## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00087820		57			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Don E.			07/29/2025	
		NICKNAME	LAST		SUFFIX	1	
			McLaughlin		Jr.	Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• • • • • • • • • • • • • • • • • • • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
•	COVERED	01/01/2025	THROUGH	06/30/2025	1001	Date illiageu	
6	EXPLANATION OF C					<u> </u>	
_		date as it was entered wror	ng.				
	3		3				
7	AFFIDAVIT		L				
				ear, or affirm, under po correct.	enaity of perjury	, that this corrected	report is true
						-14-4	
			Che	eck the box next to any	and all applicat	ole statements:	
			X	Semiannual reports	s: I swear. or	affirm that the origin	al report
				was made in good fa	aith and without	an intent to mislead	
				misrepresent the info	ormation contain	ned in the report.	
			X	Other reports: Is	swear, or affirm.	that I am filing this o	corrected
			[/-	report not later than	the 14th busines	ss day after the date	l learned
				that the report as ori swear, or affirm, that			
				filed was made in go		iission in the report	as originally
				The Hor	norable Don E	. McLaughlin Jr.	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	Э.		
	Cignoture of office	or administaring eath	Drinted name of a	fficor administering as	th 7	Fitle of officer admini	istoring eath
	Signature of office	er administering oath	Printed name of 0	fficer administering oat	uı	Fitle of officer admini	stering 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 compl	ete this form.	1 Filer ID (Ethics Commi 00087820		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Don E.			Date Received	
I WWE					ELECTRONICA	II V EII ED
						LLY FILED
	NICKNAME	LAST		SUFFIX	07/29/2025	
		McLaughlin		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	PO Box 1707	,	•			
MAILING ADDRESS	l o box 1101				Receipt #	Amount
l						
Change of Address	Uvalde, TX 78802				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-9	
TREASURER NAME		Steve				
INAIVIE						
	NICKNAME	LAST		SUFFIX		
	INICIONALVIE	McNew		301117		
		MCMCW				
2 0445464	OTDEET ADDRESS (NO DO	DOV DI EASE)	4.0-	- / OLUTE // OLT)	07.1	715 0055
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	PO Box 1707					
(Residence or Business)						
	Uvalde, TX 78802					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(830) 278-7157					
8 REPORT TYPE						
ITPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	ıpaign treasurer eholder onlv)
	X July 15	8th day before	election $\square$	Exceeded modified	Final Report (Attac	
				reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202		
	01/01/2025			00/30/202	-5	
10 ELECTION	ELECTION DATE	<del>- 1</del>		ELECTION TYPE		
10 ELECTION	Month Day Year		rimary	Runoff	Other	
	Wilditin Day real	U''	iiiiaiy	IXunon	Outlet	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	State Representative Dist	rict 80		State Represent	tative District 80	
				1		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 57

13 C / OH NAME	McLaughlin Jr., Don I	E. (The Honorable)	<b>14</b> Filer ID (I 00087820	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditi These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME									
Ш	GENERAL									
	COMMITTEE ADDRESS  SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 15,432.17						
EXPENDITURE TOTALS										
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 47,090.25						
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 28,051.21						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 50,000.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.								
			ble Don E. McLaughlin							
		Signature o	f Candidate or Officehold	aer						
AFFIX NO	TARY STAMP / SEAL ABO	DVE								
		aid	, this the	day						
of	, 20, to ce	rtify which, witness my hand and seal of office.								
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath						

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

4 of 57

				4 01 57	
18 FILER NAM	(Ethics Cor	nmission Filers)			
20 SCHEDUL NAME OF	SUBT	OTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,802.17	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	630.00	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X	SCHEDULE E: LOANS		\$	0.00	
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	0.00	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/57	
2	FILER NAME McLaughlin	Jr., Don E. (The Honorable)			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 06/26/2025	<ul> <li>5 Full name of contributor BNSF RailPac</li> <li>6 Contributor address; City; State;</li> </ul>	7	Amount of Contribution (\$)	\$500.00		
		Fort Worth, TX 76161-0039					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 06/23/2025	Full name of contributor  Dicke, Frankie  Contributor address; City; State;		)		Amount of Contribution (\$)	\$500.00
	Principal occu	Uvalde, TX 78802 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	Retired	,				
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$5.00
		Austin, TX 78705					
	Principal occu Chief of Staf	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	<u>(</u>		
	Date 06/24/2025	Full name of contributor Fred Shannon, LLC  Contributor address; City; State;  Austin, TX 78701	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Harris, Randall  Contributor address; City; State; Zip Code  Uvalde, TX 78802					Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/57	
2	FILER NAME McLaughlin	Jr., Don E. (The Honorable)			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$2,500.00
_		San Antonio, TX 78205					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor of Marceaux, Wayne  Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,041.02
	Principal occu	Abbeville, LA 70510 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation / 300 title (See Instructions)		Retired	,		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$52.05
		Uvalde, TX 78801					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions) Retired	)		
	Date 06/23/2025	Full name of contributor of contributor of contributor address; City; State; Z  Austin, TX 78701	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/26/2025	Full name of contributor of contributor of contributor address; City; State; Zity;	)		Amount of Contribution (\$)	\$104.10	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/57		
2	FILER NAME McLaughlin	Jr., Don E. (The Honorable)		3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 06/23/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_         Texans for Lawsuit Reform PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$5,000.00
_	Dringing Lagge	Austin, TX 78701	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	) 		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Vaden, Sue Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77027				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

#### 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: 8/57 3 Filer ID (Ethics Commission Filers) FILER NAME McLaughlin Jr., Don E. (The Honorable) 00087820 \$ 0.00 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 Texas Bankers Assoc. PAC \$250.00 | Event Space for 7 Contributor address; City; State; Zip Code Reception 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 06/25/2025 Walker, Kandy \$380.00 i Texting Contributor address; City; State; Zip Code Aguilares, TX 78369 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Rancher 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)

