## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

| 1 | `                    | cs Commission Filers)                       | 2 Total pages filed:       |  |                   | OFFICE U                 | SE ONLY         |
|---|----------------------|---|----------------------------|--|-------------------|--------------------------|-----------------|
|   | 00086012             |   | 71                         |  |                   | Date Received            |                 |
| 3 | CANDIDATE /          | MS / MRS / MR                               | FIRST                      |  | MI                | ELECTRONICA              | LLY FILED       |
|   | OFFICEHOLDER<br>NAME | The Honorable                               | Wesley W.                  |  |                   | 07/30/2025               |                 |
|   |                      | NICKNAME                                    | LAST                       |  | SUFFIX            | 1                        |                 |
|   |                      | Wes   | Virdell                    |  |                   | Date Hand-delivered or I | Date Postmarked |
| 4 | ORIGINAL             | January 15                                  | Runoff                     | Other (s   | pecify)           |                          |                 |
|   | REPORT TYPE          | X July 15                                   | Exceeded modified          | reporting limit                                  |                   | Receipt #                | Amount          |
|   |                      | 30th day before election                    | 15th day after camp        |  |                   |                          |                 |
|   |                      | 8th day before election                     | appointment (office        | • •  |                   | Date Processed           |                 |
| 5 | ORIGINAL PERIOD      | Month Day Yea                               | ar                         | Month Day  | Year              | Date Imaged              |                 |
| • | COVERED              | 01/01/2025                                  | THROUGH                    | 06/30/2025                                       | 1001              | Date illiageu            |                 |
| 6 | EXPLANATION OF C     |   |                            |  |                   | <u> </u>                 |                 |
| - |                      | ong date entered for when                   | they were received. Da     | ates corrected.                                  |                   |                          |                 |
|   |                      | <b>3</b>                                    | ,                          |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
| 7 | AFFIDAVIT            |   |                            |  |                   |                          |                 |
|   |                      |   |                            | ear, or affirm, under po                         | enalty of perjury | , that this corrected    | report is true  |
|   |                      |   | and                        | correct.   |                   |                          |                 |
|   |                      |   | Che                        | ck the box next to any                           | and all applicat  | ole statements:          |                 |
|   |                      |   |                            | Semiannual reports                               | e. Lewear or      | affirm that the origin   | al report       |
|   |                      |   | X                          | was made in good fa                              |                   |                          |                 |
|   |                      |   |                            | misrepresent the info                            | ormation contain  | ned in the report.       |                 |
|   |                      |   | X                          | Other reports: I s                               | swear or affirm   | that I am filing this o  | corrected       |
|   |                      |   | Δ.                         | report not later than                            | the 14th busines  | ss day after the date    | l learned       |
|   |                      |   |                            | that the report as ori<br>swear, or affirm, that |                   |                          |                 |
|   |                      |   |                            | filed was made in go                             |                   |                          | as originally   |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            | <b></b>  |                   | 1. 14/15/2011            |                 |
|   |                      |   |                            |  | Ionorable Wes     |                          |                 |
|   |                      |   |                            | Signatu  | ire of Candidate  | or Officeholder          |                 |
|   | AFFIX NOTARY ST      | AMP / SEAL ABOVE                            |                            |  |                   |                          |                 |
|   | Sworn to and subsa   | rihad haforo mo by the se                   | d                          |  | thic th           | 26                       | day             |
|   | of                   | ribed before me, by the sai<br>, 20, to cer | tify which witness my      | hand and seal of office                          | , tilis tr        | IC                       | day             |
|   | UI                   | , 20, to cer                                | ury willion, withess filly | iana ana seai di dilice                          |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   |                      |   |                            |  |                   |                          |                 |
|   | Signature of office  | er administering oath                       | Printed name of of         | fficer administering oat                         | th T              | Γitle of officer admini  | stering oath    |
|   |                      | -   |                            |  |                   |                          |                 |

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (  | Guide explains how to complete | this form.        | 1 Filer ID<br>(Ethics Commi<br>00086012 |                   | 2 Total pages       | filed:<br>71       |
|-------------------------|--------------------------------|-------------------|---|-------------------|---------------------|--------------------|
| 3 CANDIDATE /           | MS / MRS / MR FI               | RST               |   | MI                | OFFICE              | USE ONLY           |
| OFFICEHOLDER<br>NAME    | The Honorable W                | /esley W.         |   |                   | Date Received       |                    |
|                         |                                |                   |   |                   | ELECTRONIC          | CALLY FILED        |
|                         | NICZNIAME                      | <br>^ CT          |   | CLIEFIV           | 07/30/2025          |                    |
|                         |                                | AST<br>irdell     |   | SUFFIX            | 0175072025          |                    |
|                         | vves                           | ıruen             |   |                   |                     |                    |
| 4 CANDIDATE /           | ADDRESS / PO BOX; APT / SI     | UITE#; CITY       | <b>'</b> ;                              | ZIP CODE          | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER<br>MAILING | PO Box 147                     |                   |   |                   |                     |                    |
| ADDRESS                 |                                |                   |   |                   | Receipt #           | Amount             |
| Change of Address       | Brady, TX 76825                |                   |   |                   |                     |                    |
|                         |                                |                   |   |                   | Date Processed      |                    |
|                         |                                |                   |   |                   | Date Imaged         |                    |
|                         |                                |                   |   |                   | Date illiaged       |                    |
| 5 CAMPAIGN              | MS / MRS / MR FIF              | RST               |   | MI                |                     |                    |
| TREASURER               |                                | ıck               |   | 1411              |                     |                    |
| NAME                    | IVII.                          | ick               |   |                   |                     |                    |
|                         |                                |                   |   | OUEEN/            |                     |                    |
|                         |                                | \ST               |   | SUFFIX            |                     |                    |
|                         |                                | uBose             |   |                   |                     |                    |
|                         |                                |                   |   |                   |                     |                    |
| 6 CAMPAIGN<br>TREASURER | STREET ADDRESS (NO PO BO       | X PLEASE);        | AP <sup>-</sup>                         | T / SUITE #; CITY | /; S1               | TATE; ZIP CODE     |
| ADDRESS                 | PO Box 178                     |                   |   |                   |                     |                    |
| (Residence or Business) |                                |                   |   |                   |                     |                    |
|                         | Leakey, TX 78873               |                   |   |                   |                     |                    |
|                         |                                |                   |   |                   |                     |                    |
| 7 CAMPAIGN              | AREA CODE PHONE N              | JUMPED E          | VTENCION                                |                   |                     |                    |
| TREASURER               |                                | NUMBER E          | XTENSION                                |                   |                     |                    |
| PHONE                   | (830) 279-4603                 |                   |   |                   |                     |                    |
| 8 REPORT                |                                |                   |   |                   |                     |                    |
| TYPE                    | January 15                     | 30th day before   | election $\square$                      | Runoff            | 15th day after c    | ampaign treasurer  |
|                         |                                | Court day Belore  |   | ranon             | appointment (of     | ficeholder only)   |
|                         | X July 15                      | 8th day before el | lection                                 | Exceeded modified | Final Report (At    | tach C/OH-FR)      |
|                         |                                |                   |   | reporting limit   |                     |                    |
| 9 PERIOD                | Month Day Year                 |                   |   | Month Day         | Year                |                    |
| COVERED                 | 01/01/2025                     | TH                | ROUGH                                   | 06/30/20          | 25                  |                    |
|                         |                                |                   |   |                   |                     |                    |
| 10 ELECTION             | ELECTION DATE                  |                   |   | ELECTION TYPE     |                     |                    |
|                         | Month Day Year                 | Pri               | mary                                    | Runoff            | Other               |                    |
|                         |                                | □Ge               | neral                                   | Special           |                     |                    |
|                         |                                |                   |   | ш.                |                     |                    |
| 11 OFFICE               | OFFICE HELD (if any)           |                   |   | 12 OFFICE SOUGH   | IT (if known)       |                    |
| III OFFICE              | State Representative District  | 53                |   | 12 OFFICE SOUGH   | ii (ii kilowii)     |                    |
|                         | State Representative District  | 33                |   |                   |                     |                    |
|                         |                                |                   |   |                   |                     |                    |
|                         |                                |                   |   |                   |                     |                    |
|                         |                                |                   |   |                   |                     |                    |
|                         |                                | GO T              | O PAGE 2                                |                   |                     |                    |
| I                       |                                |                   |   |                   |                     |                    |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 71

| 13 C / OH NAME                                 | <b>14</b> Filer ID 00086012      | (Ethics Commission Filers)   |   |                        |
|--|----------------------------------|--|---|------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | olitical contributions accepted or politi<br>These expenditures may have been n<br>officeholders are required to report th | ade without the candidate's or office   | eholder's knowledge or |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME   |   |                        |
| ш°   | GENERAL                          |  |   |                        |
|  |                                  | COMMITTEE ADDRESS  |   |                        |
|  | SPECIFIC                         |  |   |                        |
|  |                                  | COMMITTEE CAMPAIGN TREASUR   | ER NAME   |                        |
|  |                                  | COMMITTEE CAMPAIGN TREASUR   | ER ADDRESS  |                        |
|  |                                  |  |   | _                      |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS (<br>ES OF LOANS, OR CONTRIBUTIONS   |   | \$ 0.00                |
|  |                                  | <b>AL CONTRIBUTIONS</b><br>PLEDGES, LOANS, OR GUARANTEE  | S OF LOANS)   | \$ 59,260.00           |
| EXPENDITURE<br>TOTALS                          | \$ 0.00                          |  |   |                        |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES  |   | \$ 52,029.25           |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MAINTAINED A<br>RIOD  | S OF THE LAST DAY OF THE  | <b>\$</b> 101,637.76   |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING<br>TING PERIOD  | LOANS AS OF THE LAST DAY  | \$ 0.00                |
| 17 AFFIDAVIT                                   |                                  |  | under penalty of perjury, that the aco<br>nd includes all information required t<br>ction Code. |                        |
|  |                                  |  | The Honorable Wesley W. Vird  | lell                   |
|  |                                  |  | Signature of Candidate or Officehol   |                        |
| AFFIX NO                                       | TARY STAMP / SEAL ABO            | DVE  |   |                        |
| Sworn to and subs                              | cribed before me, by the s       | aid  | , this the  | day                    |
| of   | , 20, to ce                      | rtify which, witness my hand and seal  | of office.  |                        |
| Signature of office                            | cer administering                | Printed name of officer administe  | ering Title of office   | r administering oath   |

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

|   |        |  |             | JVLN    | 4 of 71              |
|---|--------|--|-------------|---------|----------------------|
|   | ER NAN |  | 19 Filer ID | (Ethics | s Commission Filers) |
|   |        | esley W. (The Honorable) E SUBTOTALS                               | 00086012    | ı       |                      |
|   |        | SCHEDULE   |             | s       | UBTOTAL AMOUNT       |
| 1.  | X      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                      |             | \$      | 58,355.00            |
| 2.  | X      | \$   | 905.00      |         |                      |
| 3.  |        | \$   |             |         |                      |
| 4.  |        | SCHEDULE E: LOANS  |             | \$      |                      |
| 5.  | Х      | \$   | 52,029.25   |         |                      |
| 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.   |        | \$   |             |         |                      |
|   |        |  |             |         |                      |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   |   | SCHEDULE A |  |            |
|---|-----------------------------|--|---|------------|--|------------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                                    | 1          | Total pages Schedule A1:<br>Sch: 1/7 Rpt: 5/71 |            |
| 2   | FILER NAME<br>Virdell, Wesl | ley W. (The Honorable)   |   | 3          | Filer ID (Ethics Commission 00086012           | on Filers) |
| 4   | Date 06/24/2025             | Full name of contributor   | )                                       | 7          | Amount of Contribution (\$)                    | \$500.00   |
| _   |                             | Austin, TX 78701   |   |            |  |            |
| 8   | Principal occu              | pation / Job title (See Instructions)  | 9 Employer (See Instructions            | )          |  |            |
|   | Date<br>06/26/2025          | Full name of contributor   |   |            | Amount of Contribution (\$)                    | \$500.00   |
|   | Principal occu              | Fort Worth, TX 76161  pation / Job title (See Instructions)  | Employer (See Instructions              | <u> </u>   |  |            |
| I imolpar occupation 7 oob title (occ instructions) |                             |  |   | ,          |  |            |
|   | Date<br>06/23/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Bennett, Montgomery<br>Contributor address; City; State; Zip Code      | )                                       |            | Amount of Contribution (\$)                    | \$2,000.00 |
|   |                             | Dallas, TX 75254   |   |            |  |            |
|   | Principal occu<br>CEO       | pation / Job title (See Instructions)  | Employer (See Instructions Ashford Inc. | )          |  |            |
|   | Date<br>06/24/2025          | Full name of contributor out-of-state PAC (ID#:_ Bolgiano, John Contributor address; City; State; Zip Code Llano, TX 78643 | )                                       |            | Amount of Contribution (\$)                    | \$100.00   |
|   | Principal occu<br>Retired   | pation / Job title (See Instructions)  | Employer (See Instructions Retired      | )          |  |            |
|   | Date<br>06/23/2025          | Full name of contributor out-of-state PAC (ID#:_ Bruce, Robert Contributor address; City; State; Zip Code Boerne, TX 78006 | )                                       |            | Amount of Contribution (\$)                    | \$1,000.00 |
|   | Principal occu<br>Narrator  | pation / Job title (See Instructions)  | Employer (See Instructions<br>Self      | )          |  |            |
|   |                             |  |   |            |  |            |

|   | MONET                       | ARY POLITICAL C  | CONTRIBUTION                            | IS   |        | SCHEDUI  | LE <b>A1</b> |
|---|-----------------------------|--|---|--|--------|--|--------------|
|   | The Instruc                 | ction Guide explains how   | to complete this for                    | m.   | 1      | Total pages Schedule A1:<br>Sch: 2/7 Rpt: 6/71 |              |
| 2 | FILER NAME<br>Virdell, Wesl | ey W. (The Honorable)  |   |  | 3      | Filer ID (Ethics Commission 00086012           | on Filers)   |
| 4 | Date 06/23/2025             | <ul><li>5 Full name of contributor<br/>Carter, Jeffery</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:ate; Zip Code     | )  | 7      | Amount of Contribution (\$)                    | \$500.00     |
|   |                             | Streetman, TX 75859  |   |  |        |  |              |
| 8 | Principal occu<br>Doctor    | pation / Job title (See Instructions   | ) 9                                     | Employer (See Instructions AOA Orthopedic Specia |        | S  |              |
|   | Date<br>06/30/2025          | Full name of contributor DeVine, Gaylyn Contributor address; City; St                                    |   |  |        | Amount of Contribution (\$)                    | \$25.00      |
|   | Principal occu              | Pearland, TX 77581 pation / Job title (See Instructions  | )                                       | Employer (See Instructions                       | <br>;) |  |              |
|   | Owner                       |  | ,                                       | DeVine Promotions                                | ,      |  |              |
|   | Date<br>06/24/2025          | Full name of contributor Ferguson, Barbara Contributor address; City; St                                 | out-of-state PAC (ID#:<br>ate; Zip Code | )  |        | Amount of Contribution (\$)                    | \$500.00     |
|   |                             | Kerrville, TX 78028  |   |  |        |  |              |
|   | Principal occu<br>Retired   | pation / Job title (See Instructions   | )                                       | Employer (See Instructions Retired               | s)     |  |              |
|   | Date<br>06/23/2025          | Full name of contributor Gore, Rex Contributor address; City; St Austin, TX 78704                        | out-of-state PAC (ID#:                  | )  |        | Amount of Contribution (\$)                    | \$2,000.00   |
|   | Principal occu<br>CEO       | pation / Job title (See Instructions   | )                                       | Employer (See Instructions Cleanscapes           | 5)     |  |              |
|   | Date<br>06/23/2025          | Full name of contributor Gravely, Marc Contributor address; City; St                                     | out-of-state PAC (ID#:                  | )  |        | Amount of Contribution (\$)                    | \$2,500.00   |
|   | Principal occu<br>Lawyer    | pation / Job title (See Instructions   |   | Employer (See Instructions Gravely Law           | 5)     |  |              |
|   |                             |  |   |  |        |  |              |

