		#455								
		San Franci	sco, CA 94103							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				_
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
	EXI ENDITORE					_		officeholder living	expense	
						Travel Within	υŀ	-vv		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	ald.	_
	expenditure to benefit C/O		iconolaci name	Office 300	agrit			Office He	au.	
l										

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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 99/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/24/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.92	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense Travel Within DFW
		Traver within Drw
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.19	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within DFW
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.88	1455 Market Street
	Ψ30.00	#455
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within DFW
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Optional Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	/Awards/Memorials E pal Services le Instruction Gu			ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 100/123 Rpt:	ı	Capriglione, G	iovanni S. (Th	ne Honorab	le)			_	00065973	,	
4	Date	5	Payee name									
	03/09/2025		Uber									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$39.94		1455 Market S	Street								
			#455									
			San Francisco	. CA 94103								
8	PURPOSE	┝				1	(h)	Description				
Ü	OF		Category (See Category Travel In Distr		e top of this sche	edule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Havel III DISII					=		officeholder living		
								Travel Within	DF	=W		
9	Complete ONLY if direct		Candidate/Officel	nolder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
L	03/07/2025		Uber									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$49.91		1455 Market S	Street								
			#455									
		_	San Francisco									
	PURPOSE OF		Category (See C		e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In Distr	ict				=		de of Texas. Com officeholder living	plete Schedule T.	
								Travel Within			, expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officel	nolder name	0	Office sou	ght			Office he	eld	
	oxperialitate to beliefit 6/01	_										
	Date	ı	Payee name									
	05/17/2025		Uber									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$12.14		1455 Market S	Street								
			#455									
			San Francisco	, CA 94103								
	PURPOSE	(a)	Category (See C	ategories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of					ш			plete Schedule T.	
								ш		officeholder living	g expense	
								Travel Within	58	ui Anionio		
	Complete ONLY if direct		Candidate/Officel	nolder name	0	Office soug	aht			Office he	eld	
	expenditure to benefit C/O				Ö		.			200 110		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 101/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065973
4	Date 05/17/2025	5 Payee name Uber	-
6	Amount (\$) \$18.71	7 Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	Ch	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense el Within San Antonio
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/08/2025	Payee name Uber	
	Amount (\$) \$18.11	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Ch	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense el Within Tampa Bay FL
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 02/07/2025	Payee name Uber	
	Amount (\$) \$18.62	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Chr	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense el Within Tampa Bay FL
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers))
	Sch: 102/123 Rpt:		, Giovanni S. (The Hor	norable)				00065973		
4	Date	5 Payee name								
	02/07/2025	Uber								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de					
	\$21.16	1455 Mark	et Street							
		#455								
		San Franci	sco, CA 94103							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Comp		
						_		officeholder living		
						Travel Within	Ιd	шра вау ғы	•	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office he	ld	
	Date	Payee name								
	02/07/2025	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$21.16	1455 Mark	et Street							
		#455								
		San Franci	sco, CA 94103							
	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			=		de of Texas. Comp		
						Travel Within		officeholder living		
						maver vvidilin	ıa	шира Бау ГС	•	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office he	eld	
	Date	Payee name	1							_
	02/07/2025	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$29.76	1455 Mark		, ,						
	, , ,	#455								
			000 CA 04102							
			sco, CA 94103							
	PURPOSE OF		ee Categories listed at the top of t	his schedule)	(b)	Description		df.T O	alaka Oalaaduda T	
	EXPENDITURE	Travel Out	of District			ш		de of Texas. Comp officeholder living		
						Travel Within				
\vdash	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/O			Jinoc 300	ອານ			Omice ne		

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: 103/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	02/08/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.43	1455 Market Street	
		#455	
		San Francisco, CA 94103	
_	DUDD005		_
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule T	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Travel Within Tampa Bay FL	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	06/04/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.70	1455 Market Street	
		#455	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Travel Within DC	
		Thaver within 50	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	06/04/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.78	1455 Market Street	
		#455	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	ZA LIBITORL	Check if Austin, TX, officeholder living expense	
		Travel Within DC	
	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
Conditate/Office/balder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 104/123 Rpt: Capriglione, Giovanni S. (The Honorable) 00065973 4 Date Payee name 06/04/2025 Uber 6 Amount (\$) Payee address; State; Zip Code \$9.94 1455 Market Street #455 San Francisco, CA 94103 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Within DC Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2025 Uber Amount (\$) Payee address; City; State; Zip Code \$9.94 1455 Market Street #455 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Within DC Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2025 Uber Amount (\$) Payee address: City; State; Zip Code \$11.53 1455 Market Street #455 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Within DC Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 105/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/11/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.15	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within DC