The Instruction Guide explains now to complete this form.  Sch  In a complete this form.  Sch  In a complete this form.  Sch  In a complete this form.  In a complete this form.  Sch  In a complete this form.  Sch  In a complete this form.  In a complete this f	SCHEDULE B
McLaughlin Jr., Don E. (The Honorable)  4 TOTAL OF UNITEMIZED PLEDGES  5 Date  6 Full name of pledgorout-of-state PAC (ID#:)  7 Pledgor Address; City; State; Zip CodeChe	pages Schedule B: 1/1 Rpt: 9/57
TOTAL OF UNITEMIZED PLEDGES  5 Date  6 Full name of pledgorout-of-state PAC (ID#:)  7 Pledgor Address; City; State; Zip CodeChe	ID (Ethics Commission Filers)
7 Pledgor Address; City; State; Zip Code	0.00
	unt of   9 In-kind description   (If applicable)
12 Employer (See instructions)	ck if travel outside of Texas. Complete Schedule 1

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 10/57
2 FILER NAME McLaughlin Jr., Don E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00087820
4 TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution?  8 Lender address; City; State; Zip Code	10 Interest Rate
	11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employer (S	see Instructions)
14 Description of Collateral  None  15 Check if per	sonal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (S	see Instructions)

### 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		Travel in Usual Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/47 Rpt: 11/57	McLaughlin Jr., Don E. (The Honorable)	00087820
4	Date 01/27/2025	5 Payee name 1099NOW	
6	Amount (\$) \$20.39	7 Payee address; City; State; Zip Code 3300 Gateway Dr. Pompano Beach, FL 33069	
8	PURPOSE OF EXPENDITURE	onice overneda/Nental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense if
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/14/2025	Payee name Aldaco, Brian	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 14127 Running Bear Dr. Willis, TX 77378	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Eabor	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/15/2025	Payee name Aldaco, Brian	
	Amount (\$) \$1,012.86	Payee address; City; State; Zip Code 14127 Running Bear Dr.	
		Willis, TX 77378	
	PURPOSE OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	me provided by Tayas F	hice Commission www.athice state ty us	Version V4.1.0 f10d0fd9

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 2/47 Rpt: 12/57	2 FILER NAME  McLaughlin Jr., Don E. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00087820	
4	Date	,	
•	03/15/2025	5 Payee name Aldaco, Brian	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,305.03	14127 Running Bear Dr.	
		Willis, TX 77378	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Austin Staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/15/2025	Aldaco, Brian	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	14127 Running Bear Dr.	
		Willis, TX 77378	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	İ	Avadia Claff	
		Austin Staff	
	Complete ONUNCE		
_	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held  Payee name	
	expenditure to benefit C/OhDate 05/12/2025	Candidate/Officeholder name Office sought Office held H Payee name Aldaco, Brian	
_	expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held  Payee name	
	Date 05/12/2025 Amount (\$)	Candidate/Officeholder name Office sought Office held  Payee name Aldaco, Brian  Payee address; City; State; Zip Code	
	Date 05/12/2025 Amount (\$) \$1,000.00	Candidate/Officeholder name Office sought Office held  Payee name Aldaco, Brian  Payee address; City; State; Zip Code 14127 Running Bear Dr.  Willis, TX 77378  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
	Date 05/12/2025 Amount (\$) \$1,000.00	Candidate/Officeholder name Office sought Office held  Payee name Aldaco, Brian  Payee address; City; State; Zip Code 14127 Running Bear Dr.  Willis, TX 77378	
	Date 05/12/2025 Amount (\$) \$1,000.00	Candidate/Officeholder name Office sought Office held  Payee name Aldaco, Brian  Payee address; City; State; Zip Code 14127 Running Bear Dr.  Willis, TX 77378  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	Date 05/12/2025 Amount (\$) \$1,000.00	Candidate/Officeholder name  Office sought  Office held  Payee name Aldaco, Brian  Payee address; City; State; Zip Code 14127 Running Bear Dr.  Willis, TX 77378  (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 Austin Staff  Candidate/Officeholder name  Office sought  Office held	
	Date 05/12/2025 Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Office sought  Office held  Payee name Aldaco, Brian  Payee address; City; State; Zip Code 14127 Running Bear Dr.  Willis, TX 77378  (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 Austin Staff  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

