### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

OFFICEHOLDER NAME  The Honorable Regina  NICKNAME  LAST  Gina  Hinojosa   Date Hand-delivered or Date Postmarked  O7/30/2025  Date Hand-delivered or Date Postmarked  O7/30/2025  Date Hand-delivered or Date Postmarked  Date Processed  Amount  Receipt # Amount  Date Processed  Plane Processed  The Month Day Year Month Day Year  O7/01/2024  THROUGH  THROUGH  THROUGH  T2/31/2024  Date Imaged  Date Imaged  Date Imaged  O7/30/2025							_	
3 CANDIDATE / OFFICEHOLDER NAME	1	Filer ID (Ethi	cs Commission Filers)				OFFICE U	ISE ONLY
OFFICIENDLDER NAME  NICKNAME  LAST  Gina  Hindjosa  4 ORICINAL  REPORT TYPE  July 15  Determined modified reporting limit  SUFFIX  Gina  Hindjosa  4 ORICINAL  REPORT TYPE  July 15  Determined modified reporting limit  Because ded modified reporting limit  Personal prospurer  July 15  Date Processed  D		00080440		101			Date Received	
NAME   NICKNAME   LAST   SUFFIX   Superior   S	3			FIRST		MI	ELECTRONICA	LLY FILED
Gina  Hinojosa			The Honorable	Regina			07/30/2025	
A ORIGINAL REPORT TYPE    Substituting   Substituti			NICKNAME	LAST		SUFFIX		
REPORT TYPE    3uly 15			Gina	Hinojosa			Date Hand-delivered or	Date Postmarked
July 15	4		X January 15	Runoff	Other (s	specify)		
Semianual reports:   Semianu		REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
Strict day before election   Final Report (Attach CIOH-FR)   Strict day before election   Final Report (Attach CIOH-FR)   Strict day (1701/2024   THROUGH 12/31/2024   Date imaged 07/01/2024   Date imaged 07			30th day before election					
COVERED  O7/01/2024 THROUGH 12/31/2024  THROUGH 12/31/2024  A contribution was included on the original report with the date received 12/15/24. However, that contribution was received through ActBlue white reports contributions with an Eastern Time date/himestamp. We mistakenly didn't convert the date that contribution was received to the accurate Central Time of 12/14/2024 11:34pm. This amended report corrects the receive date to 12/14/24.  The second of the contribution was received to the accurate Central Time of 12/14/2024 11:34pm. This amended report corrects the receive date to 12/14/24.  Check the box next to any and all applicable statements:  Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  Other reports: I swear, or affirm that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm that any error or or omission in the report as originally filed was made in good faith.  The Honorable Regina Hinojosa  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Swom to and subscribed before me, by the said			8th day before election	<b>—</b> ''	• •		Date Processed	
COVERED  O7/01/2024 THROUGH 12/31/2024  THROUGH 12/31/2024  A contribution was included on the original report with the date received 12/15/24. However, that contribution was received through ActBlue white reports contributions with an Eastern Time date/himestamp. We mistakenly didn't convert the date that contribution was received to the accurate Central Time of 12/14/2024 11:34pm. This amended report corrects the receive date to 12/14/24.  The second of the contribution was received to the accurate Central Time of 12/14/2024 11:34pm. This amended report corrects the receive date to 12/14/24.  Check the box next to any and all applicable statements:  Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  Other reports: I swear, or affirm that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm that any error or or omission in the report as originally filed was made in good faith.  The Honorable Regina Hinojosa  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Swom to and subscribed before me, by the said	5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Dato Imaged	
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Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.								
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.					The H	Honorable Reg	gina Hinojosa	
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.					Signatu	ıre of Candidate	or Officeholder	
of, 20, to certify which, witness my hand and seal of office.		AFFIX NOTARY ST	AMP / SEAL ABOVE					
of, 20, to certify which, witness my hand and seal of office.								
		Sworn to and subsci	ribed before me, by the sai	d		, this th	ne	day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		of	, 20, to cer	tify which, witness my	hand and seal of office	е.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								
- January - Land		Signature of office	er administering oath	Printed name of of	fficer administering oa	th 7	Title of officer admin	istering oath
			g oaar					

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00080440		2 Total pages filed: 101
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Regina			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LACT		CUEEIV	07/30/2025
	NICKNAME Gina	LAST Hinojosa		SUFFIX	0170072020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	P.O. Box 300095				Receipt # Amount
Change of Address	Austin, TX 78703				Date Processed
<u> </u>					Date 1 rocessed
					Date Imaged
<b>5</b> CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>
TREASURER NAME	Ms.	Janis			
INAIVIE					
	NICKNAME	LAST		SUFFIX	
		Pinnelli			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	T / SUITE #; CITY	; STATE; ZIP CODE
TREASURER ADDRESS	1507 West 6th				
(Residence or Business)					
(Nesidefice of Busiliess)	Austin, TX 78703				
- 04MB410M	ADEA CODE BUICH	E AU IMPER	VTENICIONI		
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION		
PHONE	(512) 478-7816				
8 REPORT					
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
					appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	IROUGH	12/31/20	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
	11/05/2024	XG	eneral	Special	
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	T (if known)
	State Representative Distr	ict 49			tative District 49
				1	
		ദവ T	O PAGE 2		
		55 1	JI AGE Z		

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 101

13 C / OH NAME	Hinojosa, Regina (Th	e Honorable)	14 Filer ID (00080440	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	X GENERAL	TREPAC							
		COMMITTEE ADDRESS							
	SPECIFIC	1115 San Jacinto Blvd.							
		Ste. 200							
		Austin, TX 78701							
		COMMITTEE CAMPAIGN TREASURER NAME							
	Cantu, Leslie								
		COMMITTEE CAMPAIGN TREASURER ADDRES	20						
	1115 San Jacinto Blvd.								
Ste. 200									
		Austin, TX 78701							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
	5)	\$ 204,392.00							
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 171,039.58					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	<b>\$</b> 72,114.47					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 102,000.00					
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required t	companying report is o be reported by me					
		The Hono	orable Regina Hinojos	sa					
			Candidate or Officehol						
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subscribed before me, by the said, this the									
of									
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath					