		Traver within DC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_	Date	Payee name
	06/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code 1455 Market Street
	\$14.27	
		#455
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within DC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.93	1455 Market Street
	420.00	#455
		San Francisco, CA 94103
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within DC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 106/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/11/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.76	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Travel Within DC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date 06/11/2025	Payee name Uber
_		
	Amount (\$) \$17.83	Payee address; City; State; Zip Code
	\$17.83	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within DC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.31	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Travel Within DC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 107/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/04/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.94	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within DC
		Traver within DC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/06/2025	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$20.58	1455 Market Street
		 #455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within DC
		Travel Within DC
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	06/10/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.91	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within DC
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 108/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/06/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.06	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within DC
		Traver within DC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.88	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel Within DC
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/11/2025	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$22.91	1455 Market Street
	, -	#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within DC
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiordic to belieff 6/01	•
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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 109/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4 Date 06/12/2025	5 Payee name Uber
6 Amount (\$) \$22.96	7 Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 06/04/2025	Payee name Uber
Amount (\$) \$25.95	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/11/2025	Payee name Uber
Amount (\$) \$26.01	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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 Lenal 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: 110/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/03/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.92	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within DC
		Travel Within BC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.38	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Within DC
		Travel Within BC
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.71	1455 Market Street
		#455
		San Francisco, CA 94103
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel Within DC
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 111/123 Rpt:	Capriglione, Giovanni S. (The Honorable) Capriglione, Giovanni S. (The Honorable)
4	Date	5 Payee name
	06/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.19	1455 Market Street
		#455
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within DC
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.98	1455 Market Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#455
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Within DC
		Traver within DC
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.31	1455 Market Street
		#455
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Within DC
	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 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 112/123 Rpt:	FILER NAME Capriglione, Giovanni S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065973
4	Date 06/12/2025	5 Payee name Uber	·
	Amount (\$) \$40.68	7 Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/03/2025	Payee name Uber	
	Amount (\$) \$45.85	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/13/2025	Payee name Uber	
	Amount (\$) \$46.81	Payee address; City; State; Zip Code 1455 Market Street #455 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	der/Political	The Instruction Guide explains how to co	-	ete this form.
1 Total pages Sched Sch: 113/123 F	1	2 FILER NAME Capriglione, Giovanni S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065973
				0000373
4 Date 06/04/2025		5 Payee name Uber		
6 Amount (\$) \$	650.85	Payee address; City; State; Zip Co 1455 Market Street #455 San Francisco, CA 94103	ode	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
Complete ONLY if expenditure to ben		Candidate/Officeholder name Office sou	ght	Office held
Date		Payee name		
06/12/2025		Uber		
Amount (\$) \$	\$50.96	Payee address; City; State; Zip Co 1455 Market Street #455 San Francisco, CA 94103	ode	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
Complete ONLY if expenditure to ben		Candidate/Officeholder name Office sou	ght	Office held
Date 06/03/2025		Payee name Uber		
Amount (\$)	\$82.90	Payee address; City; State; Zip Co 1455 Market Street #455 San Francisco, CA 94103	ode	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Within DC
Complete ONLY if expenditure to ben		Candidate/Officeholder name Office sou	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 (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 co	omplete th		TILK (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
Sch: 114/123 Rpt:	Capriglione, Giovanni S. (The Honorable)		0	0065973	
4 Date	5 Payee name				
02/16/2025	Uroko				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$53.10	1023 Springdale Rd				
	Austin, TX 78721				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF EXPENDITURE	Food/Beverage Expense		Check if travel outside		
EXI ENDITORE		_	Check if Austin, TX, of	ficeholder living	g expense
		Sia	iff Lunch		
		<u> </u>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld
Date	Payee name				
05/30/2025	Verdad True Modern Mexican				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$162.33	2701 Perserverance Dr				
	Austin, TX 78731				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF	Food/Beverage Expense		Check if travel outside	of Texas. Com	plete Schedule T.