|   | MONEI                       | ARY POLITICAL C  | ONTRIBUTION                              | NS  |   | SCHEDUI  | LE A1      |
|---|-----------------------------|--|--|---|---|--|------------|
|   | The Instruc                 | ction Guide explains how   | to complete this for                     | rm.   | 1   | Total pages Schedule A1:<br>Sch: 3/7 Rpt: 7/71 |            |
| 2 | FILER NAME<br>Virdell, Wesl | ey W. (The Honorable)  |  |   | 3   | Filer ID (Ethics Commission 00086012           | on Filers) |
| 4 | Date 06/23/2025             | <ul><li>5 Full name of contributor<br/>Loewy, Adam</li><li>6 Contributor address; City; Sta</li></ul>    | out-of-state PAC (ID#:                   |   | 7   | Amount of Contribution (\$)                    | \$5,000.00 |
| 8 | Principal occu<br>Lawyer    | Austin, TX 78731 pation / Job title (See Instructions)   | 9  | Employer (See Instructions<br>Lowery Law Firm   | <u> </u><br>s)                                |  |            |
|   | Date<br>06/23/2025          | Full name of contributor Long, Pat Contributor address; City; Sta Center Point, TX 78010                 | out-of-state PAC (ID#:                   |   | •   | Amount of Contribution (\$)                    | \$30.00    |
|   | Principal occu<br>Retired   | pation / Job title (See Instructions)  |  | Employer (See Instructions Retired              | <u>                                      </u> |  |            |
|   | Date<br>06/25/2025          | Full name of contributor Long, Wade Contributor address; City; Sta                                       | out-of-state PAC (ID#:<br>atte; Zip Code | )   |   | Amount of Contribution (\$)                    | \$250.00   |
|   | 5                           | Austin, TX 78703   |  |   | <u></u>                                       |  |            |
|   | Consulting                  | pation / Job title (See Instructions)  |  | Employer (See Instructions Wade Long Consulting | 5)  |  |            |
|   | Date<br>06/23/2025          | Full name of contributor  Mark A. Anderson Law Fir  Contributor address; City; Sta  Fort Worth, TX 76102 |  | )   |   | Amount of Contribution (\$)                    | \$3,000.00 |
|   | Principal occu              | pation / Job title (See Instructions)  |  | Employer (See Instructions                      | <u>I</u><br>S)                                |  |            |
|   | Date<br>06/29/2025          | Full name of contributor McCarty, Julie Contributor address; City; Sta                                   | out-of-state PAC (ID#:                   | )   | •   | Amount of Contribution (\$)                    | \$100.00   |
|   | Principal occu<br>RE        | pation / Job title (See Instructions)  |  | Employer (See Instructions<br>Self              | s)  |  |            |
|   |                             |  |  |   |   |  |            |

|   | MONET                          | ARY POLITICAL CONTRIBUTION  | DNS                             |                | SCHEDUL  | E <b>A1</b> |
|---|--------------------------------|---|---------------------------------|----------------|--|-------------|
|   | The Instru                     | ction Guide explains how to complete this f   | orm.                            | 1              | Total pages Schedule A1:<br>Sch: 4/7 Rpt: 8/71 |             |
| 2 | FILER NAME<br>Virdell, Wesl    | ey W. (The Honorable)   |                                 | 3              | Filer ID (Ethics Commission 00086012           | n Filers)   |
| 4 | Date<br>06/25/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Moak Casey PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                 | 7              | Amount of Contribution (\$)                    | \$250.00    |
| _ |                                | Austin, TX 78701  | I                               | Ĺ              |  |             |
| 8 | Principal occu                 | pation / Job title (See Instructions)   | 9 Employer (See Instructions    | s)             |  |             |
|   | Date<br>06/30/2025             | Full name of contributor out-of-state PAC (ID#:_<br>Rhodes, Fran<br>Contributor address; City; State; Zip Code                          |                                 |                | Amount of Contribution (\$)                    | \$50.00     |
|   | Dringinal occu                 | Keller, TX 76244 pation / Job title (See Instructions)  | Employer (See Instructions      | <u></u>        |  |             |
|   | President                      | pation / Job title (See Instructions)   | True Texas Project              | > <i>)</i>     |  |             |
|   | Date<br>06/25/2025             | Full name of contributor  | )                               |                | Amount of Contribution (\$)                    | \$500.00    |
|   |                                | Austin, TX 78701-2100   |                                 |                |  |             |
|   | Principal occu                 | pation / Job title (See Instructions)   | Employer (See Instructions      | 5)             |  |             |
|   | Date<br>06/30/2025             | Contributor address; City; State; Zip Code  |                                 |                | Amount of Contribution (\$)                    | \$50.00     |
|   | Principal occu<br>Small Busine | Allen, TX 75002 pation / Job title (See Instructions) ess Owner   | Employer (See Instructions      | <u> </u><br>s) |  |             |
|   | Date<br>06/30/2025             | Full name of contributor out-of-state PAC (ID#:_Smith, Angela  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624     |                                 |                | Amount of Contribution (\$)                    | \$300.00    |
|   | Principal occu<br>Guest House  | pation / Job title (See Instructions)   | Employer (See Instructions Self | s)             |  |             |
|   |                                |   | I                               |                |  |             |

|   | MONEI                       | ARY POLITICAL C   | CONTRIBUTION                            | NS                                     |                | SCHEDU   | LE <b>A1</b> |
|---|-----------------------------|---|---|--|----------------|--|--------------|
|   | The Instruc                 | ction Guide explains how  | to complete this fo                     | rm.                                    | 1              | Total pages Schedule A1:<br>Sch: 5/7 Rpt: 9/71 |              |
| 2 | FILER NAME<br>Virdell, Wesl | ey W. (The Honorable)   |   |  | 3              | Filer ID (Ethics Commissi 00086012             | on Filers)   |
| 4 | Date 06/30/2025             | <ul><li>5 Full name of contributor<br/>Spain, Kim</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:<br>ate; Zip Code | )                                      | 7              | Amount of Contribution (\$)                    | \$50.00      |
| 8 | Principal occu<br>homemaker | Fort Worth, TX 76137 pation / Job title (See Instructions   | ) 9                                     | Employer (See Instructions none        | <u> </u><br>;) |  |              |
|   | Date 06/23/2025             | Full name of contributor Stanton, James Contributor address; City; St                               | out-of-state PAC (ID#:                  | )                                      |                | Amount of Contribution (\$)                    | \$1,000.00   |
|   | Principal occu<br>Lawyer    | Dallas, TX 75225 pation / Job title (See Instructions   | )                                       | Employer (See Instructions Stanton LLP | <u> </u><br>;) |  |              |
|   | Date 06/23/2025             | Full name of contributor Steffler, Charles Contributor address; City; St                            | out-of-state PAC (ID#:                  | )                                      |                | Amount of Contribution (\$)                    | \$100.00     |
|   | Principal occu              | Pipe Creek, TX 78063 pation / Job title (See Instructions   | ) [                                     | Employer (See Instructions             | :)<br>[        |  |              |
|   | Land Survey                 | ,   | ,                                       | Fenstermaker                           | ,              |  |              |
|   | Date<br>06/23/2025          | Full name of contributor Texans United for a Cons Contributor address; City; St Victoria, TX 77901  |   | )                                      |                | Amount of Contribution (\$)                    | \$5,000.00   |
|   | Principal occu              | pation / Job title (See Instructions  | )                                       | Employer (See Instructions             | 5)             |  |              |
|   | Date<br>06/24/2025          | Full name of contributor Texans for Truth & Liberty Contributor address; City; St Austin, TX 78701  |   |  |                | Amount of Contribution (\$)                    | \$25,000.00  |
|   | Principal occu              | pation / Job title (See Instructions  | )                                       | Employer (See Instructions             | 5)             |  |              |
|   |                             |   |   |  |                |  |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | ONS                                |          | SCHEDUI   | LE <b>A1</b> |
|---|-----------------------------|---|------------------------------------|----------|---|--------------|
|   | The Instru                  | ction Guide explains how to complete this f   | orm.                               | 1        | Total pages Schedule A1:<br>Sch: 6/7 Rpt: 10/71 |              |
| 2 | FILER NAME<br>Virdell, Wesl | ey W. (The Honorable)   |                                    | 3        | Filer ID (Ethics Commission 00086012            | on Filers)   |
| 4 | Date 06/23/2025             | <ul> <li>Full name of contributor</li></ul>   | )                                  | 7        | Amount of Contribution (\$)                     | \$250.00     |
| _ | <u> </u>                    | Weatherford, TX 76086   |                                    |          |   |              |
| 8 | Principal occu              | pation / Job title (See Instructions)   | 9 Employer (See Instructions       | )        |   |              |
|   | Date<br>06/23/2025          | Full name of contributor out-of-state PAC (ID#:_ Texas Manufactured Housing Assoc Inc Contributor address; City; State; Zip Code  Austin, TX 78769        |                                    |          | Amount of Contribution (\$)                     | \$1,500.00   |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions         | )        |   |              |
|   | Date<br>06/23/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Texas Trial Lawyers Assn PAC<br>Contributor address; City; State; Zip Code                            |                                    |          | Amount of Contribution (\$)                     | \$5,000.00   |
|   | Principal occu              | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions         | <u> </u> |   |              |
|   | ·<br>                       | ,   |                                    |          |   |              |
|   | Date<br>06/30/2025          | Full name of contributor out-of-state PAC (ID#: Wallace, Bonnie Contributor address; City; State; Zip Code Llano, TX 78643                                |                                    |          | Amount of Contribution (\$)                     | \$250.00     |
|   | Principal occu<br>retired   | pation / Job title (See Instructions)   | Employer (See Instructions retired | )        |   |              |
|   | Date<br>06/25/2025          | Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas BW-PAC Contributor address; City; State; Zip Code  Austin, TX 78701 |                                    |          | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions         | )        |   |              |
|   |                             |   |                                    |          |   |              |

| MONE                         | TARY POLITICAL CONTRIBUTION  |   | SCHEDULE A1                                     |    |                                     |
|------------------------------|--|---|---|----|-------------------------------------|
| The Instru                   | uction Guide explains how to complete this   | 1 | Total pages Schedule A1:<br>Sch: 7/7 Rpt: 11/71 |    |                                     |
| 2 FILER NAME<br>Virdell, Wes | E<br>sley W. (The Honorable)   | 3 | Filer ID (Ethics Commission Filers)<br>00086012 |    |                                     |
| 4 Date<br>06/23/2025         | Date 06/23/2025  5 Full name of contributor out-of-state PAC (ID#:) Yarbrough, Elizabeth  6 Contributor address; City; State; Zip Code |   |   | 7  | Amount of Contribution (\$) \$50.00 |
| 8 Principal occ              | Sanger, TX 76266 cupation / Job title (See Instructions)   | 9 | Employer (See Instructions Retired              | s) |                                     |
|                              |  |   |   |    |                                     |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

| The Instru        | uction Cuido explaine how to complete this                | 1 Total pages Schedule A2:         |   |  |  |  |  |
|-------------------|---|------------------------------------|---|--|--|--|--|
| i ne instru       | uction Guide explains how to complete this f              | ioriii.                            | Sch: 1/1 Rpt: 12/71   |  |  |  |  |
| 2 FILER NAME      |   |                                    | 3 Filer ID (Ethics Commission Filers)                             |  |  |  |  |
| Virdell, Wes      | sley W. (The Honorable)                                   | 00086012                           |   |  |  |  |  |
| 4 TOTAL OF        | UNITEMIZED IN-KIND POLITICAL CONTRIB                      | \$                                 |   |  |  |  |  |
| <b>5</b> Date     | 6 Full name of contributor out-of-state PAC (ID#:         | 8 Amount of 9 In-kind contribution |   |  |  |  |  |
| 06/30/2025        | HS Law PAC  |                                    | contribution (\$) description<br>\$250.00 Market value of the 9th |  |  |  |  |
|                   | 7 Contributor address; City; State; Zip Code              |                                    | floor event space for June  |  |  |  |  |
|                   |   |                                    | 25, 2025 Fundraiser.  |  |  |  |  |
|                   | A TV 70704  |                                    |   |  |  |  |  |
|                   | Austin, TX 78701  | T                                  | Check if travel outside of Texas. Complete Schedule T.            |  |  |  |  |
| 10 Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON               | I-JUDICIAL) (See instructions)                                    |  |  |  |  |
| 12 Contributor's  | principal occupation (FOR JUDICIAL)                       | 13 Contributor's job title         | (FOR JUDICIAL) (See instructions)                                 |  |  |  |  |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)                          | 15 Law firm of contributo          | or's spouse (if any) (FOR JUDICIAL)                               |  |  |  |  |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | l                                  |   |  |  |  |  |
|                   | ,                   |                                    |   |  |  |  |  |
| Date              | Full name of contributor out-of-state PAC (ID#:           | ١                                  | Amount of ! In-kind contribution                                  |  |  |  |  |
| 06/25/2025        |   |                                    | contribution (\$) description                                     |  |  |  |  |
|                   | Contributor address; City; State; Zip Code                |                                    | \$655.00   Event Coordination and                                 |  |  |  |  |
|                   |   |                                    | email Distribution  |  |  |  |  |
|                   |   |                                    | į į   |  |  |  |  |
|                   | Austin, TX 78763  |                                    | Check if travel outside of Texas. Complete Schedule T.            |  |  |  |  |
| Principal occ     | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON                  | I-JUDICIAL) (See instructions)                                    |  |  |  |  |
| Owner             |   | Legislative Solution               | าร  |  |  |  |  |
| Contributor's     | principal occupation (FOR JUDICIAL)                       | Contributor's job title            | (FOR JUDICIAL) (See instructions)                                 |  |  |  |  |
| Contributor's     | employer/law firm (FOR JUDICIAL)                          | Law firm of contribute             | Law firm of contributor's spouse (if any) (FOR JUDICIAL)          |  |  |  |  |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | l                                  |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |
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|                   |   |                                    |   |  |  |  |  |
|                   |   |                                    |   |  |  |  |  |

#### 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<br>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: 1/58 Rpt: 13/71                                   | Virdell, Wesley W. (The Honorable) 00086012  |  |  |  |
| 4 | Date   | 5 Payee name   |  |  |  |
|   | 01/06/2025   | 7/11 Mason   |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |
|   | \$49.07  | 616 Ft Mckavitt Street   |  |  |  |
|   |  |  |  |  |  |
|   |  | Mason, TX 76856  |  |  |  |
| 8 | PURPOSE<br>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  |  |  |  |
|   |  |  |  |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |
| ľ | expenditure to benefit C/OI                            | the state of the s |  |  |  |
| ┡ |  |  |  |  |  |
|   | Date   | Payee name   |  |  |  |
|   | 06/30/2025   | 7/11 Mason   |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |
|   | \$56.82  | 616 Ft Mckavitt Street   |  |  |  |
|   |  |  |  |  |  |
|   |  | Mason, TX 76856  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |
|   | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  |  |  |  |
|   |  | Expense Check if Austin, TX, officeholder living expense fuel  |  |  |  |
|   |  |  |  |  |  |
| ⊢ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |
|   | expenditure to benefit C/OI                            | <b>y</b>   |  |  |  |
| ⊨ |  |  |  |  |  |
|   | Date   | Payee name   |  |  |  |
|   | 05/12/2025   | 7/11   |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |
|   | \$12.65  | 616 Ft Mckavitt Street   |  |  |  |
|   |  |  |  |  |  |
|   |  | Mason, TX 76856  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |
|   | OF<br>EXPENDITURE                                      | Food/Beverage Expense  |  |  |  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |  |  |  |
| I |  | meal   |  |  |  |
|   |  |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |
| L | expenditure to benefit C/OI                            | 1<br>  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

