CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	•	ics Commission Filers)	2 Total pages filed:			OFFIC	CE USE ONLY
	00062108		88			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRON	NICALLY FILED
	OFFICEHOLDER NAME	The Honorable	Armando L.			07/29/2025	
	<u>-</u>	NICKNAME	LAST		SUFFIX		
			Walle		Jr.	Date Hand delive	ered or Date Postmarked
	ORIGINAL	January 15	Runoff	Other	(specify)	Date Hand-delive	sied of Date i Ostinarked
	REPORT TYPE	July 15	Exceeded modified	I reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• •		Date Processed	<u>. </u>
_	ODICINAL DEDICE		<u> </u>		Voor	_	
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day 06/30/2025	Year -	Date Imaged	
_	EVEL ANATION OF C			00/30/2025) 		
	EXPLANATION OF C	CORRECTION s check was entered incorr	actly. The contribution	in guestion was roo	aived on OSI2412	025	
_	AFFIDAV/IT						
,	AFFIDAVIT			rear, or affirm, under	penalty of perju	ry, that this corre	ected report is true
,	AFFIDAVIT		and	correct.			
7	AFFIDAVIT		and				
7	AFFIDAVIT		and Che	correct.	ny and all applic	able statements	:
_	AFFIDAVIT		and	correct. eck the box next to a Semiannual repo was made in good	ny and all applic rts: I swear, c I faith and withou	able statements or affirm that the ot an intent to mi	: original report slead or to
7	AFFIDAVIT		and Che	correct. eck the box next to a Semiannual repo	ny and all applic rts: I swear, c I faith and withou	able statements or affirm that the ot an intent to mi	: original report slead or to
7	AFFIDAVIT		and Che	correct. eck the box next to a Semiannual repo was made in good	ny and all applic rts: I swear, of I faith and without information conta	able statements or affirm that the it an intent to mi ined in the repo	: original report slead or to rt.
7	AFFIDAVIT		and Che	seck the box next to a Semiannual repo was made in good misrepresent the i Other reports: report not later tha	ny and all applic rts: I swear, of I faith and withou nformation conta I swear, or affirm an the 14th busin	able statements or affirm that the it an intent to mi- ined in the repo n, that I am filing ess day after the	original report slead or to ort. I this corrected e date I learned
•	AFFIDAVIT		and Che	seck the box next to a Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as	ny and all applic rts: I swear, of I faith and without information contains. I swear, or affirm an the 14th busind briginally filed is	able statements or affirm that the at an intent to minimed in the report, that I am filing ess day after the inaccurate or inc	original report slead or to ort. I this corrected e date I learned complete. I
•	AFFIDAVIT		and Che	seck the box next to a Semiannual repo was made in good misrepresent the i Other reports: report not later tha	ny and all applic Ints: I swear, or I faith and withou Information contain I swear, or affirm I swear, or affirm	able statements or affirm that the at an intent to minimed in the report, that I am filing ess day after the inaccurate or inc	original report slead or to ort. I this corrected e date I learned complete. I
7	AFFIDAVIT		and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as swear, or affirm, the	ny and all applic Ints: I swear, or I faith and withou Information contain I swear, or affirm I swear, or affirm	able statements or affirm that the at an intent to minimed in the report, that I am filing ess day after the inaccurate or inc	original report slead or to ort. I this corrected e date I learned complete. I
7	AFFIDAVIT		and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as swear, or affirm, the filed was made in	ny and all applic Ints: I swear, or I faith and withou Information contain I swear, or affirm I swear, or affirm	able statements or affirm that the it an intent to minimed in the repoin, that I am filing ess day after the inaccurate or incomission in the resolution.	original report slead or to ort. I this corrected e date I learned complete. I eport as originally
7	AFFIDAVIT		and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as swear, or affirm, the filed was made in	ny and all applice of the control of	able statements or affirm that the it an intent to minimed in the report, that I am filing ess day after the inaccurate or incomission in the readando L. Walle	original report slead or to ort. I this corrected e date I learned complete. I eport as originally Jr.
7		AMP / SEAL ABOVE	and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as swear, or affirm, the filed was made in	ny and all applic rts: I swear, of I faith and without nformation contain I swear, or affirm and the 14th busing originally filed is nat any error or of good faith.	able statements or affirm that the it an intent to minimed in the report, that I am filing ess day after the inaccurate or incomission in the readando L. Walle	original report slead or to ort. I this corrected e date I learned complete. I eport as originally Jr.
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as swear, or affirm, the filed was made in	ny and all applic orts: I swear, of a faith and without and orthogonation contains the 14th busines originally filed is not any error or or good faith. Honorable Armanture of Candidation, this	able statements or affirm that the it an intent to minimed in the report, that I am filing ess day after the inaccurate or incomission in the relation of the inaccurate of the inaccurate or incomission in the relation of the inaccurate or office or	original report slead or to ort. I this corrected e date I learned complete. I eport as originally Jr.
7	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as swear, or affirm, the filed was made in	ny and all applic orts: I swear, of a faith and without and orthogonation contains the 14th busines originally filed is not any error or or good faith. Honorable Armanture of Candidation, this	able statements or affirm that the it an intent to minimed in the report, that I am filing ess day after the inaccurate or incomission in the relation of the inaccurate of the inaccurate or incomission in the relation of the inaccurate or office or	original report slead or to ort. I this corrected e date I learned complete. I eport as originally Jr.
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as swear, or affirm, the filed was made in	ny and all applic orts: I swear, of a faith and without and orthogonation contains the 14th busines originally filed is not any error or or good faith. Honorable Armanture of Candidation, this	able statements or affirm that the it an intent to minimed in the report, that I am filing ess day after the inaccurate or incomission in the relation of the inaccurate of the inaccurate or incomission in the relation of the inaccurate or office or	original report slead or to ort. I this corrected e date I learned complete. I eport as originally Jr.
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as swear, or affirm, the filed was made in	ny and all applic orts: I swear, of a faith and without and orthogonation contains the 14th busines originally filed is not any error or or good faith. Honorable Armanture of Candidation, this	able statements or affirm that the it an intent to minimed in the report, that I am filing ess day after the inaccurate or incomission in the relation of the inaccurate of the inaccurate or incomission in the relation of the inaccurate or office or	original report slead or to ort. I this corrected e date I learned complete. I eport as originally Jr.

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 com	plete this form.	1 Filer ID (Ethics Commi 00062108		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Armando L.			Date Received	
10 001					ELECTRONIC A	ALLY EILED
					07/29/2025	CELLIEED
	NICKNAME	LAST		SUFFIX	0112912025	
		Walle		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	4826 Hollybrook Ln.				Receipt #	Amount
ADDRESS					1	
Change of Address	Houston, TX 77039				Date Processed	·
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Ms.	Rose M.				
	NICKNAME	LAST	••••••	SUFFIX		
		Avalos				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	2907 Travick Lane					
(Residence or Business)						
	Houston, TX 77073					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER	(281) 814-7941	JNE NOWBER E	EXTENSION			
PHONE	(201) 014-7941					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
		Oth day before	alastian \Box	Eveneded modified	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	cii C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	t D	rimary	Runoff	Other	
			eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Di	strict 140 Harris			tative District 140	
				1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 88

13 C / OH NAME	Walle Jr., Armando L	(The Honorable)	14 Filer ID 00062108	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been i	tical expenditures made by political comade without the candidate's or office his information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASU	RER NAME	
		COMMITTEE CAMPAIGN TREASU	RER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEI	ES OF LOANS)	\$ 16,260.14
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 3,189.79
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 56,899.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	\$ 229,969.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	-			•
			under penalty of perjury, that the acc and includes all information required t ection Code.	
			The Honorable Armando L. Wall	e Jr.
			Signature of Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and sea	ll of office.	
Signature of office	cer administering	Printed name of officer adminis	tering Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG	3 f 88
18 FILE	ER NAN le Jr.,	(Ethics Commission File	rs)		
20 SCH NAM	IEDULI IE OF :	SUBTOTAL AMOU	NT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,7	'60.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5	500.14
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 56,8	399.96
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/88		
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission Filer ID 00062108	ilers)
4	Date 06/24/2025	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$1	,000.00
_	Dein sin al a sau	Austin, TX 78701	lo Familiary (Octobrillation			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) O6/24/2025 Ancira Strategic Partners Contributor address; City; State; Zip Code				Amount of Contribution (\$)	6500.00
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions					
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Axis Strategic Partners, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2	,00.000,	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Gonzalez, Ricardo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occupation / Job title (See Instructions) Registered Nurse El Paso, TX 78812 Employer (See Instructions) Registered Nurse			5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Greyhawk Public Affairs, LLC Contributor address; City; State; Zip Code Austin, TX 78749				Amount of Contribution (\$)	6250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			1			