EXPENDITURE	· ·		Check if Austin, TX, of	ficeholder living	g expense
		Sta	iff Dinner		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght		Office he	eld
experience to benefit 6/61					
Date	Payee name				
01/22/2025	Verizon Wireless				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$76.36	2221 E Southlake Blvd				
	Ste 340				
	Southlake, TX 76093				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scrintion		
OF	Office Overhead/Rental Expense	1	Check if travel outside	of Texas. Com	plete Schedule T.
EXPENDITURE	p		Check if Austin, TX, of		g expense
		Cai	mpaign Cell Ph	ione	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	7				

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/Political Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 names Calculate Ea	
1 Total pages Schedule F1: Sch: 115/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4 Date	5 Payee name
02/22/2025	Verizon Wireless
6 Amount (\$) \$76.36	7 Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Phone
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/22/2025	Verizon Wireless
Amount (\$) \$76.36	Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2025	Verizon Wireless
Amount (\$) \$76.36	Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Phone
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 116/123 Rpt:	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4 Date 05/22/2025	5 Payee name Verizon Wireless
6 Amount (\$) \$76.36	7 Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Phone
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/22/2025	Payee name Verizon Wireless
Amount (\$) \$76.36	Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell Phone
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 01/10/2025	Payee name Wayfair
Amount (\$) \$82.26	Payee address; City; State; Zip Code 4 Copley Place 7th Floor Boston, MA 02116
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 117/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/17/2025	Wendys
6	Amount (\$) \$11.36	7 Payee address; City; State; Zip Code 8055 I-35
_		Robinson, TX 76706
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Meal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Wendys
	Amount (\$) \$25.42	Payee address; City; State; Zip Code 2801 North Tarrant Parkway Fort Worth, TX 76177
	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 Staff Meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2025	Whataburger
	Amount (\$) \$10.60	Payee address; City; State; Zip Code 5200 Davis Blvd
		North Richland Hills, TX 76180
	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 Staff Meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 118/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/05/2025	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.47	2401 W Berry Street
		Fort Worth, TX 76110
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/17/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.57	4687 State Highway 101
		The Colony, TX 75056
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/27/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.70	7826 Denton Highway
		Wataugua, TX 76148
	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
		Staff Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	Filers)
	Sch: 119/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973	,
4	Date	5 Payee name	
	01/06/2025	Wingstop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$63.77	2410 E Riverside Dr	
		Ste A1	
		Austin, TX 78741	
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	
		Office Lunch	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
	Date	Payee name	
	06/30/2025	Winred	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.41	1776 Wilson Blvd	
	¥0		
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Processing Fee	
		Processing Fee	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	06/30/2025	Winred	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.14	1776 Wilson Blvd	
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Processing fee	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
l			

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 120/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/30/2025	Winred
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.94	1776 Wilson Blvd
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee
		1 Toccssing ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/30/2025	Winred
L		
	Amount (\$)	
	\$4.10	1776 Wilson Blvd
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee
		Frocessing ice
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·
┝	Date	Davida marra
	06/26/2025	Payee name Winred
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.40	1776 Wilson Blvd
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee
		Processing lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Cara r ayment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission Filers)
	Sch: 121/123 Rpt:	Capriglione, Giovanni S. (The Honorable)				00065973	
4	Date	5 Payee name		•			
	06/24/2025	Winred					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$1.03	1776 Wilson Blvd					