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

#### FORM C/OH COVER SHEET PG 3

				<b>, , , , , , , , , , , , , , , , , , , </b>	4 of 101
l	ER NAN iojosa,	ME Regina (The Honorable)	<b>19</b> Filer ID 00080440	(Ethics (	Commission Filers)
20 SC NA	HEDULI ME OF	SU	BTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	204,392.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	169,964.28
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,075.30
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS 		SCHEDU	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/47 Rpt: 5/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)			3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/09/2024	<ul><li>5 Full name of contributor AGC of Texas PAC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78768-2185					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Inst	ructions)		
	Date 12/09/2024	Full name of contributor AT&T Texas PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Bellaire, TX 77401-3503 pation / Job title (See Instruction:	s)	Employer (See Inst	ructions)		
	T Tillopal ooda	pation / cob tale (eee mondetel	-,	Employer (eee met	idotiono		
	Date 12/11/2024	Full name of contributor Abbott Laboratories Emp Contributor address; City; S				Amount of Contribution (\$)	\$500.00
		North Chicago, IL 60064-					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Inst	ructions)		
	Date 09/11/2024	Full name of contributor Agnew, Virginia Contributor address; City; S Austin, TX 78703-4126				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Inst	ructions)		
	Date 12/09/2024	Full name of contributor Altria Group Inc. PAC Contributor address; City; S Washington, DC 20001-2		C00089136		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Inst	ructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/47 Rpt: 6/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	Filers)
4	Date 12/09/2024	<ul> <li>Full name of contributor</li></ul>	0004053)	7	Amount of Contribution (\$) \$	1,250.00
_	5	Washington, DC 20004-2673				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Atlas, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77098-1002 pation / Job title (See Instructions)	Employer (See Instructions	)		
	i illoipai ooda		Employer (eee medicine	,		
	Date 09/10/2024	Full name of contributor  out-of-state PAC (ID#:_Ausley, Robbie J.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78731-6143				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Austin / Travis County EMS Association PAC Contributor address; City; State; Zip Code  Austin, TX 78721-1522	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_ Banner, Jay Contributor address; City; State; Zip Code  Austin, TX 78759-8710			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/47 Rpt: 7/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	-	5 Full name of contributor out-of-state PAC (ID#:_Barrett, Kathleen 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		Austin, TX 78758-6701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Beardall Jr., Bill H (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78704-3152 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: Bednar, Deaton Contributor address; City; State; Zip Code Austin, TX 78751-4709			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Bednar, Deaton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/03/2024	Full name of contributor out-of-state PAC (ID#:_ Benavides, Glenn Contributor address; City; State; Zip Code  Austin, TX 78723-3443			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 4/47 Rpt: 8/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Bhatt, Bhuvanesh</li> <li>Contributor address; City; State; Zip Code</li> </ul>	_	7	Amount of Contribution (\$)	\$25.00
_	5	San Antonio, TX 78240-3262	la = 1 (a 1 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/19/2024	Full name of contributor out-of-state PAC (ID#:_Bower, Douglas H  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78739-2067	1	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Bullock, Dan R.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78763-5627				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#: Burek, Susan  Contributor address; City; State; Zip Code  Austin, TX 78758-7902			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_Burek, Susan  Contributor address; City; State; Zip Code  Austin, TX 78758-7902			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			'			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/47 Rpt: 9/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 09/01/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Burek, Susan</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78758-7902				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Burek, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78758-7902 pation / Job title (See Instructions)	Employer (See Instructions			
	i illoipai ooda	pation / cos title (ese metastione)	Employor (Goo morrosione	,		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: Burek, Susan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78758-7902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Burek, Susan Contributor address; City; State; Zip Code  Austin, TX 78758-7902			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Burke, Cecelia Contributor address; City; State; Zip Code  Austin, TX 78731-2806			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS  SCHED		SCHEDUI	ULE <b>A1</b>			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/47 Rpt: 10/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_	Dringing Loggy	Austin, TX 78731-2806	O Employer (Coe Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ COLDIRON, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Austin, TX 78731-1744				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/14/2024	Full name of contributor x out-of-state PAC (ID#: CCWA COPE PCC  Contributor address; City; State; Zip Code	00009597		Amount of Contribution (\$)	\$250.00
		Washington, DC 20001-2760				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/14/2024	Full name of contributor X out-of-state PAC (ID#: CCWA COPE PCC  Contributor address; City; State; Zip Code  Washington, DC 20001-2760	00009597		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/14/2024	Full name of contributor x out-of-state PAC (ID#: CCWA COPE PCC  Contributor address; City; State; Zip Code  Washington, DC 20001-2760	00009597		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/47 Rpt: 11/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 09/16/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$250.00
Ω	Principal occu	Austin, TX 78763-5352 pation / Job title (See Instructions)	9 Employer (See Instructions			
	r inicipal occu	Sation 7 300 title (See Instructions)	Employer (See Instructions	')		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Carl, Carlton (Mr.) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Deinsinal	Martindale, TX 78655-0444	Formula van (Cara la atmostica a	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Carl, Carlton (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Martindale, TX 78655-0444				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_Carney, Dee A.  Contributor address; City; State; Zip Code  Pflugerville, TX 78660-2267	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:Carter, Lynn  Contributor address; City; State; Zip Code  Austin, TX 78759-6231			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/47 Rpt: 12/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	Filers)
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	Dringing Loggy	Austin, TX 78759-6231	O Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 07/28/2024	Full name of contributor out-of-state PAC (ID#:_ Cartwright, Mary Dorsey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78704-2807				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/28/2024	Full name of contributor  out-of-state PAC (ID#:_ Cartwright, Mary Dorsey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78704-2807				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Cartwright, Mary Dorsey  Contributor address; City; State; Zip Code  Austin, TX 78704-2807	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Cartwright, Mary Dorsey  Contributor address; City; State; Zip Code  Austin, TX 78704-2807			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/47 Rpt: 13/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 11/28/2024	<ul><li>5 Full name of contributor Cartwright, Mary Dorsey</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78704-2807	1.		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instructions	s)		
	Date 09/28/2024	Full name of contributor Cavazos, Perla (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78702-3011 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	z)		
	r inicipal occu	pation / Job title (See mstructions)	'	Employer (See instructions	) )		
	Date 07/19/2024	Full name of contributor Charin, Katherine Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
		Arlington, VA 22203-3025					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor Charter Communications I Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor Clark, Cari Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/47 Rpt: 14/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	-	5 Full name of contributor	)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78746-5507				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Colmenero, Rudy Contributor address; City; State; Zip Code  Austin, TX 78703-5401			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/08/2024	Full name of contributor X out-of-state PAC (ID#: Comcast Corp & NBC Universal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	C00248716 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Congress Avenue Partners PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2665			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/08/2024	Full name of contributor out-of-state PAC (ID#:_ Conyngham, Karen  Contributor address; City; State; Zip Code  Austin, TX 78746-4115			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/47 Rpt: 15/101	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 08/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78746-4115				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/13/2024	Conyngham, Karen				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746-4115				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/20/2024	Craig, Richard F.		-		\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-1901				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/10/2024	Cross Oak Group LLC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-1618				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)	
	12/11/2024	Cruz, Christopher S.				\$40.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78757-1641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 12/47 Rpt: 16/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)				3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 09/03/2024	<ul><li>5 Full name of contributor Culmo, Katy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78703-3140	,			Ĺ		
8	Not Employe	pation / Job title (See Instructions ed	(5)	9	Employer (See Instructions Not Employed	5)		
	Date 12/12/2024	Full name of contributor Culmo, Katy Contributor address; City; S Austin, TX 78703-3140			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed			Not Employed			
	Date 09/16/2024	Full name of contributor  Danburg, Debra  Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78704-4611						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	Date 08/01/2024	Full name of contributor  Dancy, Blair B. (Mr.)  Contributor address; City; S  Austin, TX 78731-5627					Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>.                                    </u>		
	Date 12/12/2024	Full name of contributor  Dancy, Blair B. (Mr.)  Contributor address; City; S  Austin, TX 78731-5627	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	(5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch: 13/47	Schedule A1: 7 Rpt: 17/101	
2	FILER NAME			1	Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)		00080440		
4	Date 11/03/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of 0	Contribution (\$)	\$10.00
		Bellingham, WA 98229-2347				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of 0	Contribution (\$)	
	09/19/2024	Davis Jr, Donald G				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-6008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of 0	Contribution (\$)	
	12/14/2024	Davis Kaufman PLLC  Contributor address; City; State; Zip Code				\$500.00
		Austin, TX 78701-1724				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of 0	Contribution (\$)	
	09/16/2024	Del Bosque, Nora				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-1525				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of 0	Contribution (\$)	
	09/30/2024	Deline, Steven				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704-4401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/47 Rpt: 18/101		
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)	
4	Date 09/14/2024	<ul> <li>Full name of contributor</li></ul>	:)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Austin, TX 78703-3138 pation / Job title (See Instructions)	9 Employer (See Instructions				
				,			
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID# Dobson, Lynne  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	West Lake Hills, TX 78746-5341 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID# Dorman, Marianne  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78703-3447 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID# Elder, Roxanne  Contributor address; City; State; Zip Code  Austin, TX 78755-6179			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor x out-of-state PAC (ID# Elevance Health PAC Contributor address; City; State; Zip Code Washington, DC 20004-2513	: <u>C00197228</u>		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/47 Rpt: 19/101	
2	FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	Hinojosa, Re	egina (The Honorable)		00080440	
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-3935			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	09/16/2024	Everitt, Patti			\$100.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78722-1223			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	12/11/2024	Foley & Lardner LLP Texas Campaign Fund  Contributor address; City; State; Zip Code		\$1	1,000.00
		Dallas, TX 75201-3340			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/12/2024	Geballe, Leslie			\$200.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78757-2304			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	12/12/2024	Gentry, Karen			\$100.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78703-1962			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/47 Rpt: 20/101	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 12/02/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78731-5634				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/13/2024	Goertz, Donna Bryant				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-3334				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Gomez, Cristina  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Mission, TX 78573-7976				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Gonzales, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78702-1612				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/13/2024	Graham, Ann S.				\$100.00
		Contributor address; City; State; Zip Code				
	Dringing	Austin, TX 78751-4718	Employer (Cas Instruct)	<u> </u>		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	») 		