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Services	·		/ages	s/Contract Labor		OTHER (e		category not listed above	<del>)</del> )
	·			The Instruction	n Guide explai	ins how to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission	Filers)
	Sch: 3/47 Rpt: 13/57		McLaughlin	Jr., Don E. (	The Honora	able)				000878	320		
4	Date	5	Payee name										
	06/13/2025		Aldaco, Bria	เท									
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip Co	de						
	\$1,000.00		14127 Runr	ning Bear Dr.									
		,	Willis, TX 77	7378									
8	PURPOSE	├					(h)	Description					
ľ	OF			ee Categories listed		schedule)	(D)	Description  Check if travel	outsi	ide of Texas.	. Com	plete Schedule T.	
	EXPENDITURE		Salalies/Wa	iges/Contrac	ι Lαυσι			Check if Austin					
								Austin Staff					
9	Complete ONLY if direct		andidate/Offic	ceholder name	;	Office sou	ght			Offic	ce he	eld	
	expenditure to benefit C/OI	H											
H	Date		Payee name										
	01/14/2025	l	Amazon										
	Amount (\$)	<u> </u>	Payee addres	ss; City;	Str	ate; Zip Co	ıde						
	\$211.05	l	251 Little Fa		Oil.	аю, <b>Дір О</b> О	uc						
	Ψ211.05		ZJI LIME I C	uis Di.									
		<b> </b> ,	Marin orton	DE 10000									
		┝	Wilmington,										
	PURPOSE OF	ı		ee Categories listed		schedule)	(b)	Description		:	0	olaka Cabadula T	
	EXPENDITURE		Office Overl	nead/Rental	Expense			Check if travel				plete Schedule T.	
								Office Supplie		, 0001101001	9	, одропос	
Н	Complete ONLY if direct		andidate/Offic	ceholder name	<del></del>	Office sou	ght			Offic	ce he	eld	
	expenditure to benefit C/O	Н											
H	Date	T	Payee name										
	02/06/2025	l	Amazon										
				c: Citu	C+,	ato: Zin Co	do						
	Amount (\$) \$43.89	l	Payee addres 251 Little Fa	-	310	ate; Zip Co	ue						
	\$43.89		251 LIWE F	alis Di.									
		l .											
			Wilmington,	DE 19808									
	PURPOSE OF			ee Categories listed		schedule)	(b)	Description					
	EXPENDITURE		Office Overl	nead/Rental	Expense			<b></b>				plete Schedule T.	
								Office Supplie			r livirig	rexpense	
								Cinico Supplii	·	i upei			
$\vdash$	Complete ONLY if direct		andidate/Offi	ceholder name		Office sou	aht			Offic	ce he	ald	
	expenditure to benefit C/O		a iuiuale/OIII	centituel Hallit	<del>,</del>	Onice Sou	grit			Oili	SE HE	au	
_													

### 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/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/47 Rpt: 14/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	02/10/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.92	251 Little Falls Dr.
		Wilmington, DE 19808
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinido Cappinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/10/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.84	251 Little Falls Dr.
		Wilmington, DE 19808
	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 - Paper
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/11/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	251 Little Falls Dr.
		Wilmington, DE 19808
	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
Н	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memoria Legal Services			/ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)	
				The Instruction (	Guide explains	how to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	)
	Sch: 5/47 Rpt: 15/57		McLaughlin	Jr., Don E. (Th	ne Honorable	e)				00087820		
4	Date	5	Payee name									
	03/11/2025		Amazon									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$50.86		251 Little F	alls Dr.								
			Wilmington	DE 19808								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=			mplete Schedule T.	
								Office Snacks		officeholder livin	ıy expense	
								Since Shack	J			
9	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	abt			Office h	apld	
9	expenditure to benefit C/O		Januluale/Uπ	cenoidei name	(	Jinde Sou	yııl			Onice n	lelu	
_		_										
	Date		Payee name									
	03/25/2025	L	Amazon									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$20.56		251 Little F	alls Dr.								
			Wilmington	DE 19808								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			<b>-</b>		de of Texas. Cor officeholder livin	nplete Schedule T.	
								Office - Pape			ig expense	
								Jinoc i ape		C V V C I S		
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		Janaraatt/OIII	continue name	,	omoc sou	Aiir			Onice II	ioiu	
$\vdash$	Data	_										
	Date		Payee name									
	03/27/2025		Amazon									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$25.85		251 Little F	alls Dr.								
			Wilmington	DE 19808								
	PURPOSE	(a)		ee Categories listed at	t the top of this sch	nedule)	(b)	Description	_			
	OF EXPENDITURE		Food/Bever	age Expense				ш			mplete Schedule T.	
								Office - Coffe		officeholder livin	ig expense	
								Jinoe - Culle				
	Complete ONLY if direct	Ц		ceholder name		Office sou	abt			Office h	neld	
	expenditure to benefit C/O		Januluale/UIII	centituel Hairie	(	onice sou	yııı			Office fi	ICIU	

### 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)	_
l	Sch: 6/47 Rpt: 16/57	McLaughlin Jr., Don E. (The Honorable) 00087820	
4	Date	5 Payee name	_
l	03/31/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$206.95	251 Little Falls Dr.	
l			
l		Wilmington, DE 19808	
8	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  Office Supplies - Toner	
l		Office Supplies - Toffer	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Date	Payee name	=
l	04/04/2025	Amazon	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$413.90	251 Little Falls Dr.	
l	<b>\$110.00</b>	ZOT ZRAO F ANO DIT	
l		Wilmington, DE 19808	
┝	PURPOSE		_
l	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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Office - Toner, Paper, Biners	
L			_
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
┡			_
l	Date	Payee name	
L	04/09/2025	Amazon	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$18.38	251 Little Falls Dr.	
l			
		Wilmington, DE 19808	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Supplies - Hand Sanitizer	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	<del>1</del>	

### SCHEDULE F1

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

Fees Office Overhead/Rent:
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contr

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: 7/47 Rpt: 17/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	04/10/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$206.95	251 Little Falls Dr.
		Wilmington, DE 19808
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Supplies - Paper
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.95	251 Little Falls Dr.
		Wilmington, DE 19808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Supplies - Folders, Binders, Paper
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	_
	Date	Payee name
	05/19/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.77	251 Little Falls Dr.
		Wilmington, DE 19808
	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 Supplies - Water, Soda
		Supplies Water, South
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/47 Rpt: 18/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	05/21/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.22	251 Little Falls Dr.
		Wilmington, DE 19808
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  Supplies - Binders
		Supplies Billucis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	05/27/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.97	251 Little Falls Dr.
		Wilmington, DE 19808
	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
		Supplies - Hand Sanitizer
	Complete ONLY if divest	Condidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	01/14/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.85	251 Little Falls Dr.
		Wilmington, DE 19808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies - File folders
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>