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A1	
	The Instruc	etion Guide explains how to complete	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/88	
2	FILER NAME Walle Jr., Arı	nando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108
4	Date 06/24/2025	5 Full name of contributor 💢 out-of-state PAC (ID#: C00284885		7 Amount of Contribution (\$) \$1,000.00
_	Deignigal	Washington, DC 20004	O Franks on (Con Instruction)	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Moak Casey PAC Contributor address; City; State; Zip Code		PAC (ID#:)	Amount of Contribution (\$) \$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))
		,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Philips Uresti Meachum Partners Contributor address; City; State; Zip Code		PAC (ID#:)	Amount of Contribution (\$) \$500.00
		Austin, TX 78711		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
	Date Full name of contributor out-of-state PAC (ID#:) TREPAC Contributor address; City; State; Zip Code Austin, TX 78768		,	Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
			<u>'</u>	

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: 7/88 3 Filer ID (Ethics Commission Filers) FILER NAME Walle Jr., Armando L. (The Honorable) 00062108 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 **Deborah Ingersoll Legislative Solutions** \$275.00 | Event Coordination Fee 7 Contributor address; City; State; Zip Code Austin, TX 78763 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/24/2025 Moak Casey \$225.14 Refreshments and space Contributor address; City; State; Zip Code rental for fundraiser Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/80 Rpt: 8/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/12/2025	A-List Embroidery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	720 US-183
		#220
		Austin, TX 78741
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		End of session gifts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	05/29/2025	A-List Embroidery
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	
	\$209.93	720 US-183
		#220
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		End of session gifts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/11/2025	A-List Embroidery
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	720 US-183
		#220
		Austin, TX 78741
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		End of session gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 -	Total pages Cabadula Edi	<u> </u>	_
	Fotal pages Schedule F1: Sch: 2/80 Rpt: 9/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108	
4 D	Date	5 Payee name	
С	04/01/2025	Air Alliance Houston	
6 ₽	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$516.45	2520 Caroline St	
		#100	
		Houston, TX 77004	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee	
		Donation to local nonprofit	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
С	Date	Payee name	
C)1/31/2025	Airbnb	
Α	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,554.33	888 Brannan Street	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	HOUSING Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Housing in Austin during Session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Г	Date	Payee name	=
	02/28/2025	Airbnb	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,828.01	888 Brannan Street	
	Φ2,020.U1	000 Diamai Steet	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Ī
	OF EXPENDITURE	HOUSING Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense Housing in Austin during Session	
		Housing in Austin during Session	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/80 Rpt: 10/88	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	_
	03/31/2025	Airbnb	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,573.05	888 Brannan Street	
	, ,		
		San Francisco, CA 94103	
_	DUDDOCE		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) HOLISING (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	HOUSING Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Housing in Austin during Session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	04/30/2025	Airbnb	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,144.21	888 Brannan Street	
	ΨΖ,121	ood Brainian Galect	
		San Francisco, CA 94103	
	DUDDOOF	To.	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) HOLISING (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	HOUSING Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Housing in Austin during Session	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	03/25/2025	Aldine Future Farmers of America	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	11101 Airline Drive	
		Houston, TX 77037	
	PURPOSE	To.	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Sponsorship for Houston Livestock Show and Rode	90
	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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/80 Rpt: 11/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	01/07/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.89	410 Terry Ave
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/07/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.67	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Стос варрное
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/07/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$137.76	410 Terry Ave
		, and the second
		Seattle, WA 98109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T.
l	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/80 Rpt: 12/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	01/07/2025	Amazon
6		
١	Amount (\$) \$184.01	7 Payee address; City; State; Zip Code 410 Terry Ave
	φ104.01	410 Telly Ave
		0
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/14/2025	Amazon
	Amount (\$) \$17.19	
	Φ17.19	410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/26/2025	Amazon
	Amount (\$)	
	\$91.68	Payee address; City; State; Zip Code 410 Terry Ave
	Ψ91.00	410 Telly Ave
		0
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

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		mmittee Legal Services	Salaries/W		or of District (Contract Labor OTHER (enter a category not listed above)
		_	The Instruction Guide explain	ns how to con	nple	ete this form.
1	Total pages Schedule F1:	2				3 Filer ID (Ethics Commission Filers)
	Sch: 6/80 Rpt: 13/88		Walle Jr., Armando L. (The Honorab	le) 		00062108
4	Date	5	Payee name			
	06/05/2025		Amazon			
6	Amount (\$)	7	Payee address; City; Sta	ite; Zip Coo	de	
	\$51.08		410 Terry Ave			
			Seattle, WA 98109			
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description
	OF EXPENDITURE		SUPPLIES			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Office supplies
						Cinice Supplies
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office soug	thr	Office held
•	expenditure to benefit C/OI		Januardo Omoonoldor Harife	Cinoc sout	9.16	Chief Heid
_	Date	Π	Payee name			
	04/26/2025		Amy Hinojosa Campaign			
		_		ite; Zip Coo	40	
	Amount (\$) \$500.00		Payee address; City; Sta 4808 Fairmont Pkwy	ile, Zip Col	ue	
	φ300.00		4000 Faiimont Fkwy			
			Decedera TV 77F0F			
		_	Pasadena, TX 77505			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Com	nmittee		Check if Austin, TX, officeholder living expense
						Campaign donation
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/OI	H				
	Date		Payee name			
	05/09/2025		Arnold, Elaine			
	Amount (\$)		Payee address; City; Sta	ite; Zip Cod	de	
	\$450.00		7809 Valburn Dr			
			Austin, TX 78731			
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description
	OF EXPENDITURE	` `	Gift/Awards/Memorials Expense	oonoudio,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		·			Check if Austin, TX, officeholder living expense
						Sine Die T-Shirts
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office soug	ght	Office held
		•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Caladula 51:	
1	Total pages Schedule F1: Sch: 7/80 Rpt: 14/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date	5 Payee name
	05/01/2025	Blomgren, Jacqueline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,360.25	2018 W Rundberg Lane
		Apt. 10D
		Austin, TX 78747
8	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
		Staff salary
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	Blomgren, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,360.25	2018 W Rundberg Lane
		Apt. 10D
		Austin, TX 78747
	DUDDOCE	
	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
		Staff salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Blomgren, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2018 W Rundberg Lane
	•	Apt. 10D
		Austin, TX 78747
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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		ervices Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)			
			The Instruction Guide expl	ains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 8/80 Rpt: 15/88		Walle Jr., Armando L. (The Honora	able)				00062108		
4	Date	5	Payee name							
	01/31/2025		Blomgren, Jacqueline							
6	Amount (\$)	7	<u> </u>	State; Zip Co	nde					
٠	\$1,360.25	ľ	2018 W Rundberg Lane	naic, zip cc	Juc					
	Ψ1,300.23		•							
			Apt. 10D							
			Austin, TX 78747		_					
8	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Com		
	2/11 2/13/13/12					ш	, TX,	officeholder living	expense	
						Staff salary				
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ıght			Office he	eld	
	experiulture to benefit C/O									
	Date		Payee name							
	02/28/2025		Blomgren, Jacqueline							
	Amount (\$)	\vdash	Payee address; City; S	State; Zip Co	ode					
	\$1,360.25		2018 W Rundberg Lane							
	, ,		Apt. 10D							
			•							
		ļ.,	Austin, TX 78747							
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Com officeholder living		
						Staff salary	, 1/,	onicendider living	ехрепзе	
						Starr Sarary				
	Complete ONLY if direct	<u>_</u>	Candidate/Officeholder name	Office sou	ıaht			Office he	old.	
	expenditure to benefit C/O		andidate/Officeriolder flame	Office 300	ignt			Office fie	au	
		_								
	Date		Payee name							
	04/01/2025		Blomgren, Jacqueline							
	Amount (\$)		Payee address; City; S	State; Zip Co	ode					
	\$1,360.25		2018 W Rundberg Lane							
			Apt. 10D							
			Austin, TX 78747							
	PURPOSE	(2)			(h)	Description				
	OF	(۵)	Category (See Categories listed at the top of the Salaries/Wages/Contract Labor	iis schedule)	(5)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living	•	
						Staff salary				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O				J					