	MONET	ARY POLITICAL CONTR	IBUTION	S 		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 17/47 Rpt: 21/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 09/16/2024	<ul> <li>Full name of contributor  out-of-sta</li> <li>Graham, Ann S.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78751-4718					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 09/14/2024	Full name of contributor out-of-sta Gregory, Bob E (Mr.)  Contributor address; City; State; Zip Cod	ete PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78747-1564 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	· 	,		. , ,			
	Date 09/28/2024	Griffith, Susan	nte PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746-2948					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/15/2024	Gulf States Toyota Inc. State PAC	ete PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/30/2024	Full name of contributor out-of-state Gullickson, Douglas Contributor address; City; State; Zip Code Austin, TX 78701-2853	e	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/47 Rpt: 22/101	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 10/30/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78701-2853				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/30/2024	Gullickson, Douglas				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2853				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
11/14/2024 HCA Texas Good Government Fund  Contributor address; City; State; Zip Code					\$500.00	
		Dallas, TX 75240-5398				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/12/2024	HOSPAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2180				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Hamner, Richard				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-3111				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/47 Rpt: 23/101	
2	FILER NAME Hinoiosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	ı Filers)
4	-	Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Austin, TX 78728-5429				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Hecker, Marvin L. (Mr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78746-6348  upation / Job title (See Instructions)	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Hecker, Marvin L. (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78746-6348				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>i)</b>		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Hecker, Marvin L. (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78746-6348  upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Hecker, Marvin L. (Mr.)  Contributor address; City; State; Zip Code  Austin, TX 78746-6348			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/47 Rpt: 24/101	
2	FILER NAME	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 11/30/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78746-6348				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Hendler, Scott  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78705-4254  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Hendryx, Kevin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Poincipal acco	Verona, WI 53593-7973	Faralassa (Caralastastica)	<u></u>		
	Principal occi	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hendryx, Kevin  Contributor address; City; State; Zip Code  Verona, WI 53593-7973			Amount of Contribution (\$)	\$12.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Hess, Myron Contributor address; City; State; Zip Code  Austin, TX 78704-2121			Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/47 Rpt: 25/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 09/16/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78701-2458				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	6)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: Holland and Knight Texas PAC  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$250.00
	Dringing Lagra	Dallas, TX 75201-2532	Franksian (Caa Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Hopson, Chuck Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-3125				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Howard, Ann Gill (The Honorable)  Contributor address; City; State; Zip Code  Austin, TX 78701-1025			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Howard, Robert M (Mr.)  Contributor address; City; State; Zip Code  Austin, TX 78704	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/47 Rpt: 26/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78717-5372				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: Husch Blackwell LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Saint Louis, MO 63105-3433	5 1 (0 1 : "	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell Strategies  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Jefferson City, MO 65101-3001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/25/2024	Full name of contributor X out-of-state PAC (ID#: C Invenergy Investment Company LLC Contributor address; City; State; Zip Code Chicago, IL 60606-4630	00437244 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Irby, Joel  Contributor address; City; State; Zip Code  Austin, TX 78751-3713	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/47 Rpt: 27/101	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 11/14/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		Grapevine, TX 76051-3395				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/20/2024	Jackson, Dee				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746-4640				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	10/18/2024	Jackson Jr., Kevin M.  Contributor address; City; State; Zip Code				\$50.00
		Austin, TX 78748-6415				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Jeffrey, Doug			Amount of Contribution (\$)	\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704-2005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/16/2024	Johnson, Dorothy				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78702-2716				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 24/47 Rpt: 28/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 12/12/2024	Jolin, Becky	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Dringing! goog	Austin, TX 78746-6902	lo.	Employer (Coo Instruction			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor o Jones, Melissa  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Austin, TX 78703-4013					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/09/2024	Full name of contributor o o Kallerman, Dick Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$75.00
		Austin, TX 78704-3802					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/16/2024	Kennard, Karen	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/13/2024	Kester, Steven	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/47 Rpt: 29/101		
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)	
4	-	5 Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$10,000.00	
		Eagle Pass, TX 78852-2503					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ King, Christopher T.  Contributor address; City; State; Zip Code  Austin, TX 78704-4614	)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ King, Micah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Austin, TX 78701-1760 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Kitchen`, Sara  Contributor address; City; State; Zip Code  Austin, TX 78756-2106			Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_ Kitchen`, Sara Contributor address; City; State; Zip Code  Austin, TX 78756-2106			Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/47 Rpt: 30/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	-	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$300.00
_		Austin, TX 78745-6371				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Leahy, Francesca Fraga Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78704-5915  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Lightsey, Rebecca Contributor address; City; State; Zip Code  Austin, TX 78704-1815	)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Linebarger Goggan Blair & Sampson LLP  Contributor address; City; State; Zip Code  Austin, TX 78760-7428			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 27/47 Rpt: 31/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$	1,000.00
_		Austin, TX 78703-3137	Ta			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/16/2024	Full name of contributor	C00286500 )		Amount of Contribution (\$) \$	1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_London, Alice and Jack  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	West Lake Hills, TX 78746-6663 pation / Job title (See Instructions)	Employer (See Instructions			
	- Timolpai occa	salon, cop line (coc mondelono)	Employer (eee medacilere			
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_Maguire-Powell, Alison  Contributor address; City; State; Zip Code  Denton, TX 76210-4637			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_Maguire-Powell, Alison  Contributor address; City; State; Zip Code  Denton, TX 76210-4637			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/47 Rpt: 32/101	
2	FILER NAME			3	•	n Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
_		Denton, TX 76210-4637				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/30/2024	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76210-4637				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/30/2024	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76210-4637				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/08/2024	Massey, Pat				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78722-1227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/03/2024	Massey, Pat				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78722-1227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/47 Rpt: 33/101	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 09/05/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78722-1227				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/13/2024	Massey, Pat	, , , , , , , , , , , , , , , , , , ,		`,	\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78722-1227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor   out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/19/2024	Massey, Pat				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78722-1227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/08/2024	Massey, Pat				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78722-1227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/12/2024	Massey, Pat				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78722-1227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	ı	Total pages Schedule A1: Sch: 30/47 Rpt: 34/101	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date 09/05/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78705-2813				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Maxwell, Felicity			Amount of Contribution (\$)	\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704-2019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ McComb, Christopher Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$250.00
		Austin, TX 78738-5351				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: McElroy, Jim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Austin, TX 78757-2538				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/05/2024	Full name of contributor			Amount of Contribution (\$)	\$4.00
		Contributor address; City; State; Zip Code  Dallas, TX 75248-1505				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S 		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to d	complete this form	n.	1	Total pages Schedule A1: Sch: 31/47 Rpt: 35/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)			3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 09/13/2024	<ul> <li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78759-8710					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 09/16/2024	Meade, Nikelle Susanne  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$450.00
	Principal occu	Austin, TX 78739-1715 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78746-6752 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/12/2024	Miller, Cyral	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$36.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/10/2024	Full name of contributor of Mitchell, John Charles  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/47 Rpt: 36/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
_	Daine in all access	Austin, TX 78746-2415	lo ====================================			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Moore, Alan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78705-3376 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	i illoipai ooda	saudin, deb une (ede menuenone)	Employer (ede mondouerie	',		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Moore, Amy  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78704-4655				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_Morin, Thomas M.  Contributor address; City; State; Zip Code  Houston, TX 77005-1127	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_NASW-Texas Pace  Contributor address; City; State; Zip Code  Austin, TX 78701-2010			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 33/47 Rpt: 37/101			
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)		
	Hinojosa, Re	egina (The Honorable)			00080440			
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$200.00		
		Austin, TX 78751-3721						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)			
	10/15/2024	Oncor Texas State PAC				\$1,000.00		
		Contributor address; City; State; Zip Code						
		Dallas, TX 75202-1234						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Orenstein, Rosa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Duncanville, TX 75137-3638						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ Owen, Carolyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Austin, TX 78703-3416						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)			
	08/18/2024	Owen, Carolyn				\$10.00		
		Contributor address; City; State; Zip Code						
		Austin, TX 78703-3416		<u></u>				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/47 Rpt: 38/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	-	<ul> <li>5 Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78703-3416				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Owen, Carolyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78703-3416 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· ····o.pa. oooa	panon, cos uno (cos menusuono)	p.oyo. (600eadaa.oe	,		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Owen, Carolyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-3416				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Owen, Carolyn Contributor address; City; State; Zip Code  Austin, TX 78703-3416			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_Ozmun Wear, Kristin  Contributor address; City; State; Zip Code  Austin, TX 78759-8017	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 35/47 Rpt: 39/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/10/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78703-0057				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 12/09/2024	Full name of contributor x out-of-state PAC Penn Entertainment Inc. Texas PAC Contributor address; City; State; Zip Code Wyomissing, PA 19610-1247	(ID#: C00085811 )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/05/2024	Full name of contributor out-of-state PAC Perez-Wiseley, Teresa  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78703-4735 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/17/2024	Full name of contributor out-of-state PAC Person, Maria  Contributor address; City; State; Zip Code  Austin, TX 78756-1010	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 12/14/2024	Full name of contributor out-of-state PAC PharmPAC Contributor address; City; State; Zip Code  Austin, TX 78757-8034	(ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			I			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 36/47 Rpt: 40/101	
2	FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)		00080440	
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$)	\$250.00
		Austin, TX 78763-0038			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	09/09/2024	Pinnelli, Joseph F			\$250.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78763-0038			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor  out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	09/05/2024	Pitts, John			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78703-2419			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	09/09/2024	Planck, Corri			\$50.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78728-5429			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/14/2024	Red Rock Texas PAC			\$1,000.00
		Contributor address; City; State; Zip Code		•	
		Austin, TX 78701-2114			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/47 Rpt: 41/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commissio 00080440	n Filers)
4	Date 09/03/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Reynolds, Joseph</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78731-5636  spation / Job title (See Instructions)	Employer (See Instructions	.)		
•	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Reynolds, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78731-5636  pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Timelpai occa	pation 7 oob title (oce mondetions)	Employer (See Management	')		
	Date 11/26/2024	Full name of contributor X out-of-state PAC (ID#: CONTRIBUTION OF STATE PAC (ID#: CONTRIBUTION	C00388827 )		Amount of Contribution (\$)	\$500.00
		Lansing, MI 48933-1732				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>i)</b>		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Rourke, Kelli Contributor address; City; State; Zip Code  Austin, TX 78703-4661			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rutishauser, Robert G.  Contributor address; City; State; Zip Code  Austin, TX 78731-6060			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/47 Rpt: 42/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	n Filers)
4	-	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Austin, TX 78731-6060	O Frankrica (Con Instruction			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_Rutishauser, Robert G.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78731-6060  pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rutishauser, Robert G.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78731-6060				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rutishauser, Robert G.  Contributor address; City; State; Zip Code  Austin, TX 78731-6060			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Rutishauser, Robert G.  Contributor address; City; State; Zip Code  Austin, TX 78731-6060			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/47 Rpt: 43/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ SALAS-PORRAS, ANA LUISA 6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Austin, TX 78756-2912				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#:_Saenz, Jenn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746-1837 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Salazar, Emily Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78759-8581 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/14/2024	SerVaas, Curtis  Contributor address; City; State; Zip Code				\$1,000.00
	Principal occu	Austin, TX 78757-1181 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Shipley, George C. (Mr.)  Contributor address; City; State; Zip Code  Austin, TX 78703-2206			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this 1	orm.	1	Total pages Schedule A1: Sch: 40/47 Rpt: 44/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Silver, Paul (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78703-2910	I			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Stewart, Susan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Pflugerville, TX 78660-1737	Franksian (Coo lastinisticas	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Stewart, Tom Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78749-3030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_TREPAC  Contributor address; City; State; Zip Code  Austin, TX 78768-2246			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#:_TSCPA PAC  Contributor address; City; State; Zip Code  Addison, TX 75001-3872			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			ı			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/47 Rpt: 45/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78703-3314				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 12/14/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78741-6931 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		, ,		_		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Texas AFL-CIO State Cope Fund  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78711-2727				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Family Physicians  Contributor address; City; State; Zip Code  Austin, TX 78727-6207			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Ambulatory Surgery Center Society - PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1665	:		Amount of Contribution (\$)	\$500.00
	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 fo	orm.	1	Total pages Schedule A1: Sch: 42/47 Rpt: 46/101	
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	-	5 Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$750.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Association for Home Care and Hospice I Contributor address; City; State; Zip Code  Austin, TX 78759-6585			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Daine in all a service	Austin, TX 78716-3364	Farely (Control to the total)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Bankers Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78701-2321			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2656	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/47 Rpt: 47/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703-0024				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/16/2024	Full name of contributor	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78704-3644 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	i ilicipai occu	pation / Job title (See Instructions)	Employer (See instructions	,,		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Texas McDonald's Operators Association PAC Ir Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Athens, TX 75751-2143				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#: Texas Mortgage Bankers PAC  Contributor address; City; State; Zip Code  Austin, TX 78701-2668			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code  Austin, TX 78705-2004	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/47 Rpt: 48/101	
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission 00080440	on Filers)
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701-2170				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701-1815		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1814				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1814			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Working Families PAC Contributor address; City; State; Zip Code  Metairie, LA 70003-5232			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 45/47 Rpt: 49/101
2	FILER NAME Hinojosa, Re	gina (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080440
4	Date  5 Full name of contributor x out-of-state PAC (ID#: C00654053 )  The PAC for America's Future - TX  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100,000.00	
		Washington, DC 20003-4303			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )	
	Date Full name of contributor out-of-state PAC (ID#:)  09/18/2024 Tipps, Mary  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00	
	Principal occu	Austin, TX 78703-3127 pation / Job title (See Instructions)	Employer (See Instructions	.)	
	i illopai occa	pation / oob title (ooc monactions)	Employer (See mandenons	')	
	Date Full name of contributor			Amount of Contribution (\$) \$2,000.00	
		Washington, DC 20005-6621			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
	Date Full name of contributor			Amount of Contribution (\$) \$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ Uttley, Meredith  Contributor address; City; State; Zip Code  Greenville, SC 29615-5336			Amount of Contribution (\$) \$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>	