### 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

	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: 9/47 Rpt: 19/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/24/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.09	251 Little Falls Dr.
		Wilmington, DE 19808
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
		Supplies - Tissue
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	02/07/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.57	251 Little Falls Dr.
		Wilmington, DE 19808
	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
		Supplies - Copy Paper
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.95	251 Little Falls Dr.
		Wilmington, DE 19808
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies - Toner
	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 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:	
	Sch: 10/47 Rpt: 20/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/27/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.19	251 Little Falls Dr.
		Wilmington, DE 19808
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies - Hand Sanitizer
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit or of	<u> </u>
	Date	Payee name
	06/02/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.95	251 Little Falls Dr.
		Wilmington, DE 19808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Office Supplies - White Board Markers
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.61	251 Little Falls Dr.
		Wilmington, DE 19808
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies - Coffee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OI	1

### 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	)
	Sch: 11/47 Rpt: 21/57	McLaughlin Jr., Don E. (The Honorable) 00087820	
4	Date	5 Payee name	
	06/02/2025	Amazon	
6	Amount (\$) \$66.32	7 Payee address; City; State; Zip Code 251 Little Falls Dr. Wilmington, DE 19808	
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  Supplies - Cleaning Supplies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/14/2025	Axiom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,650.00	800 W. 47th St.	
		Suite 200	
		Kansas City, MO 64112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Lobbyist Handouts	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/30/2025	Bill Oysters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$330.62	205 W. 3rd. St.	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Staff Dinner	
	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

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		Legal Services  The Instruction Guide	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission File	ers)
	Sch: 12/47 Rpt: 22/57	l	Jr., Don E. (The Ho	onorable)				00087820		
4	Date	5 Payee name								
	03/24/2025	Buitron, Pa	ul							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode					
	\$150.00	1312 Lois I	ane							
		Laredo, TX	78045							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					de of Texas. Comp		
						Ad on flyer	, IX,	officeholder living	expense	
						Au on nyer				
_	Operation ONLY if direct	0		04:				O#: I	1-1	
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ıgnt			Office he	la	
_										
	Date	Payee name								
	06/30/2025	CAZ Consu	ılting							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$666.70	7720 Laura	Lake Lane							
		Fort Worth,	TX 76126							
	PURPOSE OF		ee Categories listed at the top		(b)	Description				
	EXPENDITURE	Solicitation	Fundraising Expens	se				de of Texas. Comp		
						Texting	, 1,	officeholder living	expense	
						Texting				
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıaht			Office he	ıld	
	expenditure to benefit C/O		centider name	Office 30t	igiit			Office fic	iu	
H										
	Date	Payee name								
	06/30/2025	CAZ Consu	liting							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$100.00	7720 Laura	Lake Lane							
		Fort Worth,	TX 76126							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting	Expense					de of Texas. Com		
	EXI ENDITORE							officeholder living		
						Campaign ve	rity	reimbursem	ient	
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	ld	
	experience to belieff 6/01	•								

### SCHEDULE F1

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

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

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

	Candidate/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: 13/47 Rpt: 23/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	06/30/2025	CAZ Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$599.50	7720 Laura Lake Lane
		Fort Worth, TX 76126
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Texting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	01/16/2025	Capitol Gift Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.60	1400 Congress Ave
		Suite E1 006
		Austin, TX 78701
	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
		Stamps
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	04/11/2025	Cash App
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.20	1955 Broadway
	, ,	Suite 600
		Oakland, CA 94612
	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
		Reimbursement for food
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 14/47 Rpt: 24/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	05/27/2025	Cash App
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1955 Broadway
		Suite 600
		Oakland, CA 94612
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  Reimbursement for meals
		Reinbursement for meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	01/08/2025	Cash
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	PO Box 1707
		Uvalde, TX 78802
	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
		Laredo Staff
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/07/2025	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$446.69	161 W. Slaughter
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Meals for Laredo Students at Capitol
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		
ı		

### 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)				
_	Sch: 15/47 Rpt: 25/57	McLaughlin Jr., Don E. (The Honorable)	00087820				
4	Date	5 Payee name	•				
	01/13/2025	City of Laredo					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$286.77	PO Box 6548					
		Laredo, TX 78042					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
			Office utility				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
	Date	Payee name					
	02/06/2025	City of Laredo					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$153.94	PO Box 6548					
		Laredo, TX 78042					
	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 Electric				
			Electric				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/Ol		Since neu				
	Date	Payee name					
	03/14/2025	Door Dash					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$141.13	303 2nd St.					
		Suite 800					
		San Francisco, CA 94107					
	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				
			Late night meal delivery				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Supplied to solidity of the so						

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)
	Sch: 16/47 Rpt: 26/57		McLaughlin Jr., Don E. (The Honorable)		00087820
4	Date 04/04/2025	5	Payee name Door Dash		
_		-		od o	
6	Amount (\$) \$127.88	<b> </b> ′	Payee address; City; State; Zip Co 303 2nd St.	oue	
	Ψ121.00		Suite 800		
			San Francisco, CA 94107		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	<u> </u>	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense  Late night staff meal
					Late Hight Stan Mea
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	04/04/2025		Door Dash		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$111.29		303 2nd St.		
			Suite 800		
			San Francisco, CA 94107		
	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
					Meal for staff
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held
	experientare to benefit Grot	_			
	Date		Payee name		
	01/14/2025		Engstrom, Nick		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Co 3403 Harmon Ave.	ode	
	\$1,000.00		Unit 556		
			Austin, TX 78705		
	PURPOSE	(a)		(h)	) Description
	OF	(4)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Chief of Staff
_	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	Inht	Office held
	expenditure to benefit C/OI		Sandidate/Officerolder frame Office Sut	agrit	Onice field
l					