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 9/80 Rpt: 16/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date 01/24/2025	5 Payee name Canva
6	Amount (\$) \$24.00	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Ste 1300 Austin, TX 78702
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOFTWARE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/24/2025	Payee name Canva
	Amount (\$) \$24.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Ste 1300 Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOFTWARE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/24/2025	Payee name Canva
	Amount (\$) \$24.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Ste 1300 Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOFTWARE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/80 Rpt: 17/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/24/2025	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.00	3212 E. Cesar Chavez Street
		Ste 1300
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SOFTWARE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphic design software
		Crapine design software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/24/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	3212 E. Cesar Chavez Street
		Ste 1300
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SOFTWARE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphic design software
		Crapine design software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/10/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.99	3212 E. Cesar Chavez Street
		Ste 1300
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SOFTWARE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphic design software
		Graphic design software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 11/80 Rpt: 18/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108				
_	·					
4	Date	5 Payee name				
	06/24/2025	Canva				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$24.00	3212 E. Cesar Chavez Street				
		Ste 1300				
		Austin, TX 78702				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	SOFTWARE Check if travel outside of Texas. Complete Schedule T.				
		Craphia degian and thurs				
		Graphic design software				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experialitate to benefit 6/01	'				
	Date	Payee name				
	06/16/2025	Caroline Restaurant				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$262.65	621 Congress Ave				
		Ste 101				
		Austin, TX 78701				
		I				
	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				
		Lunch for constituents visiting state Capitol				
		Editor for constituents visiting state expitor				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	04/23/2025	Crystal Davila Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	2210 Fenwood Dr				
		Padadena, TX 77502				
	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.				
	EXPENDITORE	Candidate/Officeholder/Political Committee				
		Campaign donation				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_						
1	Total pages Schedule F1: Sch: 12/80 Rpt: 19/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108				
4	Date	5 Payee name				
	04/09/2025	Denver Harbor Clean Up				
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1123 Zoe St Houston, TX 77020				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Donation to local nonprofit				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/24/2025	East Aldine Baker Ripley				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	3000 Aldine Mail Route Road				
		Houston, TX 77039				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Donation to local nonprofit				
		Bondion to local nonpront				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/13/2025	East Aldine Management District				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00	2909 East Aldine Amphitheatre Dr.				
		Ste 200				
		Houston, TX 77039				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	EXI ENDITORE	Candidate/Officeholder/Political Committee				
		Donation for local holiday event				
	Complete ONU V if allow	Candidate/Officeholder page				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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

Contributions/ Donations Made Candidate/Officeholder/Pol Credit Card Payment	tical 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 F					
Sch: 13/80 Rpt: 20/8	· · · · · · · · · · · · · · · · · · ·				
4 Date	5 Payee name				
04/23/2025	Emannuel Guerrero Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.0	622 Regional Park Dr				
	Houston, TX 77060				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	Campaign donation				
9 Complete <u>ONLY</u> if direct expenditure to benefit C.					
experientare to benefit of					
Date	Payee name				
06/06/2025	Fairmont Hotel				
Amount (\$)	Payee address; City; State; Zip Code				
\$332.2	3 1717 N Akard St				
	Dallas, TX 75201				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Travel to Dallas for park dedication event				
Complete ONLY if direct expenditure to benefit C					
experience to benefit of	···				
Date	Payee name				
06/05/2025	Fairmont Hotel				
Amount (\$)	Payee address; City; State; Zip Code				
\$240.8	9 1717 N Akard St				
	Dallas, TX 75201				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
2/4 2/10/10/1C	Check if Austin, TX, officeholder living expense				
	Travel to Dallas for park dedication event				
Complete CNUV if it	Condidate/Officeholder norse				
Complete ONLY if direct expenditure to benefit C					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/80 Rpt: 21/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date 01/25/2025	5 Payee name H-E-B
6	Amount (\$) \$126.62	7 Payee address; City; State; Zip Code 646 S. Flores St.
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78204 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/04/2025	Payee name H-E-B
	Amount (\$) \$11.60	Payee address; City; State; Zip Code 646 S. Flores St. San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/10/2025	Payee name H-E-B
	Amount (\$) \$62.43	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 15/80 Rpt: 22/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
L	02/23/2025	H-E-B
6	Amount (\$) \$106.14	7 Payee address; City; State; Zip Code 646 S. Flores St.
l		San Antonio, TX 78204
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	H-E-B
	Amount (\$) \$38.39	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/09/2025	Payee name H-E-B
	Amount (\$) \$96.94	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•		ages	s/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
		_	The Instruction Guide explains	S HOW TO COL	ubie			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 16/80 Rpt: 23/88	╙	Walle Jr., Armando L. (The Honorable	e)			00062108	
4	Date	5	Payee name					
	05/28/2025		H-E-B					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$153.58		646 S. Flores St.					
			San Antonio, TX 78204					
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense				side of Texas. Comp	
						\Box	K, officeholder living	expense
						Groceries for of	TICE	
L								
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght		Office he	ld
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	01/17/2025		Harris County Democratic Party					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$517.75		3302 Canal St					
			Houston, TX 77003					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Event Expense			=	side of Texas. Comp	
	-					—	(, officeholder living	expense
						Ticket to campa	agn event	
L					_			
	Complete ONLY if direct expenditure to benefit C/OI		candidate/Officeholder name	Office sou	ght		Office he	ld
		_						
	Date	ı	Payee name					
	04/04/2025	_	Harris County Democratic Party					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$50.00		3302 Canal St					
			Houston, TX 77003					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Event Expense			ш	side of Texas. Comp	
	LAFEINDITURE					ш	K, officeholder living	expense
						Ticket to campa	aign event	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght		Office he	ld
	expenditure to benefit C/OI	Н						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 17/80 Rpt: 24/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	01/02/2025	Hill Country Springs, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.32	10019 S I-35 Frontage Rd
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for office
_	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
	02/03/2025	Hill Country Springs, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.07	10019 S I-35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for office
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Hill Country Springs, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.56	10019 S I-35 Frontage Rd
		Austin, TX 78747
	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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Water for office
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense
pense 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: 18/80 Rpt: 25/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/01/2025	Hill Country Springs, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.57	10019 S I-35 Frontage Rd
		Austin, TX 78747
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 Water for office
		vvater for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/01/2025	Hill Country Springs, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.56	10019 S I-35 Frontage Rd
	Ψ119.50	10019 3 F33 Floritage Nu
		Auctin TV 70747
	DUDD005	Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/02/2025	Hill Country Springs, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.56	10019 S I-35 Frontage Rd
		Austin, TX 78747
	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 Water for office
		vvator for office
_	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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┝	T. 1	
1	Total pages Schedule F1: Sch: 19/80 Rpt: 26/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date	5 Payee name
	04/23/2025	Johnny Fusilier Campaign
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4416 Young Street Pasadena, TX 77504
8	PURPOSE	(a) Cotogony (b) Description
١	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2025	Jonathan Estrada Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1608 Marlock Lane
		Pasadena, TX 77502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	Juliet Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.51	1500 Barton Springs Rd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Dinner meeting
	Operation ON 17 17 17	Open Highest (Office health a group of the seconds)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/80 Rpt: 27/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/24/2025	MacArthur High School Baseball Team
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4400 Aldine Mail Route
		Houston, TX 77039
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORE	Candidate/Officeholder/Political Committee
		Grand Slam Sponsorship for local baseball team
_	Commiste ONLY if dispet	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	
	Date	Payee name
	04/24/2025	MacArthur High School Baseball Team
	Amount (\$)	Payee address; City; State; Zip Code
	\$236.26	4400 Aldine Mail Route
		Houston, TX 77039
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Local high school booster club donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	01/25/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) SOFTWARE (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email distribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1 T	otal pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission Filers)
5	Sch: 21/80 Rpt: 28/88	Walle Jr., Armando L. (The Honorable)			(00062108	
4 [Date	5 Payee name		•			
C	2/25/2025	Mailchimp					
6 /	mount (\$)	7 Payee address; City; State; Zip Co	de				
	\$98.07	405 N Angier Ave. NE					
		Atlanta, GA 30308					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	SOFTWARE		Check if travel outs			
				Check if Austin, T> Email distribution			expense
				Linaii distributio	011	Johnware	
9 (Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	5ld
	expenditure to benefit C/OI		giit			Office fic	Jiu
	Date	Dayes name					
)3/25/2025	Payee name Mailchimp					
	Amount (\$)	Payee address; City; State; Zip Co	do				
-	\$98.07	405 N Angier Ave. NE	ue				
	φ90.07	403 N Aligiei Ave. NL					
		Atlanta, GA 30308					
	DUDDOOF	·	(1-)				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outs	sid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	SOFTWARE		Check if Austin, T>			
				Email distribution	on	software	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld
е	expenditure to benefit C/OI	1					
	Date	Payee name					
C)4/25/2025	Mailchimp					
P	mount (\$)	Payee address; City; State; Zip Co	de				
	\$98.07	405 N Angier Ave. NE					
		Atlanta, GA 30308					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	SOFTWARE		Check if travel outs			
				Check if Austin, T			expense
				Email distribution	OH	Sollware	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	ald
	expenditure to benefit C/OI		yııı			Office He	สน