2 FI	ILER NAME	ction Guide explains how to complete this fo		4. Total pages Calcadula A1.	
			1 Total pages Schedule A1: Sch: 46/47 Rpt: 50/101		
Н				3 Filer ID (Ethics Commission	n Filers)
	linojosa, Re	gina (The Honorable)		00080440	
	ate 8/18/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$5.00
		Greenville, SC 29615-5336			
<b>8</b> Pi	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
D	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08	9/18/2024	Uttley, Meredith			\$5.00
		Contributor address; City; State; Zip Code			
		Greenville, SC 29615-5336			
Pı	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
D	ate	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)		
10	0/18/2024	Uttley, Meredith  Contributor address; City; State; Zip Code			\$5.00
		Greenville, SC 29615-5336			
Pı	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	ate 1/18/2024	Full name of contributor out-of-state PAC (ID#: Uttley, Meredith	)	Amount of Contribution (\$)	\$5.00
		Contributor address; City; State; Zip Code			
		Greenville, SC 29615-5336			
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
D	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10	0/25/2024	Verizon Communications Inc. Good Government	Club - Texas		\$500.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701-2557			_
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 47/47 Rpt: 51/101		
2	FILER NAME Hinojosa, Re	egina (The Honorable)		3	Filer ID (Ethics Commission 00080440	ion Filers)	
4	Date  5 Full name of contributor x out-of-state PAC (ID#: C00226548  10/15/2024 Vistra Employee PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
		Irving, TX 75039-2479	- I	Ĺ			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruction	s)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/27/2024 Vote PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78731-3064					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)			
	Date 09/06/2024	Full name of contributor out-of-state PAC ( Wagner, Chris  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00	
	Duinning Langu	Austin, TX 78749-1240	Family on (Co.s. In the setting				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	S)			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 1/45 Rpt: 52/101	Hinojosa, Regina (The Honorable) 00080440	
4	Date	5 Payee name	_
l	07/31/2024	Acosta, Gladys	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$200.00	329 Mariana Cir	
l			
l		El Paso, TX 79915-4508	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	
l		Check if Austin, TX, officeholder living expense  Salary supplement	
l		Salary supplement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
⊨	Date	Payee name	_
l	08/30/2024	Acosta, Gladys	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$200.00	329 Mariana Cir	
l	Ψ200.00	323 Manana Cii	
l		El Paso, TX 79915-4508	
┡	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Salary supplement	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to benefit Gree		
l	Date	Payee name	
L	09/30/2024	Acosta, Gladys	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$53.33	329 Mariana Cir	
l			
		El Paso, TX 79915-4508	
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Salary supplement	
l			
$\vdash$	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		pense ages/Contract Labor	Travel in Distr Travel Out of OTHER (ente	
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	(Ethics Commission Filers)
	Sch: 2/45 Rpt: 53/101	Hinojosa	, Regina (The Hono	rable)			00080440	)
4	Date	<b>5</b> Payee nar	me				<u> </u>	
	07/07/2024	ActBlue						
6			drace: City:	State:	Zin Coo	<u> </u>		
6	Amount (\$) \$0.99	PO Box 4		State;	Zip Cod	I <del>C</del>		
	Φ0.99	PO BOX 2	<del>+4</del> 1140					
		West Sor	nerville, MA 02144-	0031				
8	PURPOSE		(See Categories listed at the		idule)	(b) Description		
	OF	Fees	(Oce Calegories listed at tile	, top or this sollt	caule)	_ `	outside of Texas. Co	omplete Schedule T.
	EXPENDITURE					ш	n, TX, officeholder liv	
						online contrib	bution process	sing fees
L								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	0	Office soug	ht	Office	held
	Date	Payee nar	me					
	07/07/2024	ActBlue						
	Amount (\$)	Payee add	dress; City;	State;	Zip Coo	le		
	\$0.99	PO Box 4	•	,	,			
	73.30							
		West Sor	merville, MA 02144-	0031				
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description		
	OF EXPENDITURE	Fees				<u> </u>	outside of Texas. Co	
						ш	n, TX, officeholder liv	
						Omine Contri	bution process	only ICCS
	Complete ONLY if direct	Candidate"	Officeholder name		office cover	ht	Office	hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Jincenoluer name	C	Office soug	III.	Onice	HEIU
	Date	Payee nar	ne					
	07/14/2024	ActBlue						
	Amount (\$)	Payee add	dress; City;	State;	Zip Cod	le		
	\$7.91	PO Box 4	141146					
		West Sor	merville, MA 02144-	0031				
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description		
	OF EXPENDITURE	Fees	-	•			outside of Texas. Co	
	LAFLINDITORE						n, TX, officeholder liv	
						online contrit	bution process	sing rees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	0	Office soug	ht	Office	held
	experience to benefit 6/011							
	· · · · · · · · · · · · · · · · · · ·							