### 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 Com

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		rs)
	Sch: 17/47 Rpt: 27/57	McLaughlin Jr., Don E. (The Honorable)    3 Filer ID	)
4	Date	5 Payee name	
	02/15/2025	Engstrom, Nick	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	3403 Harmon Ave.	
		Unit 556	
		Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LA LIBITORE	Chief of Stoff	
		Chief of Staff	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
⊨	Date	Payee name	
	03/15/2025	Engstrom, Nick	
_		ļ <u> </u>	
	Amount (\$)	Payee address; City; State; Zip Code  3403 Harmon Ave.	
	\$1,022.06		
		Unit 556	
		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	
		Chief of Staff	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<b>y</b>	
	Date	Payee name	
	04/15/2025	Engstrom, Nick	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3403 Harmon Ave.	
		Unit 556	
		Austin, TX 78705	
	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	
		Chief of Staff	
	0 1 0 0 0 0 0 0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

### 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: 18/47 Rpt: 28/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	05/12/2025	Engstrom, Nick
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3403 Harmon Ave.
		Unit 556
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chief of Staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2025	Engstrom, Nick
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3403 Harmon Ave.
		Unit 556
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	L/II LIIDITOTE	Chief of Stoff
		Chief of Staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/15/2025	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	3312 Guadalupe St.
		Laredo, TX 78043
	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  Laredo
		Laredo
_	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/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: 19/47 Rpt: 29/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	02/24/2025	Escamilla, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	3312 Guadalupe St.
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Laredo
		Laredo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	03/15/2025	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Laredo
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D.4-	
	Date	Payee name
	04/15/2025	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Laredo
	2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

### 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/47 Rpt: 30/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	05/12/2025	Escamilla, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	3312 Guadalupe St.
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Laredo
		Luicuo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	05/13/2025	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for baseban team mea
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	5 .	
	Date	Payee name
	05/27/2025	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	3312 Guadalupe St.
		Laredo, TX 78043
	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  Laredo Staff
		Laieuu Siaii
_	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 Cor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/47 Rpt: 31/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	06/13/2025	Escamilla, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	3312 Guadalupe St.
		Laredo, TX 78043
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  Staff
		Stall
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Dayso name
	01/10/2025	Payee name First State Bank of Uvalde
	Amount (\$) \$10.00	Payee address; City; State; Zip Code  200 E. Nopal
	\$10.00	200 Ε. Νυβαί
		Uharlia TV 70004
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		New Debit Card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/31/2025	Flores, Abigail
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,240.00	116 E. Campbell
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Past due wages for block walkers
	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	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: 22/47 Rpt: 32/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	05/13/2025	Giving Tree of South Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	202 N. Malinche Ave.
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Bollation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/09/2025	Go Puff
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.92	537 N. 3rd St.
		Philadelphia, PA 19123
	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
		Food Delivery
		1 dod Benivery
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/14/2025	GoPuff
H	Amount (\$)	Payee address; City; State; Zip Code
	\$42.61	537 N. 3rd St.
		Philadelphia, PA 19123
	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 late dinner delivery
		Stati late difficility
$\vdash$	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 Co 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: 23/47 Rpt: 33/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	01/14/2025	Hansen, Cassidy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1800 Spring Stuebner Rd.
		Apt. 5302
		Austin, TX 77389
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  Press Secretary
		Tress Secretary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	02/15/2025	Hansen, Cassidy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1800 Spring Stuebner Rd.
		Apt. 5302
		Austin, TX 77389
Г	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
		Press Secretary
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/15/2025	Hansen, Cassidy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,199.20	1800 Spring Stuebner Rd.
		Apt. 5302
		Austin, TX 77389
Г	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
		Press Secretary
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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 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/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM					ব	Filer ID	(Ethics Commiss	on Filers)
-	Sch: 24/47 Rpt: 34/57	1	n Jr., Don E. (The Honor	able)			٦	00087820	(Earles Commiss	orr mersy
4	Date	<b>5</b> Payee name	<u> </u>							
_	04/15/2025	Hansen, C								
6	Amount (\$)	<b>7</b> Payee addre	•	ate; Zip Co	de					
	\$1,000.00	1800 Sprin	g Stuebner Rd.							
		Apt. 5302								
		Austin, TX	77389							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	s echodulo)	(b)	Description				
	OF		ages/Contract Labor	s scriedule)	( - ,		outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Gaianoo, W	agoo, contract Labor			Check if Austin,	, TX	, officeholder living	expense	
						Press Secreta	ary	•		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name	<del></del>							
	05/12/2025	Hansen, C	assidy							
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de					
	\$1,000.00		g Stuebner Rd.	,р ос						
	Ψ1,000.00	· ·	g Stacbilet ita.							
		Apt. 5302								
		Austin, TX	77389							
	PURPOSE	(a) Category (S	See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			<b>=</b>		ide of Texas. Com		
						<b>—</b>		, officeholder living	expense	
						Press Secreta	ary			
		<u> </u>								
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name	)							
	06/13/2025	Hansen, C	assidy							
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de					
	\$1,000.00	1800 Sprin	g Stuebner Rd.							
	·	Apt. 5302								
		· ·	77200							
		Austin, TX								
	PURPOSE OF		See Categories listed at the top of this	s schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			<u></u>		ide of Texas. Comp		
						Press Secreta		, officeholder living	expense	
						1 1633 366166	ui y			
	Operation ONE VALUE II	0	C l   -	04.				0‴ :	1.1	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnt			Office he	eia	
		•								

### 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 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: 25/47 Rpt: 35/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	01/13/2025	Lilly & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1005 Congress Ave
		Suite 400
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising consultant
		Fundraising Consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/18/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.74	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Intern travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/18/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense
		Intern
	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 -