		Arlington, VA 22209					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees		Check if travel ou			
				Check if Austin, 1 Processing fee		officeholder living	expense
				Processing lee	5		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht			Office he	ald
9	expenditure to benefit C/OI	H	igiit			Office fie	au
_	Data						
	Date 06/24/2025	Payee name Winred					
			-1-				
	Amount (\$)	Payee address; City; State; Zip Co	oae				
	\$78.80	1776 Wilson Blvd					
		A 1' MA 00000					
		Arlington, VA 22209					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	ıto:	do of Toyon Com	plete Cehadule T
	EXPENDITURE	Fees		Check if travel out			
				Processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight			Office he	eld
	expenditure to benefit C/OI	1					
	Date	Payee name					
	06/24/2025	Winred					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$4.01	1776 Wilson Blvd					
		Arlington, VA 22209					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees	``	Check if travel ou	utsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE			_		officeholder living	expense
				Processing fee	9		
	Operation ON IV III	Condidate/Officeholders				0/" :	.1.1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt			Office he	21 0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 122/123 Rpt:	Capriglione, Giovanni S. (The Honorable)			00065973	
4	Date	5 Payee name				
	06/24/2025	Winred				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$19.70	1776 Wilson Blvd				
		Arlington, VA 22209				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Fees		outs	ide of Texas. Com	plete Schedule T.
	LAPENDITORE		_		, officeholder living	g expense
			Processing fe	е		
_	Opening ONE V if direct	Condidate (Office helder garage			O#: I-	-1.4
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office h	eia
	Date	Payee name				
	06/23/2025	Winred				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.25	1776 Wilson Blvd				
		Arlington, VA 22209				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Fees	—		ide of Texas. Com , officeholder living	plete Schedule T.
			Processing fe		, onicendaer living	g expense
				•		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/O	•				
	Date	Payee name				
	06/23/2025	Winred				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.85	1776 Wilson Blvd				
	Ψ0.00	1770 Wildelf Biva				
		Arlington, VA 22209				
	DUDD005					
	PURPOSE OF	, ,	Description Check if travel of	nuts	ide of Texas, Com	plete Schedule T.
	EXPENDITURE	Fees	\blacksquare		, officeholder living	
			Processing fe	е		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/O	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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)			
	Sch: 123/123 Rpt:	Capriglione, Giovanni S. (The Honorable) 00065973			
4	Date	5 Payee name			
	06/09/2025	Woody Creek BBQ			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$28.55	1776 Mall Cir			
l					
		Fort Worth, TX 76116			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Food/Beverage Expense			
l	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense			
		Staff Meeting			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
Г	Date	Payee name			
l	03/27/2025	efile4Biz			
⊢	Amount (\$)	Payee address; City; State; Zip Code			
l	\$7.04	3300 Gateway Dr			
l	Ψ1.04	3300 Guicway Di			
l					
L		Pompano Beach, FL 33069			
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
l		Check if Austin, TX, officeholder living expense			
		1099 Illings			
⊢	Compulate ONII V if diseast	Condidate/Officeholder name			
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
L					
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l					
l					
l					

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

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T:			
	·	Sch: 1/1 Rpt: 135/135			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Capriglione, Giovanni S. (The Honorable)		00065973			
	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee				
American Airlines					
5 Contribution / Expenditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
6 Dates of Travel 7 Name of person(s) traveling					
	Capriglione, Giovanni				
	8 Departure city or name of departure location				
06/06/2025 Washington DC					
9 Destination city or name of destination location					
07/06/2025 Dallas					
10 Means of transport	tation 11 Purpose of travel (including name of conference, seminar, or	other event)			
Commercial Airp	lane C/OH: Trip to Washington DC, met elected officials, sp	oke at conference, met policy oriented			
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee				
Delta Airlines					
Contribution / Expe	enditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
Dates of Travel	Name of person(s) traveling				
Dates of Traver	Capriglione, Giovanni				
Departure city or name of departure location					
06/02/2025	San Antonio				
Destination city or name of destination location 06/02/2025 Washington DC					
Means of transport		other event)			
Commercial Airp					
oralli impliante oralli					