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/45 Rpt: 54/101	Hinojosa, Regina (The Honorable) 00080440
4	Date 07/21/2024	5 Payee name ActBlue
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/28/2024	Payee name ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 08/04/2024	Payee name ActBlue
	Amount (\$) \$10.28	Payee address; City; State; Zip Code PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1: Sch: 4/45 Rpt: 55/101	2 FILER NAME Hinojosa, Regina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080440
4	Date 08/18/2024	5 Payee name ActBlue		
6	Amount (\$) \$1.59	7 Payee address; City; State; Zip Coo PO Box 441146 West Somerville, MA 02144-0031	le	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ıht	Office held
	Date 09/01/2024	Payee name ActBlue		
	Amount (\$) \$17.20	Payee address; City; State; Zip Coo PO Box 441146 West Somerville, MA 02144-0031	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ıht	Office held
	Date 09/08/2024	Payee name ActBlue		
	Amount (\$) \$145.77	Payee address; City; State; Zip Coo PO Box 441146	le	
		West Somerville, MA 02144-0031		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ıht	Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 5/45 Rpt: 56/101	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	09/15/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$279.97	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		online contribution processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/22/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.76	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online contribution processing fees
		ornine contribution processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.42	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		online contribution processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 6/45 Rpt: 57/101	FILER NAME     Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4	Date 09/30/2024	5 Payee name ActBlue	•
6	Amount (\$) \$9.29	7 Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/06/2024	Payee name ActBlue	
	Amount (\$) \$4.94	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/13/2024	Payee name ActBlue	
	Amount (\$) \$4.35	Payee address; City; State; Zip Code PO Box 441146	
		West Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		pense ages/Contract Labor	Travel in Distr Travel Out of OTHER (enter	
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	(Ethics Commission Filers)
	Sch: 7/45 Rpt: 58/101	Hinojosa,	, Regina (The Honoi	rable)			00080440	)
4	Date	<b>5</b> Payee nar	ne				•	
	10/20/2024	ActBlue						
6	Amount (\$)	<b>7</b> Payee add	dress; City;	State;	Zip Cod	le		
	\$46.03	PO Box 4	141146					
		West Sor	merville, MA 02144-	0031				
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description		
	OF EXPENDITURE	Fees					outside of Texas. Co	
						ш	n, TX, officeholder livi	
						oc contin	Janon proces	g 1000
9	Complete ONLY if direct	Candidate/0	Officeholder name		Office soug	ht	Office	held
	expenditure to benefit C/Oł							
	Date	Payee nar	ne			<u> </u>		
L	11/03/2024	ActBlue						
	Amount (\$)	Payee add	•	State;	Zip Cod	le		
	\$12.46	PO Box 4	141146					
		West Sor	merville, MA 02144-	0031				
	PURPOSE OF	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description	=	
	EXPENDITURE	Fees				<u> </u>	outside of Texas. Co n, TX, officeholder livi	
						ш	bution process	
	Complete ONLY if direct		Officeholder name	0	Office soug	ht	Office	held
	expenditure to benefit C/O	<del></del>						
	Date	Payee nar	ne					
	11/05/2024	ActBlue						
	Amount (\$)	Payee add		State;	Zip Cod	le		
	\$0.16	PO Box 4	141146					
		West Sor	merville, MA 02144-	0031				
	PURPOSE OF	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description		
	EXPENDITURE	Fees					outside of Texas. Co n, TX, officeholder livi	
							bution process	
							,	J
	Complete ONLY if direct		Officeholder name	0	Office soug	ht	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/45 Rpt: 59/101	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	11/24/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.60	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		online contribution processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/01/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code PO Box 441146
	\$11.27	PO B0X 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		online contribution processing fees
		Online Continuation processing room
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
_	Date	Daysa nama
	12/08/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		online contribution processing fees
		orians continuous processing reco
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
-	Sch: 9/45 Rpt: 60/101	Hinojosa, Regina (The Honorable)						
4	Date	5 Payee name						
	12/15/2024	ActBlue						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$197.87	PO Box 441146						
		West Somerville, MA 02144-0031						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		online contribution processing fees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	12/10/2024	American Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$170.00	PO Box 619616						
		Dfw Airport, TX 75261-9616						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Travel Out of District    X   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense						
		airfare for HDCC meetings						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OF							
_	Date	Payee name						
	11/14/2024	American Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$445.96	PO Box 619616						
	<b>4</b> 1.0.00							
		Dfw Airport, TX 75261-9616						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense airfare to attend meetings for HDCC						
		diffact to differ in Fiber						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 10/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	10/14/2024	Biden Victory Fund	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO Box 96663	
		Washington, DC 20090-6663	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.
	ZA ENDITORE	Candidate/Officeholder/Political Committee Contribution	, TX, officeholder living expense
		Contribution	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
L	07/29/2024	Blue Action Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 41424	
		Austin, TX 78704-0024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee Contribution	, TX, officeholder living expense
		Continuation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Pavee name	
	07/31/2024	Bowman, Ruby	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	212 W 33rd St	
	Ψ200.00		
		Austin, TX 78705-2316	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Salary supple	
		Carary Supplic	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<b>9</b>	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 11/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440			
4	Date	5 Payee name			
	08/30/2024	Bowman, Ruby			
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 212 W 33rd St			
		Austin, TX 78705-2316			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary supplement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
f	Date	Payee name			
	09/30/2024	Bowman, Ruby			
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 212 W 33rd St			
		Austin, TX 78705-2316			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary supplement			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Ī	Date	Payee name			
	10/31/2024	Bowman, Ruby			
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 212 W 33rd St			
L		Austin, TX 78705-2316			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary supplement			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 12/45 Rpt:	Hinojosa, Regina (The Honorable)  00080440
4	Date	5 Payee name
	11/29/2024	Bowman, Ruby
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 212 W 33rd St
		Austin, TX 78705-2316
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/20/2024	Committee for Austin's Children
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 301074
		Austin, TX 78703-0018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2024	For All Texans
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	PO Box 33079
		Washington, DC 20033-0079
$\vdash$	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
		Contribution
	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)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	07/24/2024	Freedoms for Texans PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3500 Werner Ave
		Austin, TX 78722-1816
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	07/31/2024	GNI Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Digital consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	GNI Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Digital consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief C/OI	•