**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	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: 26/47 Rpt: 36/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	02/17/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.47	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Intern
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	Lyft
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$42.94	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Intern
		intern
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	03/03/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.32	185 Berry St.
		Suite 400
		San Francisco, CA 94107
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense
		Interns
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
I		

### 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	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: 27/47 Rpt: 37/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/03/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.54	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Interns
		interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payee name
	03/03/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.37	185 Berry St.
	Ψ44.57	
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	OF	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF	Transportation Equipment And Related
	OF EXPENDITURE	Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Interns
	OF	Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Interns  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol	Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Interns  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Payee name  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Interns  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date 03/11/2025	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Payee name  Lyft
_	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Payee name Lyft  Payee address; City; State; Zip Code
_	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date 03/11/2025	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Payee name  Lyft  Payee address; City; State; Zip Code  185 Berry St.
_	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Interns  Candidate/Officeholder name Office sought Office held  Payee name Lyft  Payee address; City; State; Zip Code 185 Berry St. Suite 400
_	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Payee name  Lyft  Payee address; City; State; Zip Code  185 Berry St.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Interns  Candidate/Officeholder name Office sought Office held  Payee name Lyft  Payee address; City; State; Zip Code 185 Berry St. Suite 400
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name  Lyft  Payee address; City; State; Zip Code  185 Berry St.  Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72	Transportation Equipment And Related Expense  Candidate/Officeholder name  Office sought  Office held  Payee name Lyft  Payee address; City; State; Zip Code 185 Berry St. Suite 400 San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  Transportation Equipment And Related Expense  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 Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name  Lyft  Payee address; City; State; Zip Code  185 Berry St.  Suite 400  San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72  PURPOSE OF EXPENDITURE	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name  Lyft  Payee address; City; State; Zip Code  185 Berry St.  Suite 400  San Francisco, CA 94107  (a) Category (see Categories listed at the top of this schedule)  Transportation Equipment And Related 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  Interns
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name Lyft  Payee address; City; State; Zip Code 185 Berry St. Suite 400 San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Austin, TX, officeholder living expense  Interns  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name Lyft  Payee address; City; State; Zip Code 185 Berry St. Suite 400 San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Austin, TX, officeholder living expense  Interns  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 03/11/2025  Amount (\$)  \$10.72  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Transportation Equipment And Related Expense  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name Lyft  Payee address; City; State; Zip Code 185 Berry St. Suite 400 San Francisco, CA 94107  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Austin, TX, officeholder living expense  Interns  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense 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	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: 28/47 Rpt: 38/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/12/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.39	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>-</del>
	Date	Payee name
	03/13/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.79	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/17/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.12	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Interns
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefit C/O	<u> </u>
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense 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/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: 29/47 Rpt: 39/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/24/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.36	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/27/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.43	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/28/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.93	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 Committee

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: 30/47 Rpt: 40/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/31/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.64	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/31/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.77	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/01/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.47	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Interns
		III.ems
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

#### 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		
_	Total mariae Cabadula F1.	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
	Sch: 31/47 Rpt: 41/57	McLaughlin Jr., Don E. (The Honorable) 00087820	
4	Date	5 Payee name	
	04/09/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.27	185 Berry St.	
		Suite 400	
		San Francisco, CA 94107	
Ļ	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Interns	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	04/14/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.30	185 Berry St.	
		Suite 400	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Intern	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	04/15/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.99	185 Berry St.	
		Suite 400	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Intern	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<b>1</b>	

#### 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		Gift/Awards/Memorials Expense Printing Legal Services Salarie  The Instruction Guide explains how to	s/Wag	ages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	<u> </u>		3 Filer ID (Ethics Commission Filers)
•	Sch: 32/47 Rpt: 42/57		McLaughlin Jr., Don E. (The Honorable)		00087820
<u> </u>	•	<u> </u>			30007020
4	Date	5	Payee name		
	04/16/2025	L	Lyft		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	le
	\$13.70		185 Berry St.		
			Suite 400		
			San Francisco, CA 94107		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	(b) Description
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE		Expense		Check if Austin, TX, officeholder living expense
					Interns
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office s	ough	ht Office held
	onpolicitate to beliefit 6/01	_			
	Date		Payee name		
L	04/28/2025		Lyft		
	Amount (\$)		Payee address; City; State; Zip	Code	le
	\$22.59		185 Berry St.		
			Suite 400		
			San Francisco, CA 94107		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	(b) Description
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	LA LIBITORE		Expense		Check if Austin, TX, officeholder living expense
					Interns
_	Operation ONE V. C. F.	<u> </u>	Occadidate (Office helder as	<u></u>	055
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ough	ht Office held
		_			
	Date		Payee name		
	04/29/2025		Lyft		
	Amount (\$)		Payee address; City; State; Zip	Code	le
	\$22.42		185 Berry St.		
			Suite 400		
			San Francisco, CA 94107		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	(b) Description
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
			Expense		Check if Austin, TX, officeholder living expense
					Interns
	Complete ONLY if direct	Ļ	Condidate /Officeholder norms	01100	Det Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ougn	ht Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I 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	
Ŀ	T. 1 01 11 51	<u> </u>
	Total pages Schedule F1: Sch: 33/47 Rpt: 43/57	2 FILER NAME  McLaughlin Jr., Don E. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00087820
Ļ	<u> </u>	, , ,
4	Date	5 Payee name
	04/30/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.72	185 Berry St.
		Suite 400
		San Francisco, CA 94107
L		<u> </u>
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Interns
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	
	Date	Payee name
	05/01/2025	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$39.07	185 Berry St.
	φοσ.στ	Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense
		Interns
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	05/01/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.51	185 Berry St.
	ΨΖΙ.31	
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Interns
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
ĺ		
Ш.		