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

Travel in District
Travel Out of District
OTHER (enter a category)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	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: 22/80 Rpt: 29/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/25/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.07	405 N Angier Ave. NE
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SOFTWARE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/25/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SOFTWARE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/09/2025	Mexican American Bar Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	6100 Center Dr
		#1130
		Los Angeles, CA 90045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation to foundation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage 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: 23/80 Rpt: 30/88 Walle Jr., Armando L. (The Honorable) 00062108 4 Date Payee name 05/09/2025 NCSL 6 Amount (\$) Payee address; City; State; Zip Code \$755.00 444 North Capitol Street, NW Ste 515 Washington, DC 20001 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Conference registration for staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2025 North Houston American LLC Amount (\$) Payee address; City; State; Zip Code \$500.00 1454 Cromwell Houston, TX 77093 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship for local little league team Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2025 Northwest Baseball Little League Amount (\$) Payee address: City: State; Zip Code \$500.00 2500 Frick Rd Houston, TX 77038 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship for local little league team Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 24/80 Rpt: 31/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/24/2025	Park Wood Little League
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	15401 Greendale
		Houston, TX 77032
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/05/2025	Print Worley LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$475.63	8222 N Lamar Blvd.
	\$110.00	Ste E44
		Austin, TX 78753
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing cost for graduation certificates
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/15/2025	QuickBooks Payments
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.40	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting software subscription
		Accounting Software Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Gitt/Awards/Memorials Expense Printing E Lenal Services Salaries/N

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: 25/80 Rpt: 32/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/15/2025	QuickBooks Payments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.40	2700 Coast Avenue
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting software subscription
		/ toosaniang sentitation sales i paon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	⊣
	Date	Payee name
	03/15/2025	QuickBooks Payments
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.40	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAI LIADITORE	Check if Austin, TX, officeholder living expense
		Accounting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/15/2025	QuickBooks Payments
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.40	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Accounting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 26/80 Rpt: 33/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/15/2025	QuickBooks Payments
6	Amount (\$) \$103.40	7 Payee address; City; State; Zip Code 2700 Coast Avenue Mountain View, CA 94043
8	PURPOSE	
o	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/15/2025	QuickBooks Payments
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.40	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting software subscription
		, todounting contrare cases ipacin
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2025	QuickBooks Payroll
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,058.73	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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	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: 27/80 Rpt: 34/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/30/2025	QuickBooks Payroll
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$974.01	2700 Coast Avenue
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/31/2025	QuickBooks Payroll
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,162.67	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll taxes
		T dyron dayo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Douge name
	02/28/2025	Payee name QuickBooks Payroll
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,157.87	2700 Coast Avenue
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/80 Rpt: 35/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/01/2025	QuickBooks Payroll
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$980.01	2700 Coast Avenue
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Payroll taxes
Ļ	Computate ONLY if dispost	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	01/31/2025	Santucci, Cara
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,174.04	1412 Waldorf Ave
		#1
		Austin, TX 78721
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Staff salary
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davisa nama
	02/28/2025	Payee name Santucci, Cara
L		
	Amount (\$)	Payee address; City; State; Zip Code 1412 Waldorf Ave
	\$2,174.04	
		#1
		Austin, TX 78721
	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
		Staff salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
L		

SCHEDULE F1

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

	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: 29/80 Rpt: 36/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/01/2025	Santucci, Cara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,174.04	1412 Waldorf Ave
		#1
		Austin, TX 78721
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 salary
		Stan salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/01/2025	Santucci, Cara
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,174.04	1412 Waldorf Ave
		#1
		Austin, TX 78721
H	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
		Staff salary
L	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
⊨	Date	Payee name
	05/30/2025	Santucci, Cara
	Amount (\$) \$2,174.04	Payee address; City; State; Zip Code 1412 Waldorf Ave
	Φ2,174.04	
		Austin, TX 78721
	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
		Staff Salary
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 30/80 Rpt: 37/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date 03/12/2025	5 Payee name Shoal Creek Saloon
6	Amount (\$) \$309.03	7 Payee address; City; State; Zip Code 909 N Lamar Blvd Austin, TX 78703
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/27/2025	Payee name SquareSpace
	Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEBSITE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website hosting fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/27/2025	Payee name SquareSpace
	Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEBSITE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website hosting fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/80 Rpt: 38/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
L	03/27/2025	SquareSpace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	WEBSITE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website hosting fee
		Website Hosting lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	04/27/2025	SquareSpace
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	WEBSITE Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website hosting fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/27/2025	SquareSpace
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	WEBSITE Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Website hosting fee
\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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/80 Rpt: 39/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	06/27/2025	SquareSpace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	WEBSITE Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Website hosting fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	Texas Criminal Justice Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2601 N. Stanton
		Ste A
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Caucus Dues
		Caucus Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/16/2025	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$715.00	P.O. Box 15707
		Austin, TX 78761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	WEBSITE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription to Voter Activation Network software
		Subscription to voter Activation Network Software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	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: 33/80 Rpt: 40/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/05/2025	Texas LGBTQ Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$421.37	P.O. Box 2960
		Austin, TX 78769
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Caucus dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/12/2025	Texas Tribune
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	919 Congress Ave
		Sixth Floor
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SUBSCRIPTION Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense News subscription
		. selle susseilpasi.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	02/12/2025	Texas Tribune
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	919 Congress Ave
		Sixth Floor
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	SUBSCRIPTION Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		News subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed al	oove)
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 34/80 Rpt: 41/88	Walle	Jr., Armando L. (The Ho	onorable)				00062108		
4	Date	5 Payee	name							
	03/12/2025	Texas	Tribune							
6	Amount (\$)	7 Payee	address; City;	State; Zip C	ode					
l	\$40.00	919 C	ongress Ave							
l		Sixth F	Floor							
		Austin	, TX 78701							
8	PURPOSE	(a) Catego	ry (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		CRIPTION			=		ide of Texas. Com		
						—		, officeholder living	g expense	
						News subscri	ıpu	UII		
9	Complete ONLY if direct	Candida	te/Officeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee	name							
	04/12/2025	Texas	Tribune							
	Amount (\$)	Payee	address; City;	State; Zip C	ode					
	\$40.00	919 C	ongress Ave							
		Sixth F	-loor							
		Austin	, TX 78701							
	PURPOSE	(a) Catego	ry (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	SUBS	CRIPTION			=		ide of Texas. Com		
						News subscri		, officeholder living	g expense	
						News Subsen	ipu	OH		
┢	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	Office so	ught			Office he	eld	
┕	•	T								
l	Date	Payee								
	05/12/2025	Texas	Tribune							
	Amount (\$)	l ´	address; City;	State; Zip C	ode					
	\$40.00	919 C	ongress Ave							
l		Sixth F	Floor							
		Austin	, TX 78701							
	PURPOSE OF		ry (See Categories listed at the t	op of this schedule)	(b)	Description				
l	EXPENDITURE	SUBS	CRIPTION					ide of Texas. Com	•	
						News subscri		, officeholder living	j expense	
						. 10110 0000011	.թս	~		
\vdash	Complete ONLY if direct		te/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
Г										
_										2 (1 2 12 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 35/80 Rpt: 42/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date 06/12/2025	5 Payee name Texas Tribune
8	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 919 Congress Ave Sixth Floor Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SUBSCRIPTION Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense News subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/24/2025	Payee name Texas Women's Health Caucus
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Caucus dues
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 01/12/2025	Payee name Uber
	Amount (\$) \$9.52	Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 36/80 Rpt: 43/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
L	01/12/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.98	1725 3rd Street
		San Francisco, CA 94158
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
		Transportation during session
_	Complete ONLY if direct	Condidate/Officeholder name Office country
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	·	
	Date	Payee name
	01/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	1725 3rd Street
		San Francisco, CA 94158
	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 Transportation during session
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	01/13/2025	Uber
\vdash		
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.02	1725 3rd Street
		San Francisco, CA 94158
	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 Transportation during session
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 37/80 Rpt: 44/88	Walle Jr., Armando L. (The Honorable)		00062108
4	Date	5 Payee name		·
	01/14/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$17.27	1725 3rd Street		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Transportation Equipment And Related	l` ´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Transportation during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	01/14/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	_
	\$28.29	1725 3rd Street		
		San Francisco, CA 94158		
	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.
	EXI ENDITORE	Expense		Check if Austin, TX, officeholder living expense
				Transportation during session
	Operation ONLY if allowed	Our Hidata (Office hadden a see		Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnt	Office held
	·			
	Date	Payee name		
	01/14/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$34.55	1725 3rd Street		
		San Francisco, CA 94158		
	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
				Transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	CAPETIGITATE TO DELIETT C/OI			
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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: 38/80 Rpt: 45/88	Walle Jr., Armando L. (The Honorable) 00062108				
4	Date	5 Payee name				
	01/15/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.00	1725 3rd Street				
		San Francisco, CA 94158				
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 Transportation during session				
		Transportation during session				
_	Operation Children	On didn't 10 ff a halden name				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/15/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.48	1725 3rd Street				
		San Francisco, CA 94158				
	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				
		Transportation during session				
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
L	01/23/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.00	1725 3rd Street				
		San Francisco, CA 94158				
	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				
		Transportation during session				
	0 1 0 0 0 0 0 0					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	experience to perionic exert					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)		
	Sch: 39/80 Rpt: 46/88	Walle Jr., Armando L. (The Honorable) 00062108			
4	Date	5 Payee name			
	01/23/2025	Uber			
6	Amount (\$) \$12.52	7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158			
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 Transportation during session			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	01/23/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.81	1725 3rd Street			
		San Francisco, CA 94158			
	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. Check if Austin, TX, officeholder living expense			
		Expense			
		Transportation during decelor			
	Complete ONLY if direct expenditure to benefit C/Oh	I Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	01/23/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.83	1725 3rd Street			
	‡ <u> </u>				
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related			
	EXI ENDITORE	Expense			
		Transportation during session			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	o			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 40/80 Rpt: 47/88	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	
	01/23/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.48	1725 3rd Street	
		San Francisco, CA 94158	
8	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	
		Transportation during session	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- CAPCHARLATO TO SOTION COO		
	Date	Payee name	
	01/28/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.00	1725 3rd Street	
		San Francisco, CA 94158	
	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 Transportation during session	
		Transportation during session	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Davis name	
	01/29/2025	Payee name Uber	
	Amount (\$) \$7.75	Payee address; City; State; Zip Code 1725 3rd Street	
	φ1.13	1/25 Std Street	
		Con Francisco CA 044F0	
		San Francisco, CA 94158	
	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	
		Transportation during session	
	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)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	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: 41/80 Rpt: 48/88	Walle Jr., Armando L. (The Honorable) 00062108			
4	Date	5 Payee name			
	01/29/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$16.23	1725 3rd Street			
		San Francisco, CA 94158			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Expense			
		Transportation during coccion			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	Date	Payee name			
	01/31/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.00	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related			
		Expense Check if Austin, TX, officeholder living expense			
		Transportation during session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/13/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.98	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related			
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense			
		Transportation during session			
	Operation ONE V. C. P.	Our file to 10 ff as halden many			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experiunare to benefit Groff				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 42/80 Rpt: 49/88	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	_
l	02/17/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$3.00	1725 3rd Street	
l			
l		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense	
l		Transportation during session	
Ļ	Commists ONII V if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/Ol		
⊨			_
l	Date	Payee name	
L	02/18/2025	Uber	_
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$17.99	1725 3rd Street	
l			
L		San Francisco, CA 94158	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Transportation during session	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/O	1	
Г	Date	Payee name	_
l	02/20/2025	Uber	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$15.62	1725 3rd Street	
l			
l		San Francisco, CA 94158	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
l		Transportation during session	
\vdash	Complete ONE V if dies -t	Condidate/Officeholder name Office cought	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	•		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	category not listed abov	/e)
				The Instruction G	uide explains r	now to co	mpie	ete tnis form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 43/80 Rpt: 50/88	\	Walle Jr., Ar	mando L. (The	Honorable)					00062108		
4	Date	5 F	Payee name									
	02/20/2025	(Uber									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$14.07] :	1725 3rd Str	eet								
		(San Francis	co, CA 94158								
8	PURPOSE	(a) (Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			on Equipment					outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					_		officeholder living		
								Transportatio	n d	uring session	on	
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	experiditure to beliefit C/OI											
	Date	F	Payee name									
	02/20/2025	(Uber									
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de					
	\$15.52	:	1725 3rd Str	eet								
		,	San Francis	co, CA 94158								
	PURPOSE OF	(a) (Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE			on Equipment	And Related			=		de of Texas. Com officeholder living	plete Schedule T.	
		'	Expense					Transportatio				
								Transportatio		army cocon		
	Complete ONLY if direct	L C	andidate/Offic	eholder name	C	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI						3					
	Date	-	Payee name									
	02/25/2025	l	Uber									
	Amount (\$)	_	Payee addres	s; City;	Stato:	Zip Co	de					
	\$10.34	l	1725 3rd Str	-	State,	Zip Co	ue					
	Ψ10.54	-	1723 314 311	CCI								
		١,	Can Francis	00 CA 0/1E0								
	DUDDOCE			co, CA 94158		 i	(I-)	.				
	PURPOSE OF			e Categories listed at			(D)	Description	outei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE		Transportation Expense	on Equipment	And Related					officeholder living		
		'						Transportatio				
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
I												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card F dyment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/80 Rpt: 51/88	Walle Jr., Armando L. (The Honorable)	00062108
4	Date	5 Payee name	
	02/25/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.00	1725 3rd Street	
		San Francisco, CA 94158	
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.
	LAI LINDITORE	Expense	Check if Austin, TX, officeholder living expense
			Transportation during session
_	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI		Office held
_			
	Date	Payee name	
	02/26/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.00	1725 3rd Street	
		San Francisco, CA 94158	
	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. Check if Austin, TX, officeholder living expense
		Expense	Transportation during session
			Transportation dailing decere.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	02/26/2025	Uber	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.06	1725 3rd Street	
	7200	2723 3.4 3.633	
		San Francisco, CA 94158	
	PURPOSE	1	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Transportation during session
	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 Comm