### SCHEDULE F1

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

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

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

	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: 14/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	09/30/2024	GNI Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense Digital consulting
		Digital Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Power name
	10/31/2024	Payee name GNI Strategies
	Amount (\$)	
	\$200.00	Payee address; City; State; Zip Code 6814 E Riverside Dr
	φ200.00	
		Unit 42
		Austin, TX 78741-6670
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/29/2024	GNI Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6814 E Riverside Dr
		Unit 42
		Austin, TX 78741-6670
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Digital consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- p 2	

#### 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	07/31/2024	Gilberg, Julie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/30/2024	Gilberg, Julie
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	09/30/2024	Gilberg, Julie
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	109 W 32nd St
		Austin, TX 78705-2301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Suary Supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 16/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440	
4	Date	5 Payee name	_
	10/31/2024	Gilberg, Julie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$400.00	109 W 32nd St	
		Austin, TX 78705-2301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Salary supplement	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		_
	Date	Payee name	
	11/29/2024	Gilberg, Julie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	109 W 32nd St	
		Austin, TX 78705-2301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Salary supplement	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	12/19/2024	Gilberg, Julie	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,500.00	109 W 32nd St	
	. ,		
		Austin, TX 78705-2301	
H	PURPOSE	1	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Salary supplement	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft G/OI	·	

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1: Sch: 17/45 Rpt:	FILER NAME     Hinojosa, Regina (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080440
4	Date 12/09/2024	5 Payee name HEB	
6	Amount (\$) \$166.75	7 Payee address; City; State; Zip Code 1000 E 41st St	
8	PURPOSE OF EXPENDITURE	Austin, TX 78751-4810  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for Together We Rise event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 08/19/2024	Payee name HEB	
	Amount (\$) \$135.02	Payee address; City; State; Zip Code 1000 E 41st St  Austin, TX 78751-4810	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 10/15/2024	Payee name Hadley, Lauren	
	Amount (\$) \$9,261.03	Payee address; City; State; Zip Code 5929 Republic Of Texas Blvd	
		Austin, TX 78735-6399	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explai	ns how to cor	nple	ete this form.		
1	Total pages Schedule F1:	2 F	ILER NAME			<b>3</b> Fi	ler ID	(Ethics Commission Filers)
	Sch: 18/45 Rpt:	+	linojosa, Regina (The Honorable)			00	0080440	
4	Date	5 F	Payee name					
	07/31/2024		ładley, Lauren					
6	Amount (\$)	<b>7</b> F	Payee address; City; Sta	ate; Zip Cod	de			
	\$500.00	5	929 Republic Of Texas Blvd					
		4	Austin, TX 78735-6399					
8	PURPOSE	(a) (	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	concauto,		Check if travel outside of		
	LAFENDITORE					Check if Austin, TX, offi		expense
						Salary supplement		
_	On and the ONLY if all and		and date 10 ff and a date of a second	04:			Off:  -	1.4
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	gnt		Office he	la .
	Date	1	Payee name					
	08/30/2024	<u> </u>	ładley, Lauren					
	Amount (\$)		•	ate; Zip Co	de			
	\$500.00	5	929 Republic Of Texas Blvd					
		P	Austin, TX 78735-6399					
	PURPOSE	(a) (	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	5	Salaries/Wages/Contract Labor			Check if travel outside of Check if Austin, TX, offi		
						Salary supplement		expense
_	Complete ONLY if direct	Ca	andidate/Officeholder name	Office soug	ght		Office he	ld
	expenditure to benefit C/O	Н			-			
	Date	F	Payee name					
	12/22/2024	1	Hillside Farmacy					
	Amount (\$)			ate; Zip Cod	de			
	\$284.72	1	.209 E 11th St	, <u>Lip</u> 00.	40			
	,							
			Austin, TX 78702-1947					
	PURPOSE	-			<b>/</b> b\	Description		
	OF		Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(D)	Description  Check if travel outside of	of Texas. Comp	olete Schedule T.
	EXPENDITURE	'	Oou/Beverage Expense			Check if Austin, TX, offi		
						HDCC meeting exp	oense	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght		Office he	ld
	expenditure to benefit C/O	н						