#### 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<br>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: 2/58 Rpt: 14/71                                   | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 06/25/2025   | 7/11  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$58.36  | 616 Ft Mckavitt Street  |
|   |  |   |
|   |  | Mason, TX 76856   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Expense Check if Austin, TX, officeholder living expense  Fuel  |
|   |  | 1 401   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| - | Date   | Dougo nomo  |
|   |  | Payee name  |
|   | 05/06/2025   | Agave Jalisco Brady   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$39.83  | 1928 S Bridge St  |
|   |  |   |
|   |  | Brady, TX 76825   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  meal  |
|   |  | medi  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| - | Data   | Device same   |
|   | Date<br>06/09/2025                                     | Payee name  |
|   |  | Agave Jalisco Brady   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$42.86  | 1928 S Bridge St  |
|   |  |   |
|   |  | Brady, TX 76825   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  meal  |
|   |  | inea:   |
| _ | 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|----------|--|---|
| ۱        | T.1 01 11 -  |   |
| 1        | . 3  |   |
|          | Sch: 3/58 Rpt: 15/71   | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 06/12/2025   | Agave Jalisco Brady   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$41.87  | 1928 S Bridge St  |
|          |  |   |
|          |  | Brady, TX 76825   |
| Ļ        | DUDDOCE  |   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T               |
|          | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                        |
|          |  | meal  |
|          |  |   |
| 9        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| ľ        | expenditure to benefit C/O   |   |
| $\vdash$ | Date   |   |
|          | Date   | Payee name  |
|          | 06/23/2025   | Agave Jalisco Brady   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$65.34  | 1928 S Bridge St  |
|          |  |   |
|          |  | Brady, TX 76825   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF   | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|          |  | meal  |
| L        |  |   |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| L        | expenditure to benefit C/O   | <b>1</b>  |
|          | Date   | Payee name  |
|          | 01/09/2025   | Allsups 2401  |
| $\vdash$ | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$50.40  | 4028 S Bryant Blvd  |
|          | Ψ30.40   | TO LO O DI YAIR DIVA  |
|          |  | Con Angelo TV 70003   |
|          |  | San Angelo, TX 76903  |
|          | PURPOSE<br>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 Fuel   |
|          |  | T dei   |
| _        | Complete ONLY if direct  | Candidate/Officeholder name Office country Office hold  |
|          | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |
|          |  |   |
|          |  |   |
|          |  |   |
|          |  |   |

#### SCHEDULE F1

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

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

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

|   | Credit Card Payment         | The Instruction Guide explains how to complete this form.   |   |
|---|-----------------------------|---|---|
| 1 | Total pages Schedule F1:    |   | - |
|   | Sch: 4/58 Rpt: 16/71        | Virdell, Wesley W. (The Honorable) 00086012   |   |
| 4 | Date                        | 5 Payee name  | - |
|   | 01/13/2025                  | Allsups 2401  |   |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  | - |
|   | \$65.81                     | 4028 S Bryant Blvd  |   |
|   |                             |   |   |
|   |                             | San Angelo, TX 76903  |   |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |
|   | OF<br>EXPENDITURE           | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.   |   |
|   |                             | Expense Check if Austin, TX, officeholder living expense  Fuel  |   |
|   |                             | i dei   |   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | _ |
| ľ | expenditure to benefit C/OI |   |   |
| _ | Data                        |   | = |
|   | Date<br>03/18/2025          | Payee name  |   |
|   |                             | Alpine IQ   | _ |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |   |
|   | \$664.19                    | 9352 Mt Jackson St  |   |
|   |                             |   |   |
|   |                             | Littleton, CO 80125   |   |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |
|   | EXPENDITURE                 | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |   |
|   |                             | VOIP System   |   |
|   |                             |   |   |
| Н | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | - |
|   | expenditure to benefit C/OI |   |   |
| _ | Date                        | Payee name  | = |
|   | 04/25/2025                  | Alpine IQ   |   |
|   |                             |   | _ |
|   | Amount (\$)<br>\$1,824.66   | Payee address; City; State; Zip Code 9352 Mt Jackson St   |   |
|   | \$1,024.00                  | 9332 IVIL JACKSOTI SL   |   |
|   |                             | L:#J-t: 00 00105  |   |
|   |                             | Littleton, CO 80125   | _ |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T. |   |
|   | EXPENDITURE                 | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |   |
|   |                             | VOIP  |   |
|   |                             |   |   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/OI |   |   |
|   |                             |   | _ |
|   |                             |   |   |
| l |                             |   |   |

#### SCHEDULE F1

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

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

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

| Candidate/Officenoider/Politica<br>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: 5/58 Rpt: 17/71   | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 Date   | 5 Payee name  |
| 06/23/2025   | Alpine IQ   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$435.45   | 9352 Mt Jackson St  |
|  |   |
|  | Littleton, CO 80125   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
|  | Check if Austin, TX, officeholder living expense  VOIP                                |
|  |   |
| 9 Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held                                 |
| expenditure to benefit C/O                                   |   |
|  |   |
| Date   | Payee name  |
| 02/13/2025   | Amazon  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$84.10  | 410 Terry Ave N   |
|  |   |
|  | Seattle, WA 98109   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
| EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
|  | Check if Austin, TX, officeholder living expense Office supplies                      |
|  | Cinico Supplies   |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held                                 |
| expenditure to benefit C/O                                   |   |
|  |   |
| Date   | Payee name  |
| 02/18/2025   | Amazon  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$788.87   | 410 Terry Ave N   |
|  |   |
|  | Seattle, WA 98109   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense                                      |
|  | Office supplies   |
|  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held  H                              |
| experience to belief of e                                    | ··  |
|  |   |
|  |   |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 6/58 Rpt: 18/71                                   | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 03/05/2025   | Amazon  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$364.62   | 410 Terry Ave N   |
|          |  |   |
|          |  | Seattle, WA 98109   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Office supplies   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9        | expenditure to benefit C/O                             |   |
| $\vdash$ | Date   | Payee name  |
|          | 03/18/2025   | Amazon  |
|          |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$3.24   | 410 Terry Ave N   |
|          |  |   |
|          |  | Seattle, WA 98109   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense Office supplies  |
|          |  | Office Supplies   |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | <b>o</b>  |
| _        | Date   | Payee name  |
|          | 06/30/2025   | Anedot Inc  |
| _        |  |   |
|          | Amount (\$) \$252.00                                   | Payee address; City; State; Zip Code  1340 Poydras Street   |
|          | Φ252.00  | ·   |
|          |  | Suite 1770  |
|          |  | New Orleans, LA 70112   |
|          | PURPOSE<br>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   |
|          |  | Anedot online contribution processing fees  |
|          |  | 7 the dot of this contribution processing fees  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
|          |  |   |
|          |  |   |
|          |  |   |

#### SCHEDULE F1

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

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

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

|   | Candidate/Officenoider/Politica<br>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: 7/58 Rpt: 19/71                                   | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date   | 5 Payee name   |
|   | 06/06/2025   | BJ's Restaurants   |
| 6 | Amount (\$)<br>\$116.26                                | 7 Payee address; City; State; Zip Code<br>5447 W Loop 1604 N   |
|   |  | San Antonio, TX 78253  |
| 8 | PURPOSE<br>OF<br>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 meal   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 06/30/2025   | Billy Gene's Restaurant  |
|   | Amount (\$)<br>\$100.00                                | Payee address; City; State; Zip Code  1489 Junction Hwy  |
|   |  | Kerrville, TX 78028  |
|   | PURPOSE<br>OF<br>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 meal |
|   | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 05/15/2025   | Blacks BBQ   |
|   | Amount (\$) \$223.05                                   | Payee address; City; State; Zip Code<br>3110 Guadalupe St  |
|   |  | Austin, TX 78705   |
|   | PURPOSE<br>OF<br>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 meal                 |
|   | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held  |
|   |  |  |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp |                 | Expens<br>Wages | e<br>/Contract Labor         |       | Travel in District<br>Travel Out of Distric<br>OTHER (enter a car | ct<br>tegory not listed above) |
|----------|---|----------------|--|-----------------|-----------------|------------------------------|-------|---|--------------------------------|
| 1        | Total pages Schedule F1:  |                |  |                 |                 |                              | 3     | - ,   | Ethics Commission Filers)      |
| L        | Sch: 8/58 Rpt: 20/71  | Virdell, We    | sley W. (The Honorabl  | e)              |                 |                              |       | 00086012  |                                |
| 4        | Date  | 5 Payee name   | 9  |                 |                 |                              |       |   |                                |
|          | 06/30/2025  | Boerne Ta      | co House   |                 |                 |                              |       |   |                                |
| 6        | Amount (\$)   | 7 Payee addr   | ess; City;   | State; Zip C    | ode             |                              |       |   |                                |
|          | \$16.07   | 470 S Maii     | n St   |                 |                 |                              |       |   |                                |
|          |   | #200           |  |                 |                 |                              |       |   |                                |
|          |   | Fair Oaks,     | TX 78006   |                 |                 |                              |       |   |                                |
| 8        | PURPOSE   | (a) Category   | See Categories listed at the top of  | his schedule)   | (b)             | Description                  |       |   |                                |
|          | OF<br>EXPENDITURE   |                | rage Expense   | riis soriedaic) | ` `             | _ ·                          | outsi | de of Texas. Comple   | te Schedule T.                 |
|          | EXPENDITORE   |                |  |                 |                 | ш.                           | , TX, | officeholder living ex  | pense                          |
|          |   |                |  |                 |                 | meal                         |       |   |                                |
| <u> </u> | 0 1. 0  |                | r  |                 | <u> </u>        |                              |       | ~m · · ·  |                                |
| 9        | Complete ONLY if direct expenditure to benefit C/Oh   |                | ficeholder name  | Office so       | ught            |                              |       | Office held   |                                |
|          | Date  | Payee name     | e  |                 |                 |                              |       |   |                                |
|          | 01/07/2025  | Bowie's        |  |                 |                 |                              |       |   |                                |
|          | Amount (\$)   | Payee addr     | ess; City;   | State; Zip C    | ode             |                              |       |   |                                |
|          | \$81.22   | 1692 U.S.      | 83   |                 |                 |                              |       |   |                                |
|          |   |                |  |                 |                 |                              |       |   |                                |
|          |   | Menard, T      | X 76859  |                 |                 |                              |       |   |                                |
|          | PURPOSE   | (a) Category   | See Categories listed at the top of  | his schedule)   | (b)             | Description                  |       |   |                                |
|          | OF<br>EXPENDITURE   |                | tion Equipment And Re  |                 |                 | _ `                          | outsi | de of Texas. Comple   | te Schedule T.                 |
|          | EM EMPHONE  | Expense        |  |                 |                 | ш.                           | , TX, | officeholder living ex  | rpense                         |
|          |   |                |  |                 |                 | Fuel                         |       |   |                                |
| _        | Complete ONII V Stalling at   | Condid-+-101   | finahaldar   | O#:             | 110.6.          |                              |       | O#: a = != ! !  |                                |
|          | Complete ONLY if direct expenditure to benefit C/OH   |                | ficeholder name  | Office so       | ugnt            |                              |       | Office held   |                                |
| L        | •   |                |  |                 |                 |                              |       |   |                                |
|          | Date  | Payee name     |  |                 |                 |                              |       |   |                                |
|          | 02/21/2025  | Brady Star     | ndard News   |                 |                 |                              |       |   |                                |
|          | Amount (\$)   | Payee addr     |  | State; Zip C    | ode             |                              |       |   |                                |
|          | \$55.00   | 201 S Brid     | ge St  |                 |                 |                              |       |   |                                |
|          |   |                |  |                 |                 |                              |       |   |                                |
|          |   | Brady, TX      | 76825  |                 |                 |                              |       |   |                                |
|          | PURPOSE   | (a) Category ( | See Categories listed at the top of  | his schedule)   | (b)             | Description                  |       |   |                                |
|          | OF<br>EXPENDITURE   |                | rhead/Rental Expense   |                 |                 |                              |       | de of Texas. Comple   |                                |
|          |   |                |  |                 |                 | Check if Austin, News Subscr |       | officeholder living ex  | pense                          |
|          |   |                |  |                 |                 | MENNO DUDOCI                 | יוטעי | OH  |                                |
|          | Complete ONLY if direct   | Candidata/Of   | ficeholder name  | Office          | liap+           |                              |       | Office held   |                                |
|          | expenditure to benefit C/O  |                | iicenoluei name  | Office so       | ugni            |                              |       | Onice neid  |                                |
|          |   |                |  |                 |                 |                              |       |   |                                |
|          |   |                |  |                 |                 |                              |       |   |                                |
|          |   |                |  |                 |                 |                              |       |   |                                |

#### 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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment     | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:                                   | · · · · · · · · · · · · · · · · · · ·   |
|   | Sch: 9/58 Rpt: 21/71                                       | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 02/20/2025   | Campaign Verify, Inc  |
| 6 | Amount (\$)<br>\$95.00                                     | 7 Payee address; City; State; Zip Code 1215 31ST STREET NW PO BOX 3554 WASHINGTON, DC 20007-9998  |
| 8 | PURPOSE<br>OF<br>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  Campaign Verify                              |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 02/03/2025   | Causey, Justin  |
|   | Amount (\$)<br>\$832.17                                    | Payee address; City; State; Zip Code  209 N Crockett St  Suite 3  Fredericksburg, TX 78624  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bookkeeping                    |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 06/06/2025   | Cefco Lampassas   |
|   | Amount (\$) \$39.99  | Payee address; City; State; Zip Code<br>1699 Central Tx Expy  |
|   |  | Lampassas, TX 76550   |
|   | PURPOSE<br>OF<br>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  Fuel |
|   | 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|----------|--|--|
| _        | Tatal manus Oct 11 51  | 1  |
| 1        | Total pages Schedule F1:   |  |
| L        | Sch: 10/58 Rpt: 22/71  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
|          | 06/13/2025   | Chevron Austin   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$40.00  | 8624 W Hwy 71  |
|          | Ψ-10.00  | 5524 W Tilly 12  |
|          |  | A (1) TV T0T05   |
|          |  | Austin, TX 78735   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE  | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Expense  |
|          |  | fuel   |
| <u> </u> |  |  |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held  |
|          | experience to benefit of or  | •  |
|          | Date   | Payee name   |
|          | 06/16/2025   | Chevron Austin   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$52.56  | 8624 W Hwy 71  |
|          |  |  |
|          |  | Austin, TX 78735   |
|          |  | 1  |
|          | PURPOSE<br>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          |
|          |  | fuel   |
|          |  |  |
| _        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI  | <b>y</b>   |
|          |  |  |
|          | Date   | Payee name   |
|          | 01/16/2025   | Chick-Fil-A Congress   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$405.40   | 600 Congress Ave   |
|          |  | Suite C150   |
|          |  | Austin, TX 78701   |
|          | PURPOSE  |  |
|          | OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|          |  | Office Meal  |
|          |  |  |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI  | <b>y</b>   |
|          |  |  |
|          |  |  |
|          |  |  |

#### SCHEDULE F1

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

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

|   | Credit Card Payment   | The Instruction Guide explains how to complete this form.  |  |  |  |  |
|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
|   | Sch: 11/58 Rpt: 23/71   | Virdell, Wesley W. (The Honorable) 00086012  |  |  |  |  |
| 4 | Date  | 5 Payee name   |  |  |  |  |
|   | 05/12/2025  | Chipotle   |  |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$12.39   | 801 Congress Ave   |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   | Austin, TX 78701   |  |  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|   | OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |  |  |
|   |   | meal   |  |  |  |  |
|   |   |  |  |  |  |  |
| 9 | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|   | expenditure to benefit C/OI   | <del>-</del>   |  |  |  |  |
|   | Date  | Payee name   |  |  |  |  |
|   | 01/08/2025  | Circle K Burnet  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$64.51   | 101 N Water St   |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   | Burnet, TX 78611   |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|   | OF<br>EXPENDITURE   | Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   | EXPENDITORE   | Expense Check if Austin, TX, officeholder living expense   |  |  |  |  |
|   | Fuel  |  |  |  |  |  |
|   | Complete ONLY if direct Candidate/Officeholder name Office sought Office held |  |  |  |  |  |
|   | expenditure to benefit C/OI   |  |  |  |  |  |
|   | Date  | Dougo nama   |  |  |  |  |
|   | 02/18/2025  | Payee name  Cooper's Old Time BBQ  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$38.33   | 604 West Young Street  |  |  |  |  |
|   | Ψ30.33  | 004 West Touring Street  |  |  |  |  |
|   |   | Llano, TX 78643  |  |  |  |  |
|   | DUDDOCE   |  |  |  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |  |  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |  |  |  |  |
|   |   | Meal   |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI                           | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|   | experientale to belieff C/OI  | <u>'</u>   |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |

#### SCHEDULE F1

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

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

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |   |
|---|--|---|---|
| _ |  |   | _ |
| 1 | Total pages Schedule F1:<br>Sch: 12/58 Rpt: 24/71  | 2 FILER NAME Virdell, Wesley W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086012                                 |   |
| 4 | Date   | 5 Payee name  | _ |
|   | 02/18/2025   | Cooper's Old Time BBQ   |   |
| 6 | Amount (\$)<br>\$100.08  | <ul><li>7 Payee address; City; State; Zip Code</li><li>604 West Young Street</li></ul>  |   |
|   | 723333   |   |   |
|   | DUDDOCE  | Llano, TX 78643   |   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |   |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |   |
|   |  |   |   |
|   |  | meal  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |   |
| _ | Date   | Payee name  | = |
|   | 04/09/2025   | Cooper's Old Time BBQ   |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$30.15  | 604 West Young Street   |   |
|   |  |   |   |
|   |  | Llano, TX 78643   | _ |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |
|   | EXPENDITURE  | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |   |
|   |  | Meal  |   |
|   |  | INCAI   |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/O   | 1   |   |
|   | Date   | Payee name  |   |
|   | 03/12/2025   | Costco  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$124.19   | 191 W Loop 1604 S   |   |
|   |  |   |   |
|   |  | San Antonio, TX 78245   |   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |   |
|   |  | Check if Austin, TX, officeholder living expense  Office  |   |
|   |  | Office  |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/O   |   |   |
|   |  |   |   |
|   |  |   |   |

#### SCHEDULE F1

Advertising Expense Event II
Accounting/Banking Fees
Consulting Expense Food/II
Contribution Description Made By

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

sement Solicitation/Fundraising Expense

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

| Candidate/Officeholder/Political Committee |   |         | mmittee        | Legal Services          |                        |          | ed above) |                                |       |                     |                   |                 |
|--|---|---------|----------------|-------------------------|------------------------|----------|-----------|--------------------------------|-------|---------------------|-------------------|-----------------|
|  | Credit Card Payment                                 |         |                | The Instruction G       | uide explains ho       | w to con | nple      | ete this form.                 |       |                     |                   |                 |
| 1  | Total pages Schedule F1:                            | 2       | FILER NAME     |                         |                        |          |           |                                | 3     | Filer ID            | (Ethics Com       | mission Filers) |
|  | Sch: 13/58 Rpt: 25/71                               |         | Virdell, Wes   | ley W. (The Ho          | norable)               |          |           |                                |       | 00086012            |                   |                 |
| 4  | Date  | 5       | Payee name     |                         |                        |          |           |                                | ·     |                     |                   |                 |
|  | 04/03/2025  |         | Costco         |                         |                        |          |           |                                |       |                     |                   |                 |
| 6  | Amount (\$)   | 7       | Payee addres   | ss; City;               | State; 2               | Zip Cod  | de        |                                |       |                     |                   |                 |
|  | \$33.22   |         | 191 W Loop     |                         |                        |          |           |                                |       |                     |                   |                 |
|  | ,   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  |   |         | San Antonio    | TV 70245                |                        |          |           |                                |       |                     |                   |                 |
| _  |   | _       |                |                         |                        | -        | <i>.</i>  |                                |       |                     |                   |                 |
| 8  | PURPOSE<br>OF                                       | (a)     |                | ee Categories listed at | the top of this schedu | ule)     | (b)       | Description                    | otoi  | de of Toyloo Com    | nplete Schedule T |                 |
|  | EXPENDITURE   |         | Food/Bever     | age Expense             |                        |          |           | <b>=</b>                       |       | officeholder living |                   | •               |
|  |   |         |                |                         |                        |          |           | Office                         |       |                     |                   |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
| 9  | Complete ONLY if direct                             |         | Candidate/Offi | ceholder name           | Offi                   | ice soug | ght       |                                |       | Office h            | eld               |                 |
|  | expenditure to benefit C/OI                         | Н       |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  | Date  |         | Payee name     |                         |                        |          |           |                                |       |                     |                   |                 |
|  | 04/16/2025  |         | Costco         |                         |                        |          |           |                                |       |                     |                   |                 |
|  | Amount (\$)   | H       | Payee addres   | ss; City;               | State: 2               | Zin Cod  | de        |                                |       |                     |                   |                 |
|  | \$55.05   |         | 191 W Loop     |                         | Otato, i               | p        | 40        |                                |       |                     |                   |                 |
|  | Ψ00.00  |         | 101 11 200     | 7 100 4 0               |                        |          |           |                                |       |                     |                   |                 |
|  |   |         | San Antonio    | TV 70245                |                        |          |           |                                |       |                     |                   |                 |
|  | DUDDOOF   | (-)     | San Antonio    |                         |                        | 1.       | /I- \     |                                |       |                     |                   |                 |
|  | PURPOSE<br>OF                                       | (a)<br> |                | ee Categories listed at | the top of this schedu | ule)     | (D)       | Description  Check if travel ( | nutei | de of Tevas Com     | nplete Schedule T |                 |
|  | EXPENDITURE   |         | F000/Bever     | age Expense             |                        |          |           | <b>=</b>                       |       | officeholder living |                   | •               |
|  |   |         |                |                         |                        |          |           | Food                           |       |                     |                   |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  | Complete ONLY if direct                             |         | Candidate/Offi | ceholder name           | Offi                   | ice soug | ght       |                                |       | Office h            | eld               |                 |
|  | expenditure to benefit C/OI                         | Н       |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  | Date  |         | Payee name     |                         |                        |          |           |                                |       |                     |                   |                 |
|  | 05/20/2025  |         | Costco         |                         |                        |          |           |                                |       |                     |                   |                 |
|  | Amount (\$)   |         | Payee addres   | ss; City;               | State; 2               | Zip Cod  | de        |                                |       |                     |                   |                 |
|  | \$32.37   |         | 191 W Loop     | 1604 S                  |                        |          |           |                                |       |                     |                   |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  |   |         | San Antonio    | , TX 78245              |                        |          |           |                                |       |                     |                   |                 |
|  | PURPOSE   | (a)     | Category (Se   | ee Categories listed at | the ton of this schedu | ule)     | (b)       | Description                    |       |                     |                   |                 |
|  | OF<br>EXPENDITURE                                   | ` `     |                | age Expense             |                        | ,        |           |                                | outsi | de of Texas. Com    | nplete Schedule T |                 |
|  | EXPENDITURE   |         |                |                         |                        |          |           | <b>—</b>                       | , TX, | officeholder living | g expense         |                 |
|  |   |         |                |                         |                        |          |           | office                         |       |                     |                   |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  | Complete ONLY if direct expenditure to benefit C/OI |         | Candidate/Offi | ceholder name           | Offi                   | ice soug | ght       |                                |       | Office h            | eld               |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |
|  |   |         |                |                         |                        |          |           |                                |       |                     |                   |                 |

#### SCHEDULE F1

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

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

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

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

ng Expense Tr ng Expense Tr ies/Wages/Contract Labor O

|   | Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.     |
|---|--|---|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 14/58 Rpt: 26/71                                      | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 06/20/2025   | Cracker Barrell   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$55.51  | 2110 Sidney Baker St  |
|   |  |   |
|   |  | Kerrville, TX 78028   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense   |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | meal  |
|   |  |   |
| 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  |
|   | 06/30/2025   | Cracker Barrell   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$30.05  | 2110 Sidney Baker St  |
|   | ,  |   |
|   |  | Kerrville, TX 78028   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | meal meal   |
|   |  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   | Date   | Payee name  |
|   | 01/21/2025   | DC Transportation   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$298.00   | 1300 Pennsylvania Ave NW  |
|   |  | #190  |
|   |  | Washington, DC 20004  |
| _ | PURPOSE  |   |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |  | Transportation in DC during snowstorm   |
|   |  |   |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                                |   |
|   |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

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

|             | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex<br>Legal Services The Instruction Guid | Office C<br>Polling I<br>pense Printing<br>Salaries         | verhea<br>Expens<br>Expens<br>/Wages | se<br>s/Contract Labor |          | Travel in District<br>Travel Out of Dis | quipment & Related Expense |                            |
|-------------|---|--|---|--------------------------------------|------------------------|----------|---|----------------------------|----------------------------|
| 1           | Total pages Schedule F1:  | 2 EII ED   |   |                                      |                        |          |   | Filer ID                   | (Ethics Commission Filers) |
| -           | Sch: 15/58 Rpt: 27/71   |  | I, Wesley W. (The Hono                                      | rable)                               |                        |          | 3                                       | 00086012                   | (Luites Commission Filers) |
| 4           | Date  | <b>5</b> Payee   | name  |                                      |                        |          |   |                            |                            |
|             | 03/31/2025  |  | nt Projects LLC   |                                      |                        |          |   |                            |                            |
| 6           | Amount (\$)<br>\$250.00   | 206a<br>#309   | address; City;<br>S Loop 336 W<br>e, TX 77304               | State; Zip C                         | ode                    |          |   |                            |                            |
| 8           | PURPOSE<br>OF<br>EXPENDITURE  |  | Ory (See Categories listed at the t<br>Overhead/Rental Expe |                                      | (b)                    | <b>=</b> |   | de of Texas. Comp          |                            |
| 9           | Complete ONLY if direct expenditure to benefit C/Oh   |  | te/Officeholder name  | Office so                            | ught                   |          |   | Office he                  | eld                        |
|             | Date  | Payee  | name  |                                      |                        |          |   |                            |                            |
|             | 06/12/2025  | Delux  | e Business Systems  |                                      |                        |          |   |                            |                            |
| Amount (\$) |   |  | Payee address; City; State; Zip Code                        |                                      |                        |          |   |                            |                            |
|             | \$322.96  |  | S Marquette Ave<br>eapolis, MN 55402                        |                                      |                        |          |   |                            |                            |
|             | DUDDOCE   |  |   |                                      | (h)                    | 5        |   |                            |                            |
|             | PURPOSE<br>OF<br>EXPENDITURE  |  | Ory (See Categories listed at the to Overhead/Rental Expe   |                                      | (0)                    | <b></b>  | , TX,                                   | de of Texas. Comp          |                            |
|             | Complete ONLY if direct expenditure to benefit C/Oh   |  | te/Officeholder name  | Office so                            | ught                   |          |   | Office he                  | eld                        |
|             | Date<br>05/05/2025  | Payee<br>Dollar  | name<br>General Brady                                       |                                      |                        |          |   |                            |                            |
|             | Amount (\$) \$2.65  | 210 S  | address; City;<br>Bridge St                                 | State; Zip C                         | ode                    |          |   |                            |                            |
|             |   | Brady  | , TX 76825  |                                      | _                      |          |   |                            |                            |
|             | PURPOSE<br>OF<br>EXPENDITURE  |  | Ory (See Categories listed at the t<br>Beverage Expense     | op of this schedule)                 | (b)                    |          |   | de of Texas. Comp          |                            |
|             | 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 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/Wanes/Contract Labor

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

|          | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  | ,                            |
|----------|---|--|------------------------------|
| 1        | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID  | ) (Ethics Commission Filers) |
| l        | Sch: 16/58 Rpt: 28/71                               | Virdell, Wesley W. (The Honorable) 00086   | 6012                         |
| 4        | Date  | 5 Payee name   |                              |
| l        | 06/24/2025  | Element Dallas Love Field  |                              |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code   |                              |
| l        | \$130.97  |  |                              |
| l        |   |  |                              |
| l        |   | Dallas, TX 75235   |                              |
| 8        | PURPOSE   |  |                              |
| ľ        | OF  | (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Tex. | as. Complete Schedule T.     |
| l        | EXPENDITURE   | Check if Austin, TX, officehold  | der living expense           |
| l        |   | Hotel  |                              |
| L        |   |  |                              |
| 9        | Complete ONLY if direct expenditure to benefit C/O  |  | fice held                    |
| L        | experiordine to berieff C/O                         | חע   |                              |
|          | Date  | Payee name   |                              |
| l        | 01/06/2025  | Expedia  |                              |
| Г        | Amount (\$)   | Payee address; City; State; Zip Code   |                              |
| l        | \$243.12  | 1111 Expedia Greoup Way W  |                              |
| l        |   |  |                              |
| l        |   | Seattle, WA 98119  |                              |
| ┢        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |                              |
| l        | OF<br>EXPENDITURE                                   | Travel In District Check if travel outside of Text   |                              |
| l        | EXPENDITORE   | Check if Austin, TX, officehold  | der living expense           |
| l        |   | Hotel Stay   |                              |
| ⊢        | Complete ONL V if direct                            | Candidate/Officeholder name Office sought Of   | fice held                    |
| l        | Complete ONLY if direct expenditure to benefit C/Ol | - · · · · · · · · · · · · · · · · · · ·  | lice rielu                   |
| ⊨        |   |  |                              |
| l        | Date  | Payee name   |                              |
| ╙        | 02/10/2025  | Expedia  |                              |
| l        | Amount (\$)   | Payee address; City; State; Zip Code   |                              |
| l        | \$786.39  | 1111 Expedia Greoup Way W  |                              |
| l        |   |  |                              |
| L        |   | Seattle, WA 98119  |                              |
| l        | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description   |                              |
| l        | EXPENDITURE   | Travel In District Check if travel outside of Texi   | ·                            |
| l        |   | Hotel  | der livilig experise         |
|          |   |  |                              |
| $\vdash$ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Of   | fice held                    |
|          | expenditure to benefit C/O                          |  |                              |
| -        |   |  |                              |
|          |   |  |                              |
|          |   |  |                              |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLED (outer a extragal part listed above)

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.                              |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                     |
|   | Sch: 17/58 Rpt: 29/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date   | 5 Payee name   |
|   | 01/03/2025   | Fergueson, Barbara   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$500.00   | 301 Junction Hwy., Suite 254   |
|   |  |  |
|   |  | kerrville, TX 78028  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description       |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor  |
|   |  | payment for services rendered  |
|   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                  |
|   | expenditure to benefit C/O                             |  |
|   | Date   | Payee name   |
|   | 01/06/2025   | Finch, Edie  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$15,000.00  | 1122 Colorado St   |
|   | • •  |  |
|   |  | Austin, TX 78701   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description       |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T. |
|   |  | X Check if Austin, TX, officeholder living expense<br>  Austin Apartment Rental        |
|   |  | , would partition to the   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                  |
|   | expenditure to benefit C/O                             | - · · · · · · · · · · · · · · · · · · ·  |
| - | Date   | Payee name   |
|   | 06/04/2025   | Finch, Edie  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$1,503.00   | 1122 Colorado St   |
|   | Ψ1,505.00  | 1122 6001440 51  |
|   |  | Austin, TX 78701   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description       |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   |
|   | EXPENDITORE  | X Check if Austin, TX, officeholder living expense                                     |
|   |  | Rent in austin   |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held                                  |
|   | - CAPCHARLATO TO SOTIONE OF CI                         | •  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

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

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

|          | Candidate/Officeholder/Politica<br>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: 18/58 Rpt: 30/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
|          | 01/21/2025   | Five Guys DC   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$35.60  | 808 h St NW  |
|          |  |  |
|          |  | Washington, DC 20001   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  meal   |
|          |  | incu   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ        | expenditure to benefit C/O                             | the state of the s |
| F        | Date   | Payee name   |
|          | 01/03/2025   | Five Guys  |
| H        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$13.62  | 1304 W Pipeline Rd   |
|          |  |  |
|          |  | Hurst, TX 76053  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|          |  | meal   |
|          |  | in the same of the |
| Н        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             |  |
| F        | Date   | Payee name   |
|          | 01/08/2025   | GM FInancial   |
| Н        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$1,500.00   | P.O. Box 99605   |
|          |  |  |
|          |  | Arlington, TX 76096  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Expense Check if Austin, TX, officeholder living expense  Vehicle Lease  |
|          |  | Vehicle Lease  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             | · · · · · · · · · · · · · · · · · · ·  |
| $\vdash$ |  |  |
|          |  |  |
| ı        |  |  |