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

Candidate/Officeholder/Political Committee Legal Services Sa Credit Card Payment The Instruction Guide explains how	laries/Wages/Contract Labor OTHER (enter a category not listed above) to complete this form.
1 Total pages Schedule F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 45/80 Rpt: 52/88 Walle Jr., Armando L. (The Honorable)	00062108
4 Date 5 Payee name	
02/26/2025 Uber	
6 Amount (\$) 7 Payee address; City; State; Zi	p Code
\$12.94 1725 3rd Street	
San Francisco, CA 94158	
8 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.
Expense	Check if Austin, TX, officeholder living expense Transportation during session
	Transportation during Session
O Complete ONLY if direct Constitutes (Office health and the Constitute of the Const	o cought Office held
9 Complete ONLY if direct Candidate/Officeholder name Offic expenditure to benefit C/OH	e sought Office held
Date Payee name	
02/27/2025 Uber	
Amount (\$) Payee address; City; State; Zi	p Code
\$16.54 1725 3rd Street	
San Francisco, CA 94158	
PURPOSE (a) Category (See Categories listed at the top of this schedule OF	
EXPENDITURE Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Expense	Transportation during session
	Transportation during session
Complete ONLY if direct Candidate/Officeholder name Offic	e sought Office held
expenditure to benefit C/OH	e sought Since Held
2.	
Date Payee name	
02/27/2025 Uber	
Amount (\$) Payee address; City; State; Zi	p Code
\$13.53 1725 3rd Street	
San Francisco, CA 94158	
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
	Transportation during session
Occupation CANANA CONTRACTOR CONT	0" - 1 11
Complete ONLY if direct Candidate/Officeholder name Offic expenditure to benefit C/OH	e sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 46/80 Rpt: 53/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date 02/27/2025	5 Payee name Uber
6	Amount (\$) \$13.52	7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158
8	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/28/2025	Payee name Uber
	Amount (\$) \$14.91	Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/28/2025	Payee name Uber
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 47/80 Rpt: 54/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/28/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.89	1725 3rd Street
		San Francisco, CA 94158
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 Transportation during session
		Transportation during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davisa nama
	03/03/2025	Payee name Uber
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd Street
		San Francisco, CA 94158
	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. Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Transportation during session
		g oossion
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	03/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.52	1725 3rd Street
	Ψ10.32	
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 48/80 Rpt: 55/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/03/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.52	1725 3rd Street
		San Francisco, CA 94158
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
		Expense Check if Austin, TX, officeholder living expense Transportation during session
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1725 3rd Street
		San Francisco, CA 94158
	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 Transportation during session
		That operation during essenting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.48	1725 3rd Street
		San Francisco, CA 94158
	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 Transportation during session
		Transportation during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
I		