### SCHEDULE F1

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

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

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

I	Credit Card Payment	The Instruction Guide explains how to con	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	12/17/2024	Hinojosa, Gina	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$152.75	PO Box 300095	
		Austin, TX 78703-0002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			reimbursement for expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
9	expenditure to benefit C/O		onice neid
_			
	Date	Payee name	
	12/17/2024	Hinojosa, Gina	
	Amount (\$)	Payee address; City; State; Zip Cod	e
	\$113.60	PO Box 300095	
		Austin, TX 78703-0002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense reimbursement for expenses
			reimbardement for expended
_			
I	Complete ONLY if direct	Candidate/Officeholder name Office soud	ht Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
	expenditure to benefit C/O	1	ht Office held
	expenditure to benefit C/Ol	Payee name	ht Office held
	expenditure to benefit C/OFDate 09/13/2024	Payee name Hinojosa, Gina	
	Date 09/13/2024 Amount (\$)	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod	
	expenditure to benefit C/OFDate 09/13/2024	Payee name Hinojosa, Gina	
	Date 09/13/2024 Amount (\$)	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095	
	expenditure to benefit C/OFDate 09/13/2024 Amount (\$) \$10,000.00	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002	е
	Date 09/13/2024 Amount (\$) \$10,000.00	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule)	e  b) Description
_	expenditure to benefit C/OFDate 09/13/2024 Amount (\$) \$10,000.00	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002	e  b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 09/13/2024 Amount (\$) \$10,000.00	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule)	e  b) Description
	Date 09/13/2024 Amount (\$) \$10,000.00	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule)	e  b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Date 09/13/2024 Amount (\$) \$10,000.00	Payee name Hinojosa, Gina Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule)	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan repayment
	Date 09/13/2024 Amount (\$) \$10,000.00  PURPOSE OF EXPENDITURE	Payee name Hinojosa, Gina  Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  Candidate/Officeholder name  Office soug	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan repayment
	Date 09/13/2024 Amount (\$) \$10,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Hinojosa, Gina  Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  Candidate/Officeholder name  Office soug	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan repayment
	Date 09/13/2024 Amount (\$) \$10,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Hinojosa, Gina  Payee address; City; State; Zip Cod PO Box 300095  Austin, TX 78703-0002  (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  Candidate/Officeholder name  Office soug	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan repayment

#### 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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/45 Rpt: Hinojosa, Regina (The Honorable) 00080440 4 Date Payee name 10/23/2024 Hinojosa, Gina 6 Amount (\$) Payee address; City; State; Zip Code \$6,000.00 PO Box 300095 Austin, TX 78703-0002 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense loan repayment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 Hinojosa, Gina Amount (\$) Payee address; City; State; Zip Code \$409.47 PO Box 300095 Austin, TX 78703-0002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense reimbursement for campaign expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 Hinojosa, Gina Amount (\$) Payee address: City; State; Zip Code \$399.48 PO Box 300095 Austin, TX 78703-0002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense reimbursement for campaign expense 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 21/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4	Date 09/09/2024	5 Payee name Hopfields	
6	Amount (\$) \$147.33	7 Payee address; City; State; Zip Code 3110 Guadalupe St Ste 400 Austin, TX 78705-2800	
8	PURPOSE OF EXPENDITURE	Check if Aus	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense neeting expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/17/2024	Payee name Hopfields	
	Amount (\$) \$234.84	Payee address; City; State; Zip Code 3110 Guadalupe St Ste 400 Austin, TX 78705-2800	
	PURPOSE OF EXPENDITURE	Check if Aus	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense r staff lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/11/2024	Payee name Hyatt Regency	
	Amount (\$) \$385.23	Payee address; City; State; Zip Code 1200 Louisiana St	
		Houston, TX 77002-5209	
	PURPOSE OF EXPENDITURE	Check if Aus	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense campaign trip
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

1 Total pages Schedule F1: Sch: 22/45 Rpt:2 FILER NAME Hinojosa, Regina (The Honorable)3 Filer ID 00080440(Ethics Commission 000804404 Date5 Payee name	Filers)
Sch: 22/45 Rpt: Hinojosa, Regina (The Honorable) 00080440  4 Date 5 Payee name	
- ayee name	
07/25/2024 Intuit	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$55.96 2700 Coast Ave	
Mountain View, CA 94043-1140	
8 PURPOSE OF OF OSC (See Categories listed at the top of this schedule) OF OSC (See Categories listed at the top of this schedule)  Check if travel outside of Taxas Complete Schedule T	
EXPENDITIBE ACCOUNTING/Banking	
Check if Austin, TX, officeholder living expense accounting software	
accounting software	
0 Complete ONLY if direct Condidate/Officeholder name Office cought Office hold	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
08/18/2024 Intuit	
Amount (\$) Payee address; City; State; Zip Code	
\$55.96 2700 Coast Ave	
Mountain View, CA 94043-1140	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T	
EXPENDITURE  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
accounting software	
accounting sollware	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
5. T -	
Date Payee name	
10/21/2024 Intuit	
Amount (\$) Payee address; City; State; Zip Code	
\$59.69 2700 Coast Ave	
Mountain View, CA 94043-1140	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T	
ACCOUNTING/BANKING	
Check if Austin, TX, officeholder living expense accounting software	
accounting software	
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 Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 23/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440	
4	Date	5 Payee name	
	09/18/2024	Intuit	
6	Amount (\$) \$59.69	7 Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043-1140	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense accounting software	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/18/2024	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.69	2700 Coast Ave	
		Mountain View, CA 94043-1140	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		accounting software	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/18/2024	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.69	2700 Coast Ave	
		Mountain View, CA 94043-1140	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		accounting software	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter a category not listed above)			
1	Total pages Schedule F1:			Filer ID	(Ethics Commission Filers		
_	Sch: 24/45 Rpt:	Hinojosa, Regina (The Honorable)	ľ	00080440	(Lunes Commission Filers	')	
_	Date						
4	10/15/2024	5 Payee name  Laurel Swift for Texas					
6	Amount (\$) \$20,000.00	7 Payee address; City; State; Zip Code PO Box 6866					
_		San Antonio, TX 78209-0866					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		taids of Toylog Com	anlete Cabadula T		
	EXPENDITURE			tside of Texas. Con X, officeholder living			
		Contributi		,	<b>5</b> • <b>F</b> • • •		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office h	eld		
	Date	Payee name					
	10/28/2024	Laurel Swift for Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$5,000.00	PO Box 6866					
		San Antonio, TX 78209-0866					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Contributions/Donations Made by		tside of Texas. Con			
		Candidate/Officeholder/Political Committee Contributi		n, TX, officeholder living expense			
		Contribut	011				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office h	eld		
	Date	Payee name					
	11/18/2024	Legislative Solutions Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$350.00	PO Box 5643					
		Austin, TX 78763-5643					
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				_	
	OF EXPENDITURE	L Event Expense		tside of Texas. Con			
				X, officeholder living	g expense		
		Email eve	1 IL II IV	ritatiUH			
	Complete ONLY !! -!!	Condidate/Officeholder rame		Offi 1	old		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eiu		

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4 Date	5 Payee name
10/15/2024	Lulu Flores Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 40969  Austin, TX 78704-0017
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/19/2024	Lyft
Amount (\$) \$9.98	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103-1355
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/22/2024	Payee name Lyft
Amount (\$) \$15.99	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103-1355
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.		
1	Total pages Schedule F1:	2	FILER NAME		3 Fil	er ID	(Ethics Commission Filers)
	Sch: 26/45 Rpt:		Hinojosa, Regina (The Honorable)		00	0080440	
4	Date	5	Payee name		<b>,</b>		
	08/23/2024		Lyft				
6	Amount (\$)	7	Payee address; City; State; Zip	Code			
	\$11.20		1455 Market St				
			Ste 400				
			San Francisco, CA 94103-1355				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	``	Travel Out of District	``	Check if travel outside of	of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin, TX, office	ceholder living	expense
					ride share		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought		Office he	eld
	experialitare to belieff 6/6						
	Date		Payee name				
	08/23/2024		Lyft				
	Amount (\$)		Payee address; City; State; Zip	Code			
	\$13.93		1455 Market St				
			Ste 400				
			San Francisco, CA 94103-1355				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	<u> `</u>	Travel Out of District	`	Check if travel outside of	of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin, TX, office	ceholder living	expense
					ride share		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought		Office he	eld
	Date		Payee name				
	09/11/2024		Lyft				
	Amount (\$)		Payee address; City; State; Zip	Code			
	\$133.98		1455 Market St				
			Ste 400				
			San Francisco, CA 94103-1355				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	`´	Travel Out of District	``	Check if travel outside of	of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin, TX, office	ceholder living	expense
					ride share		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought		Office he	eld
	experiulture to belieff C/O	П					

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nplete this form.
1	Total pages Schedule F1: Sch: 27/45 Rpt:	FILER NAME     Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440
4	Date 09/13/2024	5 Payee name Lyft	I
	Amount (\$) \$6.83	7 Payee address; City; State; Zip Cod 1455 Market St Ste 400 San Francisco, CA 94103-1355	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ride share
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	pht Office held
	Date 09/17/2024	Payee name Lyft	
	Amount (\$) \$8.32	Payee address; City; State; Zip Cod 1455 Market St Ste 400 San Francisco, CA 94103-1355	le
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ride share
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
	Date 09/19/2024	Payee name Lyft	
	Amount (\$) \$21.97	Payee address; City; State; Zip Cod 1455 Market St Ste 400 San Francisco, CA 94103-1355	le
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ride share
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 28/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date	5 Payee name								
	09/23/2024	Lyft								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
l	\$22.84	1455 Market St								
l		Ste 400								
		San Francisco, CA 94103-1355								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  ride share								
		inde state								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Ol	<del>1</del>								
Г	Date	Payee name								
	10/10/2024	Lyft								
Г	Amount (\$)	Payee address; City; State; Zip Code								
	\$11.90	1455 Market St								
		Ste 400								
		San Francisco, CA 94103-1355								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  ride share								
		Tide State								
┝	Complete ONLY if direct	e <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	<del>1</del>								
Г	Date	Payee name								
	10/14/2024	Lyft								
Г	Amount (\$)	Payee address; City; State; Zip Code								
	\$31.68	1455 Market St								
l		Ste 400								
		San Francisco, CA 94103-1355								
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		ride share								
$\vdash$	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 Cor

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	10/16/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.55	1455 Market St
		Ste 400
		San Francisco, CA 94103-1355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ride share
		nuc snarc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Payee name
	12/15/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.94	1455 Market St
		Ste 400
		San Francisco, CA 94103-1355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ride share
		nuc share
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/04/2024	Mihaela Plesa Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 796311
		Dallas, TX 75379-6311
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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	B Filer ID (Ethics Commission Filers)
	Sch: 30/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	07/09/2024	NAACP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	1050 E 11th St	
		Ste 120	
		Austin, TX 78702-1959	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		tside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	X, officeholder living expense
		state conference	ce sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	''	
	Date	Payee name	
	08/06/2024	NGP Van	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$533.00	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	tside of Texas. Complete Schedule T.
	LXI ENDITORE		TX, officeholder living expense
		Database softw	vare
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date		
	Date 11/03/2024	Payee name	
		NGP Van	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$266.50	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(=
	EXPENDITURE	Onice Overnead/Nertial Expense	tside of Texas. Complete Schedule T.  "X, officeholder living expense
		Database softw	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 31/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date	5 Payee name								
	12/02/2024	NGP Van								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$266.50	655 15th St NW								
		Ste 650								
		Washington, DC 20005-5738								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Database software								
		Database Software								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
Г	Date	Payee name								
	09/03/2024	NGP Van								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$266.50	655 15th St NW								
		Ste 650								
		Washington, DC 20005-5738								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Database software								
		Balabase Sollware								
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
	Date	Payee name								
	10/03/2024	NGP Van								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$266.50	655 15th St NW								
		Ste 650								
		Washington, DC 20005-5738								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Database software								
		Database software								
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
Г										

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	09/30/2024	Pena, Brian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$320.00	2400 San Gabriel St
		Austin, TX 78705-4714
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/31/2024	Pena, Brian
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2400 San Gabriel St
		Austin, TX 78705-4714
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/29/2024	Pena, Brian
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2400 San Gabriel St
		Austin, TX 78705-4714
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials   Legal Services The Instruction Gu	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 33/45 Rpt:		Hinojosa, R	egina (The Hond	orable)					00080440		
4	Date	5	Payee name									
L	09/19/2024		Planned Pa	renthood Votes								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$1,000.00		2708 S Lam	ar Blvd								
			Ste 200A									
			Austin, TX 7	78704-3966								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		•		=		de of Texas. Com		
			Candidate/C	Officeholder/Polit	tical Comm	ittee		Contribution	, IX,	officeholder living	expense	
								Contribution				
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	<u>l</u> uaht			Office he	eld	_
Ĺ	expenditure to benefit C/Ol											
	Date		Payee name									
	10/29/2024		Polvo's Mex	cican Restaurant								
	Amount (\$)		Payee addres	-	State;	Zip Co	ode					
	\$111.64		2004 S 1st	St								
			Austin, TX 7	78704-5142								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				<b>□</b>		de of Texas. Comp officeholder living		
								HDCC staff lu			скрепас	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/OI	Н										
	Date		Payee name									-
	07/04/2024		•	cican Restaurant	t							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$125.69		2004 S 1st		•	-						
			Austin, TX 7	78704-5142								
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sche	edule)	(b)	Description	a ·	do of T C	alata Cabadul- T	
	EXPENDITURE		Food/Bever	age Expense						de of Texas. Comp officeholder living		
								officeholder s			•	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld	_
	expenditure to benefit C/OI	Н										

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
-	Sch: 34/45 Rpt:	Hinojosa, Regina (The Honorable)  00080440
4	Date	5 Payee name
	10/23/2024	Solomon Ortiz for Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 286
		Corpus Christi, TX 78403-0286
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Onicenoider/Political Committee Contribution
9	Complete ONLY if direct expenditure to benefit C/O	I L Candidate/Officeholder name Office sought Office held
	experialitate to benefit e.c.	
	Date	Payee name
	11/28/2024	Sonder Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$239.60	1301 Ocean Ave
		Santa Monica, CA 90401-1019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		hotel charge (not used and not refunded)
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/16/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.98	2702 Love Field Dr
	ΨΖ00.30	2702 Love Field Di
		Dallas, TX 75235-1908
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		airfare for campaign meetings
_	C. L. Chilly if disease	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
		·

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide	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: 35/45 Rpt:	Hinojosa, Ro	egina (The Honoral	ole)				00080440	
4	Date	5 Payee name							
	07/01/2024	Southwest A	irlines						
6	Amount (\$)	<b>7</b> Payee addres	s; City;	State; Zip C	ode				
	\$341.93	2702 Love F	ield Dr						
		Dallas, TX 7	5235-1908						
8	PURPOSE OF	(a) Category (Se	e