### 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/47 Rpt: 44/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	03/24/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.70	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Interns
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/20/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.72	185 Berry St.
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Interns
		interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	04/08/2025	Lyft
		·
	Amount (\$) \$3.00	Payee address; City; State; Zip Code  185 Berry St.
	Ψ3.00	Suite 400
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Interns
	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

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 Guide 6	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 35/47 Rpt: 45/57	_	n Jr., Don E. (The Ho	onorable)				00087820		
4	Date	5 Payee name	)							
	04/21/2025	Lyft								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$13.99	185 Berry	St.							
		Suite 400								
		San Franci	sco, CA 94107							
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And	Related		<b>=</b>			plete Schedule T.	
	-	Expense				Interns	, TX,	, officeholder living	g expense	
						IIILEIIIS				
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office h	old.	
9	expenditure to benefit C/Ol		icenoider name	Office soc	igni			Office fit	eiu	
	Date	Payee name	•							
	03/14/2025	Lyft								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$21.71	185 Berry	St.							
		Suite 400								
		San Franci	sco, CA 94107							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And	Related		<b>=</b>			plete Schedule T.	
		Expense				ш	, TX,	, officeholder living	g expense	
						Internss				
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ıght			Office h	eld	
	expenditure to benefit C/O	H								
	Date	Payee name	)							
	06/02/2025	Lyft								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$18.65	185 Berry	St.							
		Suite 400								
		San Franci	sco, CA 94107							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And			Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Expense				_	, TX	, officeholder living	g expense	
						Interns				
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	laht			Office he	ald	
	expenditure to benefit C/O		ncenduel name	Onice SOL	igiil			Onice III	JIU.	
$\vdash$										
Ļ										0 (4 0 104 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (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: 36/47 Rpt: 46/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	06/02/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.98	185 Berry St.
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Interns
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	405 N. Angier Ave NE
		Atlanta, GA 30312
	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  Email
		Liliali
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davida nama
	02/10/2025	Payee name Mailchimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	405 N. Angier Ave NE
		Atlanta, GA 30312
	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
		Email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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/Politica Credit Card Payment	Committee L	ift/Awards/Memorials Expense egal Services		/ages/Con	tract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
			The Instruction Guide expla	ins now to co	inpiete ti					
1	Total pages Schedule F1:							Filer ID	(Ethics Commission	on Filers)
	Sch: 37/47 Rpt: 47/57	McLaughlin J	Ir., Don E. (The Honora	able)				00087820		
4	Date	5 Payee name								
	03/24/2025	Mailchimp								
6	Amount (\$)	7 Payee address	s; City; St	ate; Zip Co	de					
	\$79.95	405 N. Angie	r Ave NE							
		3								
		Atlanta CA C	00010							
		Atlanta, GA 3	00312							
8	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)		scription				
	OF EXPENDITURE	Office Overh	ead/Rental Expense						plete Schedule T.	
							, TX,	officeholder living	expense	
					Em	iaii				
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	04/24/2025	Mailchimp								
	Amount (\$)	Payee address	s; City; St	ate; Zip Co	de					
	\$79.95	-	•	ate, zip oe	uc					
	Φ19.95	405 N. Angie	I AVE INC							
		Atlanta, GA 3	30312							
	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	<b>(b)</b> De:	scription				
	OF EXPENDITURE	Office Overho	ead/Rental Expense						plete Schedule T.	
	LXI LINDITORL						, TX,	officeholder living	expense	
					Em	naıl				
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	05/27/2025	Mailchimp								
	Amount (\$)	Payee address	s; City; St	ate; Zip Co	de					
	\$79.95	405 N. Angie		ate, zip oe	uc					
	Ψ19.95	405 N. Aligie	IAVEINE							
		Atlanta, GA 3	30312							
	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	(b) Des	scription				
	OF EXPENDITURE	Office Overho	ead/Rental Expense						plete Schedule T.	
	2/11/2/11/0/12						, TX,	officeholder living	expense	
					Em	iali				
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
										. (4.0.10(.10

### SCHEDULE F1

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

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/47 Rpt: 48/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	01/24/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	405 N. Angier Ave NE
		Atlanta, GA 30312
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/24/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	405 N. Angier Ave NE
		Atlanta, GA 30312
	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
		Email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/09/2025	Martinez, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	307 N. Camp
		Uvalde, TX 78801
	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
		Past due wages for block walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

#### 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/Politica	By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category no	t 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 C	Commission Filers)
	Sch: 39/47 Rpt: 49/57	McLaughlin Jr., Don E. (The Honorable) 00087820	
4	Date	5 Payee name	
L	03/24/2025	Mercy Ministries of Laredo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	2500 Zacateras St.	
		Laredo, TX 78046	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	ule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship	
		Эропооголір	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Date	Payee name	
	01/14/2025	Payee name US Post Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.72	103 S. Getty	
		Uvalde, TX 78801	
	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 Schede	ule T.
		Priority Mail	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	02/11/2025	US Post Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.60		
	Ψ55.00	100 S. Colly	
		Uvalde, TX 78801	
	DUDDOCT	To a second seco	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pantal Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule	ule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedi	<del></del>
		Priority Mail	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	