SCHEDULE F1

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials 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
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S		•		Salari	-	s/Contract Labor			HER (enter a		gory not listed above)	
		_		The In	struction G	uide expl	ains h	ow to	comple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME	Ξ							3	File	er ID	(Et	hics Commission F	ilers)
	Sch: 49/80 Rpt: 56/88		Walle Jr., A		do L. (The	Honora	able)					000	062108			
4	Date	5	Payee name													
	03/04/2025		Uber													
6	Amount (\$)	7	Payee addre	ss;	City;	S	State;	Zip	Code							
	\$1.00		1725 3rd St	treet												
			San Francis	sco, C	A 94158											
8	PURPOSE	(a)	Category (Se	ee Categ	gories listed at t	he top of th	is sched	dule)	(b)	Description						
	OF EXPENDITURE		Transportat							Check if trave						
	LXI LINDITORE		Expense							Check if Aust					ense	
										Transportati	ion (aurir	ig sessi	on		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	icehold	ler name		Of	fice	sought				Office h	eld		
	experialture to benefit C/Or	П														
	Date		Payee name													
	03/04/2025		Uber													
	Amount (\$)	H	Payee addre	SS;	City;		State;	Zip	Code							
	\$13.28		1725 3rd St		•											
	,															
			Can Francis	0	· A O 41 F O											
		L	San Francis	sco, C	A 94158											
	PURPOSE OF	(a)	Category (S					dule)	(b)	Description						
	EXPENDITURE		Transportat	tion Ed	quipment A	And Rel	ated			Check if trave						
			Expense							Check if Aust					ense	
										Transportati	1011	uum	iy sessi	UII		
									<u> </u>							
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	icehold	ier name		Of	tice s	sought				Office h	eld		
L		_														
	Date		Payee name													
	03/04/2025		Uber													
	Amount (\$)	Г	Payee addre	ss;	City;	S	State;	Zip	Code							
	\$17.31		1725 3rd St	treet												
			San Francis	sco. C	A 94158											
	PURPOSE	(2)							(h)	Description						
	OF	رم,	Category (S					dule)	(0)	Description Check if trave	el oute	side of	Texas Cor	nnlete	Schedule T	
	EXPENDITURE		Transportat Expense	נוטוו בנ	quipinent /	niu Kei	aieu			Check if Aust						
										Transportati						
	Complete ONLY if direct	_	Candidate/Offi	icehold	der name		Of	fice	ought				Office h	eld		

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 50/80 Rpt: 57/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.73	1725 3rd Street
		San Francisco, CA 94158
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
		Transportation during session
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	'
	Date	Payee name
	03/05/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.81	1725 3rd Street
	710.01	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 51/80 Rpt: 58/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108	
4	Date 03/06/2025	5 Payee name Uber	
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 03/06/2025	Payee name Uber	
	Amount (\$) \$17.90	Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/06/2025	Payee name Uber	
	Amount (\$) \$14.11	Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 52/80 Rpt: 59/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date 03/07/2025	5 Payee name Uber
6	Amount (\$) \$19.91	7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158
8	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/07/2025	Payee name Uber
	Amount (\$) \$12.51	Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/07/2025	Payee name Uber
	Amount (\$) \$9.32	Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(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 Austin, TX, officeholder living expense Transportation during session
	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 Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 53/80 Rpt: 60/88	2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108
4	Date	5 Payee name
	03/11/2025	Uber
6	Amount (\$) \$26.24	7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation during session
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2025	Uber
	Amount (\$) \$12.65	Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
	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. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation during session
		Transportation during 3033ion
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.44	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expens
Accounting/Banking Fees
Consulting Expense Food/Beverag
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Service:

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 54/80 Rpt: 61/88	Walle Jr., Armando L. (The Honorable) 00062108							
4	Date	5 Payee name							
	03/12/2025	Uber							
6	Amount (\$) \$22.24	7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158							
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							
		Transportation during session							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	03/18/2025	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.00	1725 3rd Street							
	7								
		San Francisco, CA 94158							
	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							
Transportation during session									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	03/18/2025	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$13.52	1725 3rd Street							
		San Francisco, CA 94158							
	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							
		Transportation during session							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverag
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officenoider/Political Committee Legal Services Salanes/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: 55/80 Rpt: 62/88	Walle Jr., Armando L. (The Honorable) 00062108						
4	Date	5 Payee name						
	03/18/2025	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$10.39	1725 3rd Street						
		San Francisco, CA 94158						
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						
		Expense Check if Austin, TX, officeholder living expense Transportation during session						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	03/18/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$15.63	1725 3rd Street						
San Francisco, CA 94158								
							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.						
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense						
		Transportation during session						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
	Date	Payee name						
	03/19/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.25	1725 3rd Street						
	40.20	<u> </u>						
		San Francisco, CA 94158						
	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						
		Transportation during session						
	0 1 0 0 0 0 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 Commit

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: 56/80 Rpt: 63/88	Walle Jr., Armando L. (The Honorable) 00062108				
4	Date	5 Payee name				
	03/19/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.00	1725 3rd Street				
		San Francisco, CA 94158				
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				
		3				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	03/21/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$13.55	1725 3rd Street				
	, , , , ,					
		San Francisco, CA 94158				
	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 Transportation during session				
Transportation during Session						
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					
-	Date	Payee name				
	03/22/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$31.92	1725 3rd Street				
	Ψ31.92	1723 Sid Stiect				
San Francisco, CA 94158						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related				
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense				
		Transportation during session				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

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

	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: 57/80 Rpt: 64/88	Walle Jr., Armando L. (The Honorable) 00062108						
4	Date	5 Payee name						
	03/24/2025	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$14.21	1725 3rd Street						
		San Francisco, CA 94158						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment And Related						
		Expense						
		Transportation during session						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
_								
	Date	Payee name						
	03/25/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
\$13.52 1725 3rd Street								
		San Francisco, CA 94158						
	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, 1X, officeholder living expense								
	Transportation during session							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Data							
	Date	Payee name						
	03/25/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.52	1725 3rd Street						
		San Francisco, CA 94158						
	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						
		Transportation during session						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 Salarice Magnet/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:							
	Sch: 58/80 Rpt: 65/88	Walle Jr., Armando L. (The Honorable) 00062108						
4	Date	5 Payee name						
	03/26/2025	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$18.79	1725 3rd Street						
		San Francisco, CA 94158						
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.						
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense						
		Transportation during session						
_	Operation ONLY if all part	Open Helder (Office helder warms and Office and helder (Office helder)						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	·							
	Date	Payee name						
	03/26/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$18.30 1725 3rd Street							
		San Francisco, CA 94158						
	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 Transportation during session						
		Transportation during session						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH							
	Data							
	Date 03/26/2025	Payee name Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$14.45	1725 3rd Street						
		San Francisco, CA 94158						
	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						
		Transportation during session						
	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 Committe

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 59/80 Rpt: 66/88	Walle Jr., Armando L. (The Honorable) 00062108						
4 Date	5 Payee name						
03/26/2025	Uber						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$13.52	1725 3rd Street						
	San Francisco, CA 94158						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Expense Check if Austin, TX, officeholder living expense Transportation during session						
	Transportation during 36331611						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
D-1-	Г _						
Date	Payee name						
03/26/2025	Uber						
Amount (\$)	Payee address; City; State; Zip Code						
\$5.25 1725 3rd Street							
	San Francisco, CA 94158						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Expense						
transportation during session							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
03/27/2025	Uber						
Amount (\$)	Payee address; City; State; Zip Code						
\$12.52	1725 3rd Street						
	San Francisco, CA 94158						
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.						
LAI LIIDII OIL	Expense Check if Austin, TX, officeholder living expense						
	Transportation during session						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
experience to benefit even							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 60/80 Rpt: 67/88	Walle Jr., Armando L. (The Honorable) 00062108						
4	Date	5 Payee name						
	03/27/2025	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$13.72	1725 3rd Street						
		San Francisco, CA 94158						
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						
		Transportation during session						
_	Operation ONLY if allowed	On did to 10 ff as halden game.						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/01/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
\$36.37 1725 3rd Street								
		San Francisco, CA 94158						
	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 Transportation during session								
		Transportation during 3033ion						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	04/01/2025	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1.00	1725 3rd Street						
		San Francisco, CA 94158						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment And Related						
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense						
		Transportation during session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: Sch: 61/80 Rpt: 68/88 Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission File 00062108) 4 Date 04/01/2025 5 Payee name Uber	rs)
Sch: 61/80 Rpt: 68/88 Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Payee name	
T ayou have	
04/01/2025 Uber	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$18.11 1725 3rd Street	
San Francisco, CA 94158	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Transportation For improved And Polyted Transportation For improved And Polyted	
EXPENDITURE Transportation Equipment And Related	
Expense Check if Austin, TX, officeholder living expense Transportation during session	
Transportation during session	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
04/02/2025 Uber	
Amount (\$) Payee address; City; State; Zip Code	
\$12.52 1725 3rd Street	
San Francisco, CA 94158	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF The complete Schedule To the sc	
EXPENDITURE Transportation Equipment and Related	
Expense	
Transportation during session	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date D	
Date Payee name	
04/03/2025 Uber	
Amount (\$) Payee address; City; State; Zip Code	
\$12.00 1725 3rd Street	
San Francisco, CA 94158	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF SEPTION TO TRANSPORTATION Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
Expense Check if Austin, 1X, officenoider living expense	
Transportation during session	
Operation ONLY if allow the Complete to Complete the Complete to C	
Complete <u>ONLY</u> 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/(Dfficebolder/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/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: 62/80 Rpt: 69/88	Walle Jr., Armando L. (The Honorable) 00062108				
4	Date	5 Payee name				
	04/03/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.00	1725 3rd Street				
		San Francisco, CA 94158				
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				
		Expense Lack if Austin, TX, officeholder living expense Transportation during session				
		Transportation during session				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
	Date	Payee name				
	04/10/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.22	1725 3rd Street				
		San Francisco, CA 94158				
	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 Lack if Austin, TX, officeholder living expense Transportation during session				
Transportation during session						
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OH					
_						
	Date	Payee name				
	04/10/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.53	1725 3rd Street				
		San Francisco, CA 94158				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related				
	LXFLINDITORL	Expense Check if Austin, TX, officeholder living expense				
		Transportation during session				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experiulture to benefit C/Or	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense Event Expense Loan Repayment/Reimbu

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

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

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

	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: 63/80 Rpt: 70/88	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date	5 Payee name				
	04/10/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10.09	1725 3rd Street				
		San Francisco, CA 94158				
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.			
	LAI LIIDITO.L		n, TX, officeholder living expense			
		Hansportand	on during session			
9	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held			
9	Complete ONLY if direct expenditure to benefit C/O		Office field			
_						
	Date	Payee name				
	04/10/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.52 1725 3rd Street					
		San Francisco, CA 94158				
	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.					
			n, TX, officeholder living expense on during session			
		Transportant	on during session			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		Cinice field			
_	Data	Davies same				
	Date 04/10/2025	Payee name Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.52	1725 3rd Street				
		San Francisco, CA 94158				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment And Related	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
			on during session			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	U	555 No.u			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 64/80 Rpt: 71/88	Walle Jr., Armando L. (The Honorable) 00062108				
4	Date	5 Payee name				
	04/15/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$12.52	1725 3rd Street				
		San Francisco, CA 94158				
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 Transportation during session				
		Transportation during session				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data					
	Date	Payee name				
	04/15/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
\$12.52 1725 3rd Street						
		San Francisco, CA 94158				
	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				
		Transportation during session				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	D :					
	Date	Payee name				
	04/16/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.75	1725 3rd Street				
		San Francisco, CA 94158				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related				
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense				
		Transportation during session				
	Complete CNII V if direct	Condidate/Officeholder name Office cought				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
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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 - Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Laboration Colidar analysis In Supplement The Labora									
The Instruction Guide explains how to complete this form.									
1 Total pages Schedule	I	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)			
Sch: 65/80 Rpt: 72	2/88	Walle Jr., Armando L. (The Honorable)			00062108			
4 Date	5	Payee name							
04/18/2025	1	Jber							
6 Amount (\$)	7 1	Payee address; City;	State; Z	ip Code					
\$29	9.85	1725 3rd Street							
	;	San Francisco, CA 941	58						
8 PURPOSE	(a) (Category (See Categories liste	ed at the top of this schedule	e) (b)	Description				
OF EXPENDITURE	-	Transportation Equipme	ent And Related			outside of Texas. Com			
L/II LIIDII GILL		Expense			—	, TX, officeholder living			
					Transportatio	n during sessio	on		
9 Complete <u>ONLY</u> if dir expenditure to benefi		andidate/Officeholder nam	ne Offic	e sought		Office he	eld		
experience to benefit									
Date		Payee name							
04/19/2025	'	Jber							
Amount (\$)	1	Payee address; City;	State; Z	ip Code					
\$26.30 1725 3rd Street									
	!	San Francisco, CA 941	58						
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Taxas, Complete Schedule T									
EXPENDITURE		Transportation Equipment And Related		<u> </u>	outside of Texas. Com				
Expense Check if Austin, TX, officeholder living expense Transportation during session									
					Transportatio	ir during sessic	711		
Complete ONLY if dir	rect C	andidate/Officeholder nam	ne Offic	e sought	·	Office he	ald.		
expenditure to benefi		andratic/Onicendiaei Hall	ic Offic	o sougili	•	Onice ne	JIG.		
Date	1 ,	Payoo nama							
04/22/2025		Payee name Uber							
Amount (\$)	I	Payee address; City;	State; Z	ıp Code					
\$16	6.57	1725 3rd Street							
	;	San Francisco, CA 941	58						
PURPOSE	(a) (Category (See Categories liste	ed at the top of this schedule	e) (b)	Description				
OF EXPENDITURE		Transportation Equipme	ent And Related			outside of Texas. Com			
Expense Check if Austin, TX, officeholder living expense Transportation during session									
					rransportatio	n duning sessio	/II		
Complete ONLY if die	root C	andidate/Officeholder nam	O#io	e sought		Office he	ald		
Complete <u>ONLY</u> if dir expenditure to benefi		andidate/Onicendider Häff	ie OIII0	e sougili	•	Office Ne	iu		
•									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/80 Rpt: 73/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/22/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.59	1725 3rd Street
		San Francisco, CA 94158
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
		Transportation during session
_	Operation ONLY if allowed	On did to 10 ff as halden game.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.58	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during 3033ion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	04/23/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation during session
_	Operation ONE VIII	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense P S		ense ges/Contract Labor	Travel in Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	(Ethics Commission Filers)
	Sch: 67/80 Rpt: 74/88	Walle Jr.	, Armando L. (The Ho	norable)			00062108	
4	Date	5 Payee nar	ne				•	
	04/23/2025	Uber						
6	Amount (\$)	7 Payee add	dress; City;	State; 2	Zip Code	<u> </u>		
	\$2.46	1725 3rd	Street		·			
		San Fran	cisco, CA 94158					
8	PURPOSE	(a) Category	(See Categories listed at the to	un of this sohod	(o)	Description		
	OF		tation Equipment And		ile)		outside of Texas. Con	nplete Schedule T.
	EXPENDITURE	Expense				—	n, TX, officeholder livin	
						Transportation	on during sessi	on
L								
9	Complete ONLY if direct		Officeholder name	Offi	ice sough	nt	Office h	eld
	expenditure to benefit C/O	-						
	Date	Payee nar	ne					
	04/24/2025	Uber						
	Amount (\$)	Payee add	dress; City;	State; 2	Zip Code)		
	\$12.52	1725 3rd	•					
		San Fran	icisco, CA 94158					
	PURPOSE				1/1	N D		
	OF		(See Categories listed at the to		ule) (DescriptionCheck if travel	outside of Texas. Con	nplete Schedule T.
	EXPENDITURE	Expense	tation Equipment And	Relateu		—	n, TX, officeholder livin	
						_	on during sessi	
	Complete ONLY if direct		Officeholder name	Offi	ice sough	nt	Office h	eld
	expenditure to benefit C/OH	4						
	Date	Payee nar	ne					
	04/25/2025	Uber						
	Amount (\$)	Payee add	dress; City;	State; 2	Zip Code)		
	\$12.53	1725 3rd		•				
		San Fran	cisco, CA 94158					
	PURPOSE				1/1	N Docariation		
	OF		(See Categories listed at the to		ule) (I	DescriptionCheck if travel	outside of Texas. Con	nplete Schedule T.
	EXPENDITURE	Expense	tation Equipment And	Relateu		ш	n, TX, officeholder livin	•
						_	on during sessi	
	Complete ONLY if direct		Officeholder name	Offi	ice sough	nt	Office h	eld
	expenditure to benefit C/OH	4			_			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)
				ide explains how to co	mpi	ete this form.	_		
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 68/80 Rpt: 75/88	Walle Jr.	, Armando L. (The I	Honorable)				00062108	
4	Date	5 Payee nai	ne						
	04/25/2025	Uber							
6	Amount (\$)	7 Payee add	dress; City;	State; Zip Co	ode				
	\$14.72	1725 3rd	Street						
		San Fran	icisco, CA 94158						
8	PURPOSE	(a) Category	(See Categories listed at th	e ton of this schedule)	(b)	Description			
	OF		tation Equipment A				outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Expense				\Box		officeholder living	
						Transportatio	n d	uring session	on
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ıght			Office he	eld
	experientare to benefit Groi	'							
	Date	Payee nai	me						
	04/25/2025	Uber							
	Amount (\$)	Payee add	dress; City;	State; Zip Co	ode				
	\$13.66	1725 3rd	Street						
		San Frar	ncisco, CA 94158						
	PURPOSE	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		tation Equipment A	nd Related				de of Texas. Com	
		Expense				Transportatio		officeholder living	
						Transportatio	ii u	uning 3033ic	,,,,
_	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	laht			Office he	5ld
	expenditure to benefit C/OI				·9···				
—	Date	Payee nai	ne						
	04/28/2025	Uber	iie						
			drace: City:	State: 7in Co	ndo				
	Amount (\$) \$1.00	Payee add	•	State; Zip Co	Jue				
	φ1.00	1725 310	Sileet						
		Con Fran	noisee CA 04150						
			icisco, CA 94158						
	PURPOSE OF		(See Categories listed at th		(b)	Description Check if travel (Unte:	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Expense	tation Equipment A	na Relatea		ш		officeholder living	
		Ехрепас				Transportatio			
						•		-	
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI				-				
I									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME	3 F	iler ID	(Ethics Commission Filers)
	Sch: 69/80 Rpt: 76/88	Walle Jr., Armando L. (The Honorable)	0	00062108	
4	Date	5 Payee name	<u> </u>		
	04/29/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$15.92	1725 3rd Street			
		San Francisco, CA 94158			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	otion		
	OF EXPENDITURE	Transportation Equipment And Related Check	k if travel outside		plete Schedule T.
	LAFLINDITORL		k if Austin, TX, of		
		ransp	ortation du	ring sessio	on
_	Operation ONLY if the est	Out title to (Office helder many		O#: I	.I.d
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eiu
_	·				
	Date	Payee name			
	04/29/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.41	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment / transcated	k if travel outside k if Austin, TX, of		plete Schedule T.
			ortation du		
				9	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	05/06/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.52	1725 3rd Street			
	¥==.0=				
		San Francisco, CA 94158			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check		of Texas. Com	plete Schedule T.
	EXPENDITURE	Transportation Equipment 7 tha related	k if Austin, TX, of		
			ortation du	ring sessio	n
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/80 Rpt: 77/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/06/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.80	1725 3rd Street
		San Francisco, CA 94158
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. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation during session
		The state of the s
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	<u>'</u>
	Date	Payee name
	05/08/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.52	1725 3rd Street
		San Francisco, CA 94158
	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. Check if Austin, TX, officeholder living expense
		Expense Language Check if Austin, TX, officeholder living expense Transportation during session
		Transportation during obosion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.49	1725 3rd Street
		San Francisco, CA 94158
	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. Fxpense Check if Austin, TX, officeholder living expense
		Expense
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 71/80 Rpt: 78/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
L	05/12/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.08	1725 3rd Street
		San Francisco, CA 94158
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.
	ZA ZIIDII GRZ	Expense
		Transportation during session
<u> </u>	0 1. 0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.19	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during 30351011
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payee name
	05/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.52	1725 3rd Street
		San Francisco, CA 94158
	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 Transportation during session
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	/ - al Com		Gift/Awards/Memorials Legal Services	•		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
		_		The Instruction G	uide explains	now to cor	mple	ete tnis form.	_		
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)
	Sch: 72/80 Rpt: 79/88	⊢		mando L. (The	Honorable))				00062108	
4	Date	ı	Payee name								
L	05/13/2025		Uber								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$12.52		1725 3rd St	reet							
			San Francis	co, CA 94158							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Transportati	on Equipment A							nplete Schedule T.
	LAFENDITURE		Expense	-				_		officeholder livin	
								Transportatio	n d	luring sessi	on
L											
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld
	expenditure to benefit C/OF	1									
	Date		Payee name								
	05/20/2025		Uber								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$11.93		1725 3rd St	eet							
			San Francis	co, CA 94158							
	PURPOSE OF			e Categories listed at t			(b)	Description			
	EXPENDITURE			on Equipment <i>i</i>	And Related	d		=			nplete Schedule T.
			Expense					Transportatio		officeholder livin	
								παπορυπατίο	,,, u	iainiy sessi	OII
	Complete ONLY if direct		Candidate/Offic	ceholder name	•	Office sou	aht			Office h	eld
	expenditure to benefit C/O			onolaer Haille		Jinoc Sou	Aiir			Onice II	o.u
-	Date		Payee name								
	05/20/2025	ı	Uber								
<u> </u>		_		City	Ctoto	· 7in C-	de				
	Amount (\$)	ı	Payee addres		State	; Zip Co	ue				
	\$29.78		1725 3rd St	હ્લા							
			San Francis	co, CA 94158							
	PURPOSE OF			e Categories listed at t		,	(b)	Description			
	EXPENDITURE			on Equipment <i>i</i>	And Related	d					nplete Schedule T.
			Expense					Transportatio		officeholder livin	
								παπορυπαιίο	,,, U	iui ii iy sessi	On
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	aht			Office h	eld
	expenditure to benefit C/O		zaradato/OIII	Jeriolaer Hallie		- 11100 30di	ar			Office II	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 73/80 Rpt: 80/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/20/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	1725 3rd Street
		San Francisco, CA 94158
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
		Expense Check if Austin, TX, officeholder living expense Transportation during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.81	1725 3rd Street
		San Francisco, CA 94158
	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
		Expense Lack if Austin, TX, officeholder living expense Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/23/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.01	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 74/80 Rpt: 81/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/23/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.26	1725 3rd Street
		San Francisco, CA 94158
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
		Transportation during session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPERIOLORE TO DETICITE C/OF	
	Date	Payee name
L	05/23/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.52	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/23/2025	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.83	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 75/80 Rpt: 82/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
L	05/23/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.86	1725 3rd Street
		San Francisco, CA 94158
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.
	_ALLIGITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation during session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superioritate to beliefit 6/01	
	Date	Payee name
	05/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1725 3rd Street
		San Francisco, CA 94158
	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 Lastin, TX, officeholder living expense Transportation during session
		Transportation during 30331011
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Pavee name
	05/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.26	1725 3rd Street
	Ψ21.20	1.20 0.0 0.000
		San Francisco, CA 94158
	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.
	EM LINDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation during session
	Operation Of the Control of the Cont	Operation (Office Included and American Company)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 76/80 Rpt: 83/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/24/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.33	1725 3rd Street
		San Francisco, CA 94158
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 Transportation during session
		Transportation during session
<u>_</u>	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/29/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.59	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.40	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation during session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 77/80 Rpt: 84/88	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/30/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	1725 3rd Street
		San Francisco, CA 94158
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.
	ZA ZADITORZ	Expense Check if Austin, TX, officeholder living expense
		Transportation during session
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		·
	Date	Payee name
	06/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.25	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation during 30001011
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.53	1725 3rd Street
		05
		San Francisco, CA 94158
	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
		Transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:									
	Sch: 78/80 Rpt: 85/88	Walle Jr., Armando L. (The Honorable) 00062108								
4	Date	5 Payee name								
	06/03/2025	Uber								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$11.45	1725 3rd Street								
		San Francisco, CA 94158								
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								
		Transportation during session								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	onpolicitate to beliefit 6/01	•								
	Date	Payee name								
	06/06/2025	Uber								
Amount (\$) Payee address; City; State; Zip Code										
	\$2.00	1725 3rd Street								
San Francisco, CA 94158										
	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 Transportation during session								
		Transportation during session								
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	y								
H	Date	Payee name								
	06/07/2025	Uber								
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code								
	\$35.98	1725 3rd Street								
	455.00									
		San Francisco, CA 94158								
	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								
		Transportation during session								
_	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:									
	Sch: 79/80 Rpt: 86/88	Walle Jr., Armando L. (The Honorable) 00062108								
4	Date	5 Payee name								
	06/07/2025	Uber								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$57.06	1725 3rd Street								
		San Francisco, CA 94158								
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								
		Transportation during session								
_	Complete ONLY if direct	Condidate/Officeholder name Office cought								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
L										
	Date	Payee name								
L	06/07/2025	Uber								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$16.68	1725 3rd Street								
	San Francisco, CA 94158									
	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								
		Transportation during session								
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·								
\vdash	Data	Davies nome								
	Date	Payee name								
	05/05/2025	United Airlines								
Amount (\$) Payee address; City; State; Zip Code										
	\$609.94	233 S. Wacker Drive								
		Chicago, IL 60606								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.								
	-	Check if Austin, TX, officeholder living expense Flight to NCSL conference								
		Flight to NCSL contentite								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	e Printing Salarie	Expense g Expense s/Wages/Contract Labor complete this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)			
1 Total pages Schedule F1:		l				3	Filer ID	(Ethics Commission Filers)			
	Sch: 80/80 Rpt: 87/88	Walle Jr.	, Armando L. (The Hond		00062108						
4	Date		5 Payee name								
	05/29/2025	United Ai	United Airlines								
6	Amount (\$)	7 Payee add	dress; City;	State; Zip	Code						
	\$25.80	233 S. W	acker Drive								
		Chicago,	IL 60606								
8	PURPOSE		(See Categories listed at the top or	f this schedule)	(b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel or					utside of Texas. Complete Schedule T. TX, officeholder living expense				
					Seat selection			expense			
							3 ·				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/0	Officeholder name	Office s	ought		Office he	eld			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 88/88 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Walle Jr., Armando L. (The Honorable) 00062108 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Walle, Armando 8 Departure city or name of departure location 07/31/2025 Houston 9 Destination city or name of destination location 08/06/2025 **Boston** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) NCSL Conference Commercial Airplane