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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: 19/58 Rpt: 31/71                               | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date  | 5 Payee name  |
|   | 02/10/2025  | GM FInancial  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$1,500.00  | P.O. Box 99605  |
|   |   | Adjusted TV 76006   |
| Ļ | DUDDOCE   | Arlington, TX 76096   |
| 8 | PURPOSE<br>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  |
|   |   | Vehicle lease   |
| Ļ | Complete CNII V if direct                           | Condidate/Officeholder name Office county   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| _ | Date  | Davida marta  |
|   | 03/10/2025  | Payee name GM FInancial   |
| _ | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$1,500.00  | P.O. Box 99605  |
|   |   |   |
|   |   | Arlington, TX 76096   |
|   | PURPOSE<br>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                         |
|   |   | vehicle lease   |
|   |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | experialiture to benefit C/Oi                       |   |
|   | Date  | Payee name  |
|   | 04/08/2025  | GM FInancial  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$1,500.00  | P.O. Box 99605  |
|   |   | Arlington, TX 76096   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Transportation Equipment And Related  |
|   | LAI LINDITORE                                       | Expense Check if Austin, TX, officeholder living expense  Vehicle Lease   |
|   |   | Vehicle Lease   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | Complete ONLY if direct                             |   |
|   | expenditure to benefit C/OI                         | 1   |
|   |   | 1   |
|   |   | 1   |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| 1   | Total pages Schedule F1:                                  |  |  |  |  |  |  |  |  |
|   | Sch: 20/58 Rpt: 32/71                                     | Virdell, Wesley W. (The Honorable) 00086012  |  |  |  |  |  |  |  |
| 4   | Date  | 5 Payee name   |  |  |  |  |  |  |  |
|   | 05/08/2025  | GM FInancial   |  |  |  |  |  |  |  |
| 6   | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |  |  |  |  |  |
|   | \$1,500.00  | P.O. Box 99605   |  |  |  |  |  |  |  |
|   |   | Arlington, TX 76096  |  |  |  |  |  |  |  |
| 8   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |  |
|   | OF  | Transportation Equipment And Related  Transportation Equipment And Related  Control of this schedule)  Control of this schedule)  Control of this schedule)  Control of this schedule)  Control of this schedule of this schedule of this schedule of the sche |  |  |  |  |  |  |  |
|   | EXPENDITURE   | Expense  |  |  |  |  |  |  |  |
|   |   | Vehicle lease  |  |  |  |  |  |  |  |
| 9   | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |  |
| 9   | expenditure to benefit C/OF                               |  |  |  |  |  |  |  |  |
|   | Date  | Payee name   |  |  |  |  |  |  |  |
|   | 06/09/2025  | GM FInancial   |  |  |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |  |  |  |
|   | \$1,500.00  | P.O. Box 99605   |  |  |  |  |  |  |  |
|   |   | Arlington, TX 76096  |  |  |  |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |  |
|   | OF<br>EXPENDITURE   | Transportation Equipment And Related   |  |  |  |  |  |  |  |
|   |   | Expense Check if Austin, TX, officeholder living expense  Vehicle lease  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |  |
| _   | Date  | Payee name   |  |  |  |  |  |  |  |
|   | 03/27/2025  | Payee name  HEB Lake Austin  |  |  |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |  |  |  |
|   | / MITCH 11 11 11 11 11 11 11 11 11 11 11 11 11            | / LUYUU GUULGAA. DUY ARDE /III LUUE  |  |  |  |  |  |  |  |
|   | \$118.10  | 2652 Lake Austin Blvd  |  |  |  |  |  |  |  |
|   | * *   |  |  |  |  |  |  |  |  |
|   | \$118.10  | 2652 Lake Austin Blvd Austin, TX 78703   |  |  |  |  |  |  |  |
|   | * *   | 2652 Lake Austin Blvd  Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule)  (b) Description   |  |  |  |  |  |  |  |
|   | \$118.10 PURPOSE  | 2652 Lake Austin Blvd Austin, TX 78703   |  |  |  |  |  |  |  |
|   | \$118.10  PURPOSE OF                                      | 2652 Lake Austin Blvd  Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |  |  |
|   | \$118.10  PURPOSE  OF  EXPENDITURE                        | 2652 Lake Austin Blvd  Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office food/drink  |  |  |  |  |  |  |  |
|   | \$118.10  PURPOSE OF                                      | 2652 Lake Austin Blvd  Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office food/drink  Candidate/Officeholder name  Office sought  Office held   |  |  |  |  |  |  |  |
|   | \$118.10  PURPOSE OF EXPENDITURE  Complete ONLY if direct | 2652 Lake Austin Blvd  Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office food/drink  Candidate/Officeholder name  Office sought  Office held   |  |  |  |  |  |  |  |
|   | \$118.10  PURPOSE OF EXPENDITURE  Complete ONLY if direct | 2652 Lake Austin Blvd  Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office food/drink  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: 21/58 Rpt: 33/71      | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date                       | 5 Payee name   |
|   | 01/22/2025                 | Hilton Hotels DC   |
| 6 | Amount (\$)                | 7 Payee address; City; State; Zip Code   |
|   | \$2,262.29                 | 1919 Connecticut Ave NW  |
|   |                            |  |
|   |                            | Washington, DC 20009   |
| 8 | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE          | Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |                            | Lodging DC   |
|   |                            |  |
| 9 | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |
| ľ | expenditure to benefit C/O |  |
| _ | Date                       | Davies same  |
|   | 06/25/2025                 | Payee name In-N-Out Burger Fort Worth  |
|   |                            | <del>-</del>   |
|   | Amount (\$)                | Payee address; City; State; Zip Code   |
|   | \$15.64                    | 2900 W. &th St   |
|   |                            |  |
|   |                            | Fort Worth, TX 76107   |
|   | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE          | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |                            | Check if Austin, TX, officeholder living expense  Meal   |
|   |                            | Thousand the second sec |
|   | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O |  |
| _ | Date                       | Device same  |
|   | 01/08/2025                 | Payee name<br>Jack Allen's Kitchen   |
|   |                            |  |
|   | Amount (\$)                | Payee address; City; State; Zip Code   |
|   | \$32.08                    | 1345 E Whitestone Blvd   |
|   |                            |  |
|   |                            | Austin, TX 78613   |
|   | PURPOSE<br>OF              | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE                | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |                            | Meal   |
|   |                            |  |
|   | 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 Payment |  |          | Gift/Award<br>mittee Legal Ser   | erage Expense<br>ds/Memorials Expense | Office Ov<br>Polling Ex<br>Printing E<br>Salaries/ | verhead<br>xpense<br>Expens<br>Wages | e<br>/Contract Labor |   | Travel in District<br>Travel Out of Dist | quipment & Related Expense |
|---|--|----------|--|---------------------------------------|--|--------------------------------------|----------------------|---|--|----------------------------|
| _   | Total magga Cabadula F1.                                   | <u> </u> |  |                                       |  |                                      |                      | _ | Files ID                                 | (Ethios Commission Filoro) |
| 1   | Total pages Schedule F1:<br>Sch: 22/58 Rpt: 34/71          | l        | FILER NAME<br>Virdell, Wesley W.   | (The Honorable)                       |  |                                      |                      | 3 | Filer ID<br>00086012                     | (Ethics Commission Filers) |
| 4   | Date   | 5        | Payee name   |                                       |  |                                      |                      |   |  |                            |
|   | 06/13/2025   |          | Jack Allen's Kitche  | n                                     |  |                                      |                      |   |  |                            |
| 6   | Amount (\$)<br>\$30.00                                     |          | Payee address; City; State; Zip Code  1345 E Whitestone Blvd  Austin, TX 78613 |                                       |  |                                      |                      |   |  |                            |
| 8   | PURPOSE<br>OF<br>EXPENDITURE                               |          | Category <sub>(See Categor</sub><br>Food/Beverage Ex                           |                                       | schedule)  | (b)                                  | 브                    |   | de of Texas. Comp<br>officeholder living |                            |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh |          | andidate/Officeholde   | r name                                | Office sou   | ught                                 |                      |   | Office he                                | ld                         |
|   | Date   |          | Payee name   |                                       |  |                                      |                      |   |  |                            |
|   | 06/26/2025   |          | Jack Allen's Kitche  | n                                     |  |                                      |                      |   |  |                            |
| Amount (\$)   |  |          | Payee address; City; State; Zip Code   |                                       |  |                                      |                      |   |  |                            |
|   | \$27.56  |          | 1345 E Whitestone<br>Austin, TX 78613  | e Blvd                                |  |                                      |                      |   |  |                            |
|   | PURPOSE  | (a)      | Category (See Categor  | ies listed at the top of this         | schedule)  | (b)                                  | Description          |   |  |                            |
|   | OF<br>EXPENDITURE  |          | Food/Beverage Ex   |                                       | ouncauto   |                                      | Check if travel      |   | de of Texas. Comp<br>officeholder living |                            |
|   | Complete ONLY if direct expenditure to benefit C/Oh        |          | andidate/Officeholde   | r name                                | Office sou   | ught                                 |                      |   | Office he                                | ld                         |
|   | Date<br>02/10/2025   | l        | Payee name<br>Jacoby's Cafe  |                                       |  |                                      |                      |   |  |                            |
|   | Amount (\$)<br>\$51.85                                     | l        | Payee address;<br>201 Noyes St   | City; Sta                             | ate; Zip Co  | ode                                  |                      |   |  |                            |
|   |  |          | Melvin, TX 76858   |                                       |  |                                      |                      |   |  |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | ı        | Category (See Categor<br>Food/Beverage Ex                                      | •                                     | schedule)  | (b)                                  | <b>=</b>             |   | de of Texas. Comp                        |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh |          | andidate/Officeholde   | r name                                | Office sou   | ught                                 |                      |   | Office he                                | ld                         |
|   |  |          |  |                                       |  |                                      |                      |   |  |                            |

#### 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<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 23/58 Rpt: 35/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date   | 5 Payee name   |
|   | 06/20/2025   | Jacoby's Cafe  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$36.29  | 201 Noyes St   |
|   |  |  |
|   |  | Melvin, TX 76858   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |  | Meal   |
|   |  | inotal in the control of the control |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ | expenditure to benefit C/O                             |  |
| H | Date   | Payee name   |
|   | 02/10/2025   | Kerby Lane Cafe - South  |
| ┝ | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$104.07   | 3003 S Lamar   |
|   | \$104.07   | 3003 S Lamai   |
|   |  | A  |
|   |  | Austin, TX 78704   |
|   | PURPOSE<br>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   |
|   |  |  |
|   |  |  |
| H | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             |  |
| F | Date   | Payee name   |
|   | 05/22/2025   | Kerby Lane Cafe - South  |
| H | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$122.75   | 3003 S Lamar   |
|   | Ψ122.110   | 5000 O Edina   |
|   |  | Austin, TX 78704   |
| H | PURPOSE  |  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | meal   |
| L |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| L | expenditure to benefit C/Ol                            | <u> </u>   |
|   |  |  |
|   |  |  |
| 1 |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|          | Candidate/Officeholder/Politica<br>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: 24/58 Rpt: 36/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
| L        | 02/03/2025   | Kneading Faith Sourdough Company   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$47.84  | 126 Fort McKavitt St   |
|          |  |  |
| L        |  | Mason, TX 76856  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|          |  | Design work  |
|          |  |  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            | <del>-</del>   |
|          | Date   | Payee name   |
|          | 01/03/2025   | Lawrence, Kelsey   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$200.00   | 301 Junction Hwy   |
|          |  | Suite 254  |
|          |  | Kerrville, TX 78028  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  |
|          |  | Check if Austin, TX, officeholder living expense Payment for services rendered   |
|          |  | T dyment for services rendered   |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             |  |
|          | Date   | Payee name   |
|          | 01/13/2025   | Loro Asian Smokehouse and bar  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$137.28   | 2115 S lamar   |
|          |  |  |
|          |  | Austin, TX 78704   |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                 |
|          |  | Meal   |
|          |  |  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             | · · · · · · · · · · · · · · · · · · ·  |
| $\vdash$ |  |  |
|          |  |  |
| l        |  |  |

### 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<br>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: 25/58 Rpt: 37/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date   | 5 Payee name   |
|   | 01/07/2025   | Loves #700   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$19.67  | 3880 Loop 467  |
|   |  |  |
|   |  | Sonora, TX 76950   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Expense Check if Austin, TX, officeholder living expense Fuel  |
|   |  | T del  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             |  |
| _ | Date   | Payee name   |
|   | 01/13/2025   | Mail Chimp   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$330.46   | 675 Ponce de Leon Ave NE   |
|   |  | Suite 5000   |
|   |  | Atlanta, GA 30308  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF   | Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | MailChimp Subscription   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             |  |
| _ | Data   | David and the second se |
|   | Date 02/12/2025  | Payee name<br>Mail Chimp   |
|   |  | · · · · · · · · · · · · · · · · · · ·  |
|   | Amount (\$) \$330.46                                   | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE   |
|   | Ψ550.40  | Suite 5000   |
|   |  | Atlanta, GA 30308  |
|   | DUDDOCE  | Tax.   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Mailchimp Subscription   |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   | experientare to benefit 6/01                           | <u> </u>   |
|   |  |  |
|   |  |  |

### 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:<br>Sch: 26/58 Rpt: 38/71  | 2 FILER NAME Virdell, Wesley W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086012   |
| 4 | Date 03/12/2025                                    | 5 Payee name<br>Mail Chimp  |
|   | Amount (\$)<br>\$330.46                            | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mail Chimp Subscription |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>04/14/2025                                 | Payee name<br>Mail Chimp  |
|   | Amount (\$)<br>\$330.46                            | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mail Chimp               |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date 05/12/2025                                    | Payee name<br>Mail Chimp  |
|   | Amount (\$)<br>\$330.46                            | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mail Chimp               |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   |  |   |

#### SCHEDULE F1

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

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

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

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

|          | Candidate/Officeholder/Politica<br>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: 27/58 Rpt: 39/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
|          | 06/12/2025   | Mail Chimp   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$330.46   | 675 Ponce de Leon Ave NE   |
|          |  | Suite 5000   |
|          |  | Atlanta, GA 30308  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  mailchimp  |
|          |  | i maiichimp  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| Ľ        | expenditure to benefit C/O                             |  |
|          | Date   | Payee name   |
|          | 03/04/2025   | Mamacitas  |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$73.49  | 215 Junction Hwy   |
|          |  |  |
|          |  | Kerrville, TX 78028  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                 |
|          |  | Meal   |
|          |  |  |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             |  |
|          | Date   | Payee name   |
|          | 02/21/2025   | Mason County News  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$52.00  | 122 South Live Oak   |
|          |  |  |
|          |  | Mason, TX 76856  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   |
|          | EX. 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                             |  |
| $\vdash$ |  |  |
|          |  |  |
| ı        |  |  |

#### 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<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 28/58 Rpt: 40/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 01/13/2025   | Men's Wearhouse   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$17.29  | 11200 lakeline Mall Dr  |
|          |  | F-13  |
|          |  | Cedar park, TX 78613  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Wardrobe  |
|          |  | Wardiobe  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | <del>-</del>  |
| F        | Date   | Payee name  |
|          | 02/24/2025   | Menard News   |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$45.00  | 220 Mission St  |
|          |  |   |
|          |  | Menard, TX 76859  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  News Subscription   |
|          |  | News Subscription   |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
|          | Date   | Payee name  |
|          | 05/05/2025   | Mi Familia Brady  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$36.19  | 100 S Church St   |
|          |  |   |
|          |  | Brady, TX 76825   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | meal  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 1        | expenditure to benefit C/OI                            |   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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<br>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: 29/58 Rpt: 41/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 01/06/2025   | Microsoft   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$6.39   | One Microsoft Way   |
|   |  |   |
|   |  | Redmond , WA 98052  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Cloud Storage   |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   | Date   | Payee name  |
|   | 01/15/2025   | Microsoft   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$6.39   | One Microsoft Way   |
|   |  |   |
|   |  | Redmond , WA 98052  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|   |  | Check if Austin, TX, officeholder living expense  Cloud Storage   |
|   |  | Sloud Storage   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 02/06/2025   | Microsoft   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$6.39   | One Microsoft Way   |
|   |  |   |
|   |  | Redmond , WA 98052  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|   | EXI ENDITORE   | Cloud Storage   |
|   |  | Cloud Storage   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |
|   | Sch: 30/58 Rpt: 42/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |  |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |  |
|   | 02/18/2025   | Microsoft   |  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$6.39   | One Microsoft Way   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | Redmond , WA 98052  |  |  |  |  |  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |  |  |  |
|   |  | cloud storage   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | expenditure to benefit C/O                             |   |  |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |  |
|   | 03/05/2025   | Microsoft   |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$6.39   | One Microsoft Way   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | Redmond , WA 98052  |  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|   |  | Cloud storage   |  |  |  |  |  |
|   |  | Cloud Storage   |  |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | expenditure to benefit C/O                             |   |  |  |  |  |  |
| - | Date   | Payee name  |  |  |  |  |  |
|   | 03/17/2025   | Microsoft   |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$6.39   | One Microsoft Way   |  |  |  |  |  |
|   | Ψ0.33  | One wildrosoft way  |  |  |  |  |  |
|   |  | Redmond , WA 98052  |  |  |  |  |  |
|   | PURPOSE  |   |  |  |  |  |  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |  |  |  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|   |  | Cloud storage   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | expenditure to benefit C/OH                            |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |

#### SCHEDULE F1

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.  |
|----------|--|--|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|          | Sch: 31/58 Rpt: 43/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
|          | 04/07/2025   | Microsoft  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$6.39   | One Microsoft Way  |
|          |  |  |
|          |  | Redmond , WA 98052   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|          |  | Cloud storage  |
|          |  | Sloud Storage  |
| Ļ        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI    | the state of the s |
| ⊨        | Data   |  |
|          | Date   | Payee name   |
| L        | 04/15/2025   | Microsoft  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$6.39   | One Microsoft Way  |
|          |  |  |
|          |  | Redmond , WA 98052   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   |
|          | 2/11/2/10/12   | Check if Austin, TX, officeholder living expense   |
|          |  | Cloud storage  |
| L        | 0 1: 0 1: 0  |  |
| l        | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
| L        | ·  |  |
|          | Date   | Payee name   |
|          | 05/06/2025   | Microsoft  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$6.39   | One Microsoft Way  |
| l        |  |  |
|          |  | Redmond , WA 98052   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| l        | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.  |
| l        | LAFENDITORE  | Check if Austin, TX, officeholder living expense   |
|          |  | Cloud Storage  |
| L        | Operation ONE VIII II                                  | Our district Office health and a second of the second of t |
|          | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
| <u> </u> |  |  |
|          |  |  |
|          |  |  |
| _        |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Offic<br>Food/Beverage Expense Poll<br>Gift/Awards/Memorials Expense Prin                  | e Overhea<br>ng Expens<br>ing Expen<br>ries/Wage | se<br>s/Contract Labor |      | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|---|--|------------------------|------|---|
| 1 | Total pages Schedule F1:  | 2 FILER NAME  |  |                        | 3    | Filer ID (Ethics Commission Filers)   |
|   | Sch: 32/58 Rpt: 44/71   | Virdell, Wesley W. (The Honorable)  |  |                        |      | 00086012  |
| 4 | Date  | 5 Payee name  |  |                        |      |   |
|   | 05/15/2025  | Microsoft   |  |                        |      |   |
| 6 | Amount (\$) \$6.39  | 7 Payee address; City; State; Zip<br>One Microsoft Way  | Code   |                        |      |   |
|   |   | Redmond , WA 98052  |  |                        |      |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b)  | ш                      | , TX | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh   |   | sought   |                        |      | Office held   |
|   | Date  | Payee name  |  |                        |      |   |
|   | 06/06/2025  | Microsoft   |  |                        |      |   |
|   | Amount (\$)   | Payee address; City; State; Zip   | Code   |                        |      |   |
|   | \$6.39  | One Microsoft Way  Redmond , WA 98052   |  |                        |      |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule)                                | (b)  | Description            |      |   |
|   | OF<br>EXPENDITURE   | Office Overhead/Rental Expense  |  | <b>=</b>               | , TX | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   | Complete ONLY if direct expenditure to benefit C/Oh   |   | sought   |                        |      | Office held   |
|   | Date  | Payee name  |  |                        |      |   |
|   | 06/16/2025  | Microsoft   |  |                        |      |   |
|   | Amount (\$)<br>\$6.39   | Payee address; City; State; Zip<br>One Microsoft Way  | Code   |                        |      |   |
|   |   | Redmond , WA 98052  |  |                        |      |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b)  |                        | , TX | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   | Complete ONLY if direct expenditure to benefit C/OF   |   | sought   |                        |      | Office held   |
|   |   |   |  |                        |      |   |

### SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

**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

Travel in District Printing Expense Salaries/Wages/Contract Labor 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: 33/58 Rpt: 45/71                               | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date  | 5 Payee name   |
|   | 02/18/2025  | Office Depot   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$497.93  | 307 Sidney Baker South   |
|   |   |  |
|   |   | Kerrville, TX 78028  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |   | Check if Austin, TX, officeholder living expense Office supplies   |
|   |   | Office Supplies  |
| Ļ | Commission ONII V if alice at                       | Condidate/Officeholder name  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held  |
|   | ·   |  |
|   | Date  | Payee name   |
|   | 04/30/2025  | Papa Johns   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$56.15   | 411 W MLK JR Blvd  |
|   |   |  |
|   |   | Austin , TX 78701  |
|   | PURPOSE<br>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 |
|   |   | Pizza  |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          | · · · · · · · · · · · · · · · · · · ·  |
| _ |   |  |
|   | Date  | Payee name   |
|   | 02/20/2025  | Pappasitos   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$276.17  | 6513 I-35 N  |
|   |   |  |
|   |   | Austin, TX 78762   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | meal   |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          | 1  |
|   |   |  |
|   |   |  |

#### SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

|  | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                     | Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Exper<br>Legal Services | Polling Ex<br>nse Printing E | xpense<br>Expens |                                 |       | Travel in Dist |                     |         |
|--|--|---------------------|--|------------------------------|------------------|---------------------------------|-------|----------------|---------------------|---------|
| Credit Card Payment  The Instruction Guide explains how to complete this form. |  |                     |  |                              |                  |                                 |       |                |                     |         |
| 1  | Total pages Schedule F1:   | 2 FILER NAM         | E  |                              |                  |                                 | 3     | Filer ID       | (Ethics Commission  | Filers) |
|  | Sch: 34/58 Rpt: 46/71  | Virdell, We         | sley W. (The Honora  | .ble)                        |                  |                                 |       | 00086012       | 2                   |         |
| 4  | Date   | <b>5</b> Payee name | <u> </u>   |                              |                  |                                 | _     |                |                     |         |
|  | 06/26/2025   | Parisi, Ellic       |  |                              |                  |                                 |       |                |                     |         |
| 6  | Amount (\$)  | 7 Payee addre       |  | State; Zip Co                | ahr              |                                 |       |                |                     |         |
| 6  | \$500.00   | 1800 Nuec           |  | State, ZIP CO                | Jue              |                                 |       |                |                     |         |
|  | Φ500.00  | 1000 Nuec           | es 3i  |                              |                  |                                 |       |                |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
|  |  | Austin, TX          | 78701  |                              |                  |                                 |       |                |                     |         |
| 8  | PURPOSE  | (a) Category (S     | See Categories listed at the top   | of this schedule)            | (b)              | Description                     |       |                |                     |         |
|  | OF<br>EXPENDITURE  |                     | ages/Contract Labor  |                              |                  | =                               |       |                | omplete Schedule T. |         |
|  | EXI ENDITORE   |                     |  |                              |                  | Check if Austin                 |       |                | ring expense        |         |
|  |  |                     |  |                              |                  | Payment for                     | ser   | vices          |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
| 9  | Complete ONLY if direct expenditure to benefit C/Oh  |                     | ficeholder name  | Office sou                   | ught             |                                 |       | Office         | held                |         |
|  | Date   | Payee name          | <del></del>  |                              |                  |                                 |       |                |                     |         |
|  | 01/03/2025   | Parisi, Ellic       | ott  |                              |                  |                                 |       |                |                     |         |
|  | Amount (\$)  | Payee addre         | ess; City;   | State; Zip Co                | ode              |                                 |       |                |                     |         |
|  | \$500.00   | 1800 Nuec           |  | •                            |                  |                                 |       |                |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
|  |  | Austin, TX          | 78701  |                              |                  |                                 |       |                |                     |         |
|  | PURPOSE<br>OF  |                     | See Categories listed at the top   |                              | (b)              | Description                     |       |                |                     |         |
|  | EXPENDITURE  | Salaries/W          | ages/Contract Labor  |                              |                  | Check if travel Check if Austin |       |                | omplete Schedule T. |         |
|  |  |                     |  |                              |                  | Payment for                     |       |                |                     |         |
|  |  |                     |  |                              |                  | 1 dyllicht for .                | JC1   | vices rend     | cred                |         |
| $\vdash$   | Complete ONLY if direct  | Candidate/Of        | ficeholder name  | Office sou                   | lapt             |                                 |       | Office         | held                |         |
|  | expenditure to benefit C/O   |                     | nconduct Haine   | Onice SOL                    | agrit            |                                 |       | Office         | noiu                |         |
|  | ·  |                     |  |                              |                  |                                 |       |                |                     |         |
|  | Date   | Payee name          |  |                              |                  |                                 |       |                |                     |         |
| L  | 01/13/2025   | Phoebe's [          | Diner  |                              |                  |                                 |       |                |                     |         |
|  | Amount (\$)  | Payee addre         | ess; City;   | State; Zip Co                | ode              |                                 |       |                |                     |         |
|  | \$82.38  | 408 W 11tl          | n St   |                              |                  |                                 |       |                |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
|  |  | Austin, TX          | 78701  |                              |                  |                                 |       |                |                     |         |
|  | PURPOSE  |                     |  |                              | (h)              | Docorintian                     |       |                |                     |         |
|  | OF   | ,                   | See Categories listed at the top   | •                            | (0)              | Description  Check if travel    | outsi | de of Texas. C | omplete Schedule T. |         |
|  | EXPENDITURE  | Expense             | tion Equipment And   | neialeu                      |                  | Check if Austin                 |       |                | •                   |         |
|  |  |                     |  |                              |                  | Meal                            |       |                |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
|  | Complete ONLY if direct  | Candidate/Of        | ficeholder name  | Office sou                   | ught             |                                 |       | Office         | held                |         |
|  | expenditure to benefit C/O   |                     |  |                              | 5                |                                 |       | - ,,           |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |
|  |  |                     |  |                              |                  |                                 |       |                |                     |         |

### SCHEDULE F1

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

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

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.   |
|----------|--|---|
| 1        | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 35/58 Rpt: 47/71                                      | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 05/15/2025   | Phoebe's Diner  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$53.64  | 408 W 11th St   |
|          |  |   |
|          |  | Austin, TX 78701  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | meal  |
|          |  |   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |
|          | capenditure to benefit C/Of                                | <u> </u>  |
|          | Date   | Payee name  |
|          | 01/03/2025   | Posada, Sebastian   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$200.00   | 301 Junction Hwy  |
|          |  | Suite 254   |
|          |  | Kerrville, TX 78028   |
|          |  | 1   |
|          | PURPOSE<br>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   |
|          |  | Payment for services rendered   |
|          |  | , in the second of the second |
| $\vdash$ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                                 |   |
| $\vdash$ | Date   | Power name  |
|          |  | Payee name  |
|          | 06/24/2025   | QT  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$59.28  | 10917 Marbach Rd  |
|          |  |   |
|          |  | San Antonio, TX 78245   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Transportation Equipment And Related  |
|          | EXI ENDITORE   | Expense   |
|          |  | Fuel  |
|          |  |   |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held   |
| L        | experiulture to beliefit C/Of                              | 1   |
|          |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 36/58 Rpt: 48/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 03/27/2025   | Quattro Gatti   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$137.45   | 908 Congress Ave  |
|   |  |   |
|   |  | Austin, TX 78701  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|   |  | Meal  |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| H | Date   | Payee name  |
|   | 06/27/2025   | Road Ranger   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$39.57  | 601 Hwy 277 N   |
|   |  |   |
|   |  | Sonora , TX 76950   |
|   | PURPOSE<br>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   |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | <del>1</del>  |
|   | Date   | Payee name  |
|   | 06/30/2025   | Road Ranger   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$39.32  | 601 Hwy 277 N   |
|   |  |   |
|   |  | Sonora , TX 76950   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Expense Check if Austin, TX, officeholder living expense fuel   |
|   |  |   |
|   | 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 - 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

nt 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<br>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: 37/58 Rpt: 49/71   | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date  | 5 Payee name   |
|   | 05/09/2025  | San Saba Cap   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| Ū | \$1,202.57  | 1818 Broadway  |
|   | Ψ1,202.01   | 1010 Browning  |
|   |   | Kornillo TV 70020  |
|   |   | Kerrville, TX 78028  |
| 8 | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |
|   | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                     |
|   |   | Printing   |
|   |   |  |
| 9 | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI   | -1   |
|   | Date  | Payee name   |
|   | 06/09/2025  | Santos   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$24.02   | 205 San Antonio St   |
|   | Ψ24.02  | 200 Sull / Witorilo St   |
|   |   | Mason TV 760E6   |
|   |   | Mason, TX 76856  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |   | Meal   |
|   |   |  |
|   | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI   | 1  |
|   | Date  | Payee name   |
|   | 06/30/2025  | Santos   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$13.57   | 205 San Antonio St   |
|   |   |  |
|   |   | Mason, TX 76856  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF  | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | meal   |
|   |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI                 | Candidate/Officeholder name Office sought Office held  |
|   | experiorale to belieff C/OI   | 1  |
|   |   |  |
|   |   |  |
|   |   |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above) |
|----------|--|--|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|          | Sch: 38/58 Rpt: 50/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
|          | 06/09/2025   | Shell Bridge St  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$63.68  | 2342 S Bridge St   |
|          |  |  |
|          |  | Brady, TX 76825  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                       |
|          | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.            |
|          |  | Expense Check if Austin, TX, officeholder living expense Fuel  |
|          |  | i uci  |
| 9        | Commission ONII V if disposi                           | Condidate Office halder some   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
| L        |  |  |
|          | Date   | Payee name   |
|          | 06/10/2025   | Shell Bridge St  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$40.69  | 2342 S Bridge St   |
|          |  |  |
|          |  | Brady, TX 76825  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                       |
|          | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.            |
|          |  | Expense Check if Austin, TX, officeholder living expense  Fuel   |
|          |  | ruci   |
| ┝        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            |  |
| ⊨        |  |  |
|          | Date   | Payee name   |
|          | 06/18/2025   | Shell Bridge St  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$60.38  | 2342 S Bridge St   |
|          |  |  |
|          |  | Brady, TX 76825  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                       |
|          | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.            |
|          | 2/11/2/10/12   | Expense Check if Austin, TX, officeholder living expense   |
|          |  | Fuel   |
| L        | Commission ONU V. M. alling                            | Condidate/Officeholder come  |
| I        | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
| <u> </u> |  |  |
|          |  |  |
|          |  |  |

### SCHEDULE F1

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

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

|   | Candidate/Officeholder/Politica<br>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: 39/58 Rpt: 51/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |  |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |  |
|   | 01/13/2025   | Short Stop Llano  |  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$56.32  | 100 W Young St  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | Llano, TX 78648   |  |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|   |  | Expense Check if Austin, TX, officeholder living expense  Fuel  |  |  |  |  |  |
|   |  | T del   |  |  |  |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| 9 | expenditure to benefit C/O                             |   |  |  |  |  |  |
| _ | Data   |   |  |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |  |
|   | 03/31/2025   | Smith, Kody   |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$386.95   | 1800 Nueces St  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | Austin, TX 78701  |  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Reimbursement   |  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Reimbursement for flags from hobby lobby  |  |  |  |  |  |
|   |  | Reimbursement for mags from hobby lobby   |  |  |  |  |  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | expenditure to benefit C/O                             | - · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |
| _ | Data   |   |  |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |  |
|   | 05/09/2025   | Smith, Kody   |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$200.00   | 1800 Nueces St  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | Austin, TX 78701  |  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor   |  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Campaign  |  |  |  |  |  |
|   |  | Campaign  |  |  |  |  |  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | expenditure to benefit C/O                             |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |

### SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 40/58 Rpt: 52/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 06/27/2025   | Smith, Kody   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$500.00   | 1800 Nueces St  |
|   |  |   |
|   |  | Austin, TX 78701  |
| 8 | PURPOSE<br>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                        |
|   |  | Payment for services  |
|   |  | T dymont for convices   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ | expenditure to benefit C/O                             |   |
| - | Date   | Davisa nama   |
|   | 01/27/2025   | Payee name  |
|   |  | Smith, Kody   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$550.00   | 1800 Nueces St  |
|   |  |   |
|   |  | Austin, TX 78701  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor   |
|   |  | Check if Austin, TX, officeholder living expense  Payment for services, per phone call  |
|   |  | r ayment for services, per phone can  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| _ | Data   |   |
|   | Date   | Payee name  |
|   | 01/10/2025   | Southwest Airlines  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$905.42   | 2702 Love Field Dr  |
|   |  |   |
|   |  | Dallas, TX 75235  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Travel Out of District X Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Plane tickets to RNC evnet  |
|   |  | Plane lickets to Rive evilet  |
|   | 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 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: 41/58 Rpt: 53/71                               | Virdell, Wesley W. (The Honorable)   | 00086012   |
| 4 | Date  | 5 Payee name   |  |
|   | 06/11/2025  | Stripes Kerrville  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
|   | \$40.00   | 2109 Sidney Baker St   |  |
|   |   |  |  |
|   |   | Kerrville, TX 78028  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | OF<br>EXPENDITURE                                   | Transportation Equipment And Related Check if travel                             | outside of Texas. Complete Schedule T.                                     |
|   | LA LIBITORE   | Expense Check if Austin  | n, TX, officeholder living expense   |
|   |   | ruei   |  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
| 9 | expenditure to benefit C/O                          |  | Office field   |
| _ | Date  | <u> </u>   |  |
|   | Date  | Payee name   |  |
|   | 06/17/2025  | Stripes  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$56.00   | 2109 Sidney Baker St   |  |
|   |   |  |  |
|   |   | Kerrville, TX 78028  |  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | EXPENDITURE   | Transportation Equipment And Related   | outside of Texas. Complete Schedule T.  n, TX, officeholder living expense |
|   |   | Fuel   | i, 1X, Underload living S.ps.i.ec  |
|   |   |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OI                         | DH .   |  |
|   | Date  | Payee name   |  |
|   | 06/23/2025  | Sunoco   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$84.97   | 200 Hwy 71 E   |  |
|   |   |  |  |
|   |   | Llano, TX 78643  |  |
|   | PURPOSE   |  |  |
|   | OF  |  | outside of Texas. Complete Schedule T.                                     |
|   | EXPENDITURE   |  | n, TX, officeholder living expense   |
|   |   | fuel   |  |
|   |   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought  | Office held  |
|   | experiorarie to berieff C/Or                        | 'n   |  |
|   |   |  |  |
|   |   |  |  |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | mmittee        | Legal Se  | rds/Memorials E<br>ervices<br>struction Guid |                 |            | /ages      | /Contract Labor |        | Travel Out of<br>OTHER (ent |         | ict<br>ategory not listed above) |
|---|--|-----|----------------|-----------|--|-----------------|------------|------------|-----------------|--------|-----------------------------|---------|----------------------------------|
| 1 | Total pages Schedule F1:   | 12  | EII ED NAME    |           |  | •               |            | •          |                 | 3      | Filer ID                    |         | (Ethics Commission Filers)       |
| ľ | Sch: 42/58 Rpt: 54/71  |     | Virdell, Wes   |           | (The Hone                                    | orable)         |            |            |                 |        | 0008601                     |         | (Ethics Commission Filers)       |
|   |  | L   |                |           | . (THE HOLL                                  | Ji abie)        |            |            |                 |        | 0008001                     |         |                                  |
| 4 | Date   | 5   | Payee name     |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | 06/18/2025   |     | TDCJ           |           |  |                 |            |            |                 |        |                             |         |                                  |
| 6 | Amount (\$)  | 7   | Payee addre    | ss;       | City;  | State           | ; Zip Co   | de         |                 |        |                             |         |                                  |
|   | \$204.35   | l   | PO Box 130     | 084       |  |                 |            |            |                 |        |                             |         |                                  |
|   |  |     |                |           |  |                 |            |            |                 |        |                             |         |                                  |
|   |  |     | Austin, TX     | 78711     |  |                 |            |            |                 |        |                             |         |                                  |
| Ļ | DUDD 0.05  | _   |                |           |  |                 |            | <i>a</i> > |                 |        |                             |         |                                  |
| 8 | PURPOSE<br>OF  | (a) |                | ee Catego | ories listed at the                          | top of this sch | hedule)    | (b)        | Description     |        | :                           |         | ata Calcadula T                  |
|   | EXPENDITURE  | l   | Fees           |           |  |                 |            |            | Check if Austin |        |                             |         | ete Schedule T.                  |
|   |  | l   |                |           |  |                 |            |            | TDCJ Fee        | ., .,. | , 0001.0.001                | •g c    | жропос                           |
|   |  | l   |                |           |  |                 |            |            |                 |        |                             |         |                                  |
| _ | Commission ONII V if disposit  | Ц   | Condidate/Offi | اماماما   |  |                 | Office     | la 4       |                 |        | Office                      | la al   | ٨                                |
| 9 | Complete ONLY if direct expenditure to benefit C/OH  |     | Candidate/Offi | cenoia    | er name                                      | (               | Office sou | gnı        |                 |        | Office                      | nei     | u                                |
|   | <u>'</u>   |     |                |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | Date   |     | Payee name     |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | 04/02/2025   |     | TXB Johnson    | on City   | 1  |                 |            |            |                 |        |                             |         |                                  |
|   | Amount (\$)  |     | Payee addre    | SS;       | City;  | State           | ; Zip Co   | de         |                 |        |                             |         |                                  |
|   | \$45.79  |     | 201 Hwy 28     | 31        |  |                 |            |            |                 |        |                             |         |                                  |
|   | ·  |     | ,              |           |  |                 |            |            |                 |        |                             |         |                                  |
|   |  |     | Johnson Cir    | t. TV     | 77062  |                 |            |            |                 |        |                             |         |                                  |
|   |  |     | Johnson Ci     |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | PURPOSE<br>OF  | (a) | Category (Se   |           |  |                 |            | (b)        | Description     |        |                             |         |                                  |
|   | EXPENDITURE  |     | Transportat    | ion Eq    | Juipment Ar                                  | nd Related      | d          |            | <b>=</b>        |        |                             |         | ete Schedule T.                  |
|   |  | l   | Expense        |           |  |                 |            |            | Check if Austin | 1, 1 ^ | , unicendider ii            | viriy e | expense                          |
|   |  |     |                |           |  |                 |            |            | ruei            |        |                             |         |                                  |
|   | 0 1: 01   1/4    1   | L_  | 0 11 1 10 11   |           |  |                 | 0          |            |                 |        | 0.00                        |         |                                  |
|   | Complete ONLY if direct expenditure to benefit C/OI  |     | Candidate/Offi | cenola    | er name                                      | (               | Office sou | gnt        |                 |        | Office                      | nei     | a                                |
|   |  |     |                |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | Date   |     | Payee name     |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | 01/09/2025   |     | Tall City Me   | eat Mai   | rket   |                 |            |            |                 |        |                             |         |                                  |
|   | Amount (\$)  | T   | Payee addre    | SS;       | City;  | State           | e; Zip Co  | de         |                 |        |                             |         |                                  |
|   | \$64.50  | l   | 2909 N Big     |           | ı St   |                 |            |            |                 |        |                             |         |                                  |
|   | , ,  |     | 3              | -1 -      | ,  |                 |            |            |                 |        |                             |         |                                  |
|   |  |     | Midland TV     | , 7070    | _  |                 |            |            |                 |        |                             |         |                                  |
|   |  |     | Midland, TX    | ( /9/0    | 5  |                 |            |            |                 |        |                             |         |                                  |
|   | PURPOSE<br>OF  | (a) | Category (Se   |           |  | top of this sch | hedule)    | (b)        | Description     |        |                             |         |                                  |
|   | EXPENDITURE  |     | Food/Bever     | age E     | xpense                                       |                 |            |            | <u> </u>        |        |                             |         | ete Schedule T.                  |
|   |  | l   |                |           |  |                 |            |            | Check if Austin | 1, 1 X | , officenoider ii           | ving e  | expense                          |
|   |  |     |                |           |  |                 |            |            | Meal            |        |                             |         |                                  |
| _ |  |     |                |           |  |                 |            |            |                 |        |                             |         |                                  |
|   | Complete ONLY if direct expenditure to benefit C/O   |     | Candidate/Offi | ceholde   | er name                                      | (               | Office sou | ght        |                 |        | Office                      | hel     | d                                |
|   | experience to beliefit C/OI  | '   |                |           |  |                 |            |            |                 |        |                             |         |                                  |
|   |  | _   |                |           |  |                 |            | _          |                 | _      | _                           | _       |                                  |
|   |  |     |                |           |  |                 |            |            |                 |        |                             |         |                                  |

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>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: 43/58 Rpt: 55/71  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
| L | 01/30/2025   | Target  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$79.11  | 4235 Sunset Dr  |
|   |  |   |
|   |  | San Angelo, TX 76904  |
| 8 | PURPOSE  | -   |
| ° | OF   | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |  | Office supplies   |
|   |  |   |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/O   |   |
| L |  |   |
|   | Date   | Payee name  |
| L | 04/16/2025   | Target  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$48.83  | 4235 Sunset Dr  |
|   |  |   |
|   |  | San Angelo, TX 76904  |
| _ | PURPOSE  | La.   |
|   | OF   |   |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |  | Supplies  |
|   |  |   |
| H | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O   |   |
| ⊨ | Date   | Payros namo   |
|   | 05/08/2025   | Payee name Target   |
|   |  | Target  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$67.46  | 4235 Sunset Dr  |
|   |  |   |
|   |  | San Angelo, TX 76904  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | Office supplies   |
| L |  |   |
|   | 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 -

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<br>Credit Card Payment        | l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1:                                      | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |
|   | Sch: 44/58 Rpt: 56/71   | Virdell, Wesley W. (The Honorable) 00086012   |  |  |  |  |  |
| 4 | Date  | 5 Payee name  |  |  |  |  |  |
|   | 05/27/2025  | Target  |  |  |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$14.88   | 4235 Sunset Dr  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   | San Angelo, TX 76904  |  |  |  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|   |   | Check if Austin, TX, officeholder living expense  Supplies  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| 0 | Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office hold   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| _ | <u> </u>  |   |  |  |  |  |  |
|   | Date  | Payee name  |  |  |  |  |  |
|   | 01/31/2025  | Tastea Deli   |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$22.18   | 922 Congress Ave  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   | Austin, TX 78701  |  |  |  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |  |  |  |  |  |
|   |   | Meal  |  |  |  |  |  |
|   |   | Meta  |  |  |  |  |  |
|   | Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | expenditure to benefit C/O                                    |   |  |  |  |  |  |
|   | Data  |   |  |  |  |  |  |
|   | Date  | Payee name  |  |  |  |  |  |
|   | 02/14/2025  | Tastea Deli   |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$36.53   | 922 Congress Ave  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   | Austin, TX 78701  |  |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |
|   | -   | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|   |   | Meal  |  |  |  |  |  |
| _ | Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |

#### 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
Finding Expense Splaine Memory/Contract Lobor

|          | Candidate/Officeholder/Politica<br>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: 45/58 Rpt: 57/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 02/19/2025   | Tastea Deli   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$23.65  | 922 Congress Ave  |
|          |  |   |
|          |  | Austin, TX 78701  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|          |  | meal  |
|          |  | in osa  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| Г        | Date   | Payee name  |
|          | 03/14/2025   | Tastea Deli   |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$22.92  | 922 Congress Ave  |
|          |  |   |
|          |  | Austin, TX 78701  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Meal  |
|          |  | inotal  |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| F        | Date   | Payee name  |
|          | 04/07/2025   | Tastea Deli   |
| H        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$40.86  | 922 Congress Ave  |
|          |  |   |
|          |  | Austin, TX 78701  |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Meal  |
|          |  | ivicai  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | · · · · · · · · · · · · · · · · · · ·   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

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

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to cor                        | -     | ete this form.   |  |  |  |
|---|---|--|-------|--|--|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | _     | 3 Filer ID (Ethics Commission Filers)  |  |  |  |
|   | Sch: 46/58 Rpt: 58/71                               | Virdell, Wesley W. (The Honorable)                               |       | 00086012   |  |  |  |
| 4 | Date  | 5 Payee name   |       | <u>'</u>   |  |  |  |
|   | 04/08/2025  | Tastea Deli  |       |  |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Coo                            | de    |  |  |  |  |
|   | \$27.06   | 922 Congress Ave   |       |  |  |  |  |
|   |   |  |       |  |  |  |  |
|   |   | Austin, TX 78701   |       |  |  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)   | Description  |  |  |  |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  | ` '   | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |
|   | EXPENDITURE   | , i  |       | Check if Austin, TX, officeholder living expense   |  |  |  |
|   |   |  |       | meal   |  |  |  |
|   |   |  |       |  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug                          | ght   | Office held  |  |  |  |
|   |   |  |       |  |  |  |  |
|   | Date  | Payee name   |       |  |  |  |  |
|   | 04/09/2025  | Tastea Deli  |       |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Coo                              | de    |  |  |  |  |
|   | \$35.11   | 922 Congress Ave   |       |  |  |  |  |
|   |   |  |       |  |  |  |  |
|   |   | Austin, TX 78701   |       |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)   | Description  |  |  |  |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |       | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |
|   | EXI ENDITORE  |  |       | Check if Austin, TX, officeholder living expense   |  |  |  |
|   |   | meal meal  |       |  |  |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office souc                          | nht.  | Office held  |  |  |  |
|   | expenditure to benefit C/OI                         |  | JIIL  | Office field   |  |  |  |
|   |   |  |       |  |  |  |  |
|   | Date  | Payee name   |       |  |  |  |  |
|   | 01/21/2025  | Tatte Bakery   |       |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Coo                              | de    |  |  |  |  |
|   | \$23.37   | 1200 New Hampshire Ave NW  |       |  |  |  |  |
|   |   |  |       |  |  |  |  |
|   |   | Washington, DC 20036   |       |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)   | Description  |  |  |  |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |       | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |
|   |   |  |       | meal   |  |  |  |
|   |   |  |       |  |  |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office soug                          | thr   | Office held  |  |  |  |
|   | expenditure to benefit C/OI                         |  | g. 1L | Office field   |  |  |  |
|   |   |  |       |  |  |  |  |
|   |   |  |       |  |  |  |  |
|   |   |  |       |  |  |  |  |

#### SCHEDULE F1

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

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| _ | Sch: 47/58 Rpt: 59/71  | Virdell, Wesley W. (The Honorable)  Calling Commission Files)  00086012   |
| 4 | Date   | 5 Payee name  |
|   | 01/23/2025   | Texas House Republican Caucus   |
| 6 | Amount (\$)<br>\$1,000.00  | 7 Payee address; City; State; Zip Code PO Box 13305  Austin, TX 78711   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Contribution |
|   |  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 01/03/2025   | The Capitol Grill   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$22.40  | 1400 Congress Ave   |
|   |  | ·   |
|   |  | Austin, TX 78701  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | Meal  |
|   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
| L | 01/08/2025   | The Capitol Grill   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$34.60  | 1400 Congress Ave   |
|   |  |   |
|   |  | Austin, TX 78701  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | -  | Check if Austin, TX, officeholder living expense  |
|   |  | Meal  |
|   |  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   |  |   |
|   |  |   |
| l |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| 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 Comm   | nission Filers) |
| l | Sch: 48/58 Rpt: 60/71                               | Virdell, Wesley W. (The Honorable) 00086012  |                 |
| 4 | Date  | 5 Payee name   |                 |
|   | 02/24/2025  | The Capitol Grill  |                 |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |                 |
| l | \$33.30   | 1400 Congress Ave  |                 |
|   |   |  |                 |
|   |   | Austin, TX 78701   |                 |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |                 |
|   | OF  | Food/Beverage Expense  |                 |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |                 |
|   |   | Meal   |                 |
| L |   |  |                 |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held OH   |                 |
| L | '   |  |                 |
|   | Date  | Payee name   |                 |
|   | 04/09/2025  | The Capitol Grill  |                 |
| l | Amount (\$)   | Payee address; City; State; Zip Code   |                 |
|   | \$5.40  | 1400 Congress Ave  |                 |
|   |   |  |                 |
|   |   | Austin, TX 78701   |                 |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |                 |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense                                  |                 |
|   |   | meal   |                 |
|   |   | inox.  |                 |
| ┝ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |                 |
|   | expenditure to benefit C/OI                         |  |                 |
| H | Date  | Payee name   |                 |
|   | 01/23/2025  | The Churchill Hotel  |                 |
| H | Amount (\$)   | Payee address; City; State; Zip Code   |                 |
| l | \$71.60   |  |                 |
| l | , , <u>, , , , , , , , , , , , , , , , , </u>       |  |                 |
|   |   | Washington, DC 20037   |                 |
| ⊢ | PURPOSE   | <u> </u>   |                 |
| l | OF  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. |                 |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |                 |
|   |   | meal   |                 |
| L |   |  |                 |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |                 |
| L | experientale to beliefft G/OI                       | 201  |                 |
|   |   |  |                 |
|   |   |  |                 |

### 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: 49/58 Rpt: 61/71       | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date                        | 5 Payee name   |
|   | 02/21/2025                  | The Junction Eagle News  |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code   |
|   | \$50.00                     | 215 N 6th St   |
|   |                             |  |
|   |                             | Junction, TX 76849   |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE           | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |                             | Check if Austin, TX, officeholder living expense  News Subscription  |
|   |                             | News Cassonption   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI | 4  |
|   | Date                        | Payee name   |
|   | 01/13/2025                  | Torchys Odessa   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code   |
|   | \$21.56                     | 306 E 5th St   |
|   |                             |  |
|   |                             | Odessa, TX 79761   |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE           | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             | meal   |
|   |                             |  |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI | 4  |
|   | Date                        | Payee name   |
|   | 05/19/2025                  | Tropical Smoothie Cafe   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code   |
|   | \$70.82                     | 815 W 47th St  |
|   |                             | Suite 102B   |
|   |                             | Austin, TX 78751   |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE           | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                  |
|   |                             | meal   |
|   |                             |  |
| H | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI | <del>1</del>   |
|   |                             |  |

### SCHEDULE F1

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

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

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

|          | Candidate/Officeholder/Politica<br>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: 50/58 Rpt: 62/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 06/27/2025   | Tropical Smoothie Cafe  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$12.21  | 815 W 47th St   |
|          |  | Suite 102B  |
|          |  | Austin, TX 78751  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|          |  | meal  |
|          |  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | -1  |
|          | Date   | Payee name  |
|          | 03/31/2025   | True Texas Project  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$250.00   | 1220-G Airport Freeway  |
|          |  | #602  |
|          |  | Bedford, TX 76022   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Event Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Event Ticket  |
|          |  |   |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
|          | Date   | Payee name  |
|          | 01/24/2025   | ULINE   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$819.72   | 12575 Uline Drive   |
|          |  |   |
|          |  | Pleasant Prairie , WI 53158   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Locker for office   |
|          |  | LOGICI TOT OTHEC  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

|          | Candidate/Officeholder/Politica<br>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: 51/58 Rpt: 63/71                                      | Virdell, Wesley W. (The Honorable) 00086012   |  |  |  |  |  |
| 4        | Date   | 5 Payee name  |  |  |  |  |  |
|          | 02/18/2025   | USPS  |  |  |  |  |  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |
|          | \$125.00   | 229 South Blackburn Street  |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  | Brady, TX 76825   |  |  |  |  |  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|          | OF<br>EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|          |  | Check if Austin, TX, officeholder living expense PO Box renewal   |  |  |  |  |  |
|          |  | FO BOX ICHEWAI  |  |  |  |  |  |
| <u>_</u> | Complete ONU V if alice                                    | Condidate/Officeholder name   |  |  |  |  |  |
| 9        | Complete ONLY if direct expenditure to benefit C/O         | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          | Date   | Payee name  |  |  |  |  |  |
|          | 01/09/2025   | Uber  |  |  |  |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|          | \$7.87   | 1725 Third Street   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  | San Francisco, CA 94158   |  |  |  |  |  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|          | EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |  |  |  |
|          |  | Uber  |  |  |  |  |  |
|          |  | G S C I   |  |  |  |  |  |
| _        | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|          | expenditure to benefit C/OH                                |   |  |  |  |  |  |
|          | 5 .  |   |  |  |  |  |  |
|          | Date   | Payee name  |  |  |  |  |  |
|          | 01/09/2025   | Uber  |  |  |  |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|          | \$9.79   | 1725 Third Street   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  | San Francisco, CA 94158   |  |  |  |  |  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|          | OF<br>EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|          | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|          |  | Uber  |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|          | onpenditure to beliefft C/Of                               | •   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |

### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 52/58 Rpt: 64/71                                      | Virdell, Wesley W. (The Honorable) 00086012   |
| 4 | Date   | 5 Payee name  |
|   | 01/14/2025   | Uber  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$10.99  | 1725 Third Street   |
|   |  |   |
|   |  | San Francisco, CA 94158   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Uber  |
|   |  | OBC!  |
| _ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought   |
| 9 | Complete ONLY if direct expenditure to benefit C/O         | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   | Date   | Payee name  |
|   | 01/17/2025   | Uber  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$14.94  | 1725 Third Street   |
|   |  |   |
|   |  | San Francisco, CA 94158   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                               |
|   |  | Uber  |
|   |  | OBC!  |
| _ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                                 |   |
|   | _  |   |
|   | Date   | Payee name  |
|   | 01/21/2025   | Uber  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$34.10  | 1725 Third Street   |
|   |  |   |
|   |  | San Francisco, CA 94158   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.   |
|   | <b></b>  | Check if Austin, TX, officeholder living expense  |
|   |  | Uber  |
|   | 0 1. 0   |   |
|   | 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 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<br>Credit Card Payment   | l 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: 53/58 Rpt: 65/71  | Virdell, Wesley W. (The Honorable) 00086012   |  |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |  |
|   | 01/21/2025   | Uber  |  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$10.95  | 1725 Third Street   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | San Francisco, CA 94158   |  |  |  |  |  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Uber  |  |  |  |  |  |
|   |  | Obel  |  |  |  |  |  |
| _ | Complete CNU V 'C "  | Condidate/Officeholder name   |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |  |
|   | 01/21/2025   | Uber  |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$253.16   | 1725 Third Street   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | San Francisco, CA 94158   |  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|   |  | Ubers 1/21/25   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |  |
|   | 01/22/2025   | Uber  |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|   | \$19.98  | 1725 Third Street   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  | San Francisco, CA 94158   |  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|   |  | Uber  |  |  |  |  |  |
| _ |  |   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| L | capenditure to beliefft C/Of   |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|      | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | nmittee Le         | t/Awards/Memorials<br>gal Services<br>ne Instruction Gu | ·                   |             | ages.      | /Contract Labor |       | Travel Out of Dis<br>OTHER (enter a     | strict<br>category not listed a | bove)        |
|------|--|----------|--------------------|---|---------------------|-------------|------------|-----------------|-------|---|---------------------------------|--------------|
| Ļ    |  | -        |                    | .c moducation Gu  | nac expiants I      | .5** 10 001 | iibie      | ac una lorilli. |       |   | /= ·                            |              |
| 1    | Total pages Schedule F1:   | 2        |                    |   | ,                   |             |            |                 | 3     | Filer ID                                | (Ethics Commiss                 | sion Filers) |
|      | Sch: 54/58 Rpt: 66/71  |          | Virdell, Wesle     | y W. (The Hor   | norable)            |             |            |                 |       | 00086012                                |                                 |              |
| 4    | Date   | 5        | Payee name         |   |                     |             |            |                 |       |   |                                 |              |
|      | 01/23/2025   |          | Uber               |   |                     |             |            |                 |       |   |                                 |              |
| 6    | Amount (\$)  | 7        | Payee address;     | City;   | State;              | Zip Co      | de         |                 |       |   |                                 |              |
|      | \$11.02  |          | 1725 Third St      |   | ,                   | -           |            |                 |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
|      |  |          | San Francisco      | CA 0/150  |                     |             |            |                 |       |   |                                 |              |
| بــا | DUDESSE  | ļ .      |                    |   |                     |             | <i>a</i> : |                 |       |   |                                 |              |
| 8    | PURPOSE<br>OF  | (a)      | Category (See (    |   | ne top of this sche | edule)      | (b)        | Description     |       |   |                                 |              |
|      | EXPENDITURE  |          | Travel Out of      | District  |                     |             |            | =               |       | de of Texas. Com<br>officeholder living | plete Schedule T.               |              |
|      |  |          |                    |   |                     |             |            | Uber            | , 1,  | onicendider living                      | expense                         |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
| 9    | Complete ONLY if direct  | <u> </u> | Candidate/Office   | holder name   |                     | ffice soug  | aht        |                 |       | Office he                               | ald                             |              |
| 9    | expenditure to benefit C/O   |          | zai iuiuate/OIIICe | ioidei näme   | U                   | mice Sou(   | yııı       |                 |       | Office ne                               | ziu -                           |              |
| L    |  | _        |                    |   |                     |             |            |                 |       |   |                                 |              |
|      | Date   |          | Payee name         |   |                     |             |            |                 |       |   |                                 |              |
|      | 02/06/2025   |          | Uber               |   |                     |             |            |                 |       |   |                                 |              |
|      | Amount (\$)  |          | Payee address;     | City;   | State;              | Zip Co      | de         |                 |       |   |                                 |              |
|      | \$13.92  |          | 1725 Third St      | reet  |                     |             |            |                 |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
|      |  |          | San Francisco      | o, CA 94158   |                     |             |            |                 |       |   |                                 |              |
|      | PURPOSE  | (a)      | Category (See (    | Categories listed at th                                 | ne top of this sche | edule)      | (b)        | Description     |       |   |                                 |              |
|      | OF<br>EXPENDITURE  |          | Travel In Distr    | ict   |                     |             |            | <b>-</b>        |       |   | plete Schedule T.               |              |
|      |  |          |                    |   |                     |             |            | <b>ㅡ</b>        | , TX, | officeholder living                     | j expense                       |              |
|      |  |          |                    |   |                     |             |            | uber            |       |   |                                 |              |
| _    | 0 1. 5   |          | S 11 1 1 1         |   |                     |             |            |                 |       |   |                                 |              |
|      | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 |          | Candidate/Office   | nolder name   | 0                   | ffice sou   | gnt        |                 |       | Office he                               | eid                             |              |
|      | ,  | _        |                    |   |                     |             |            |                 |       |   |                                 |              |
|      | Date   |          | Payee name         |   |                     |             |            |                 |       |   |                                 |              |
|      | 02/10/2025   |          | Uber               |   |                     |             |            |                 |       |   |                                 |              |
|      | Amount (\$)  |          | Payee address;     | City;   | State;              | Zip Co      | de         |                 |       |   |                                 |              |
|      | \$14.15  |          | 1725 Third St      | reet  |                     |             |            |                 |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
|      |  |          | San Francisco      | o, CA 94158   |                     |             |            |                 |       |   |                                 |              |
|      | PURPOSE  | (a)      | Category (See (    | Categories listed at th                                 | ne top of this sche | edule)      | (b)        | Description     |       |   |                                 |              |
|      | OF<br>EXPENDITURE  |          | Travel Out of      |   | •                   |             |            | Check if travel |       |   | plete Schedule T.               |              |
|      | LAFLINDITORE   |          |                    |   |                     |             |            | _               | , TX, | officeholder living                     | j expense                       |              |
|      |  |          |                    |   |                     |             |            | uber            |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
|      | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |          | Candidate/Office   | holder name   | 0                   | ffice sou   | ght        |                 |       | Office he                               | eld                             |              |
|      | experioliture to beriefit C/Of   | Π        |                    |   |                     |             |            |                 |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |
|      |  |          |                    |   |                     |             |            |                 |       |   |                                 |              |

#### SCHEDULE F1

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

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

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

|          | Candidate/Officeholder/Politica<br>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: 55/58 Rpt: 67/71                                  | Virdell, Wesley W. (The Honorable) 00086012  |
| 4        | Date   | 5 Payee name   |
|          | 02/19/2025   | Uber   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$22.89  | 1725 Third Street  |
|          |  |  |
|          |  | San Francisco, CA 94158  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Travel Out of District Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Uber   |
|          |  | Obel   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ        | expenditure to benefit C/OI                            |  |
| ⊨        | Data   |  |
|          | Date   | Payee name   |
|          | 02/21/2025   | Uber   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$23.07  | 1725 Third Street  |
|          |  |  |
|          |  | San Francisco, CA 94158  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Travel Out of District Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Uber   |
|          |  | Obel   |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            |  |
| ⊨        | D-4-   |  |
|          | Date   | Payee name   |
|          | 03/31/2025   | Uber   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$86.64  | 1725 Third Street  |
|          |  |  |
|          |  | San Francisco, CA 94158  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  uber   |
|          |  | unci   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            |  |
| $\vdash$ |  |  |
|          |  |  |
| l        |  |  |

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 56/58 Rpt: 68/71                               | Virdell, Wesley W. (The Honorable) 00086012  |
| 4 | Date  | 5 Payee name   |
|   | 06/26/2025  | Underwoods   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$36.90   | 402 W Commerce St  |
|   |   |  |
|   |   | Brownwood, TX 76801  |
| 8 | PURPOSE<br>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                                   |
|   |   | meal meal  |
|   |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held  |
|   | experialiture to benefit C/Oi                       |  |
|   | Date  | Payee name   |
|   | 01/13/2025  | Valero   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$15.67   | 1701 S hwy 183   |
|   |   |  |
|   |   | Leander, TX 78641  |
|   | PURPOSE<br>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          |
|   |   | Fuel   |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         | 1  |
|   | Date  | Payee name   |
|   | 06/30/2025  | Warriors Heart   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$106.39  | 756 Purple Sage Rd   |
|   |   |  |
|   |   | bandera, TX 78003  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |   | Ticket   |
|   |   |  |
|   | 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 Commi

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

|          | Candidate/Officeholder/Politica<br>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: 57/58 Rpt: 69/71                                  | Virdell, Wesley W. (The Honorable) 00086012   |
| 4        | Date   | 5 Payee name  |
|          | 03/12/2025   | Whole Foods   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$19.12  | 4301 W William Cannon   |
|          |  |   |
|          |  | Austin, TX 78749  |
| 8        | PURPOSE<br>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  Meal  |
|          |  | The Ca  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9        | expenditure to benefit C/O                             |   |
| <b>L</b> | Data   | <u> </u>  |
|          | Date   | Payee name  |
|          | 05/22/2025   | Whole Foods   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$39.96  | 4301 W William Cannon   |
|          |  |   |
|          |  | Austin, TX 78749  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense   |
|          |  | Check if Austin, TX, officeholder living expense  Meal  |
|          |  | Medi  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          |  |   |
|          | Date   | Payee name  |
|          | 01/09/2025   | Wyndham Garden Midland  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$111.97   | 3100 W Wall St  |
|          |  |   |
|          |  | Midland, TX 79701   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Hotel Midland   |
| _        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct 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 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)

| l | Credit Card Payment                                 | The Instruction Guide explains how to co                         | mple       | ete this form.   |
|---|---|--|------------|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   |            | 3 Filer ID (Ethics Commission Filers)  |
| l | Sch: 58/58 Rpt: 70/71                               | Virdell, Wesley W. (The Honorable)                               |            | 00086012   |
| 4 | Date  | 5 Payee name   |            |  |
|   | 06/20/2025  | los abuelos menard   |            |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Co                             | ode        |  |
| l | \$119.81  | 1010 Frisco Ave  |            |  |
| l |   |  |            |  |
| l |   | Menard, TX 76859   |            |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)        | Description  |
| l | OF<br>EXPENDITURE                                   | Food/Beverage Expense  | , ,        | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | -  |            | Check if Austin, TX, officeholder living expense   |
|   |   |  |            | Meal   |
| Ļ | 0 1: 01:14 7 1                                      | 0.51.405.41.4  | <u> </u>   | 0.00   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou                           | ignt       | Office held  |
| ┡ |   |  |            |  |
| l | Date  | Payee name   |            |  |
|   | 01/21/2025  | shake shack DC   |            |  |
| l | Amount (\$)   | Payee address; City; State; Zip Co                               | ode        |  |
|   | \$38.44   | 800 F st NW  |            |  |
| l |   |  |            |  |
| L |   | Washington, DC 20004   |            |  |
| l | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) | (b)        | Description  |
|   | EXPENDITURE   | Food/Beverage Expense  |            | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  |            | meal   |
|   |   |  |            |  |
| ┢ | Complete ONLY if direct                             | Candidate/Officeholder name Office sou                           | ı <u> </u> | Office held  |
| l | expenditure to benefit C/O                          | <del>1</del>   |            |  |
| H |   |  |            |  |
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|   |   |  |            |  |

#### 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: 71/71 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Virdell, Wesley W. (The Honorable) 00086012 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Virdell, Wes 8 Departure city or name of departure location 01/18/2025 9 Destination city or name of destination location 01/21/2025 **Baltimore** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) **RNC** event Commercial Airplane