#### SCHEDULE F1

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

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

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: 40/47 Rpt: 50/57 McLaughlin Jr., Don E. (The Honorable) 00087820 4 Date Payee name 03/15/2025 **US Post Office** 6 Amount (\$) Payee address; City; State; Zip Code \$42.00 103 S. Getty Uvalde, TX 78801 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Priority Mail Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 **US Post Office** Amount (\$) Payee address; City; State; Zip Code \$8.40 103 S. Getty Uvalde, TX 78801 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Priority Mail** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/11/2025 **US Post Office** Amount (\$) Payee address; City: State; Zip Code \$42.00 103 S. Getty Uvalde, TX 78801 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Priority Mail Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

mission Filers)
•
•

#### 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	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: 42/47 Rpt: 52/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	06/30/2025	US Post Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.40	103 S. Getty
		Uvalde, TX 78801
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  Priority Mail
		Thomas Main
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davida marra
	05/21/2025	Payee name
		Uvalde Volunteer Fire Department
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	123 S. Getty
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	03/31/2025	Venmo
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	95 Morton St.
		5th Floor
		Oakland, CA 94612
	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  Reimbursement for food
		Reimbursement for 1000
$\vdash$	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 -

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)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Leg	t/Awards/Memorials E gal Services ne Instruction Gui	·		/ages	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Comm	ssion Filers)
	Sch: 43/47 Rpt: 53/57		McLaughlin Jr	., Don E. (The	Honorable	e)				00087820	(Euiico Coiiiiii	
4	Date	5	Payee name									
	04/14/2025		Venmo									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$93.00		95 Morton St.									
			5th Floor									
			Oakland, CA 9	94612								
8	PURPOSE	(a)	Category (See C	ategories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverag	e Expense							plete Schedule T.	
								Reimburseme		officeholder living	g expense	
								rembarsem	CIIC	Tot medis		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officel	nolder name	C	Office sou	ght			Office he	eld	
	- parameter solient of of	_										
	Date		Payee name									
	04/14/2025		Venmo									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$125.00		95 Morton St.									
			5th Floor									
			Oakland, CA 9	94612								
	PURPOSE	(a)	Category (See C	ategories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverag	e Expense				<b>-</b>			plete Schedule T.	
								Reimburseme		officeholder living	g expense	
								rembarsem	CIIC	TOT OTHEC		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	nolder name	C	Office sou	ght			Office he	eld	
		_										
	Date		Payee name									
	04/15/2025		Venmo	<u> </u>								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$177.00		95 Morton St.									
			5th Floor									
			Oakland, CA 9	94612								
	PURPOSE OF	(a)	Category (See C	-	e top of this sche	edule)	(b)	Description	a	de of T C	mloto Cabada T	
	EXPENDITURE		Food/Beverag	e Expense						de of Texas. Com officeholder living	plete Schedule T. g expense	
								Reimburseme			, <del></del>	
	Complete ONLY if direct		Candidate/Officel	nolder name	C	Office sou	ght			Office h	eld	
L	expenditure to benefit C/O	H										

#### 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

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: 44/47 Rpt: 54/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	02/20/2025	Vista Print
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.42	275 Wyman St.
		Waltham , MD 02451
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  Vehicle Magnet
		Vernole Magnet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/28/2025	Washington's Birthday CE
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1819 E. Hillside Rd.
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expanse.
		Candidate/Officeholder/Political Committee
		213.11.000.1103.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
F	Date	Payee name
	01/15/2025	X Premium Subscription
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.56	1355 Marekt St
		Suite 900
		San Francisco, CA 94103
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Social Media
$\vdash$	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 Coi

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/47 Rpt: 55/57	McLaughlin Jr., Don E. (The Honorable) 00087820
4	Date	5 Payee name
	01/14/2025	Zepeda, Lupita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	217 Victoria St.
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Laredo Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>'</del>
	Date	Payee name
	02/15/2025	Zepeda, Lupita
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	217 Victoria St.
		Laredo, TX 78040
	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
		Laredo Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/15/2025	Zepeda, Lupita
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,560.46	217 Victoria St.
		Laredo, TX 78040
	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
		Reimbursement for travel to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<del></del>

### SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

Travel in District
Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/47 Rpt: 56/57	McLaughlin Jr., Don E. (The Honorable)	00087820
4	Date	5 Payee name	1
	03/15/2025	Zepeda, Lupita	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	217 Victoria St.	
		Laredo, TX 78040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	l outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Laredo Staff	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/61	''	
	Date	Payee name	
	04/15/2025	Zepeda, Lupita	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	217 Victoria St.	
		Laredo, TX 78040	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	I outside of Texas. Complete Schedule T.
		Laredo Staff	n, TX, officeholder living expense :
		Laredo Stan	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinice field
-	Date	Davies rema	
	05/12/2025	Payee name Zepeda, Lupita	
	Amount (\$)	Payee address; City; State; Zip Code 217 Victoria St.	
	\$1,000.00	217 Victoria St.	
		Laredo, TX 78040	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/Wages/Contract Labor	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Laredo Staff	<del>-</del> '
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - ıl Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expens Printing Expens	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	
	•			The Instruction Guid	le explains l	how to compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	E				3	Filer ID	(Ethics Commission Filers)
l	Sch: 47/47 Rpt: 57/57		McLaughlin	n Jr., Don E. (The I	Honorable	<del>;</del> )			00087820	
4	Date	5	Payee name	<u> </u>				•		
l	06/13/2025		Zepeda, Lu							
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code				
	\$1,000.00		217 Victoria							
l	+=,000.00									
l			Larada TV	70040						
<u> </u>		L	Laredo, TX			1				
8	PURPOSE OF	(a)		See Categories listed at the		edule) (b)	Description			
l	EXPENDITURE		Salaries/Wa	ages/Contract Lab	or				de of Texas. Com officeholder living	plete Schedule T.
l							Laredo Staff	1, 17,	, omcendaer nving	у схрепас
l										
9	Complete ONLY if direct	<u> </u>		iceholder name		 Office sought			Office he	
	expenditure to benefit C/OI	н `	Sandidate/On	icenoidei fiame		mice sought			Office In	siu
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l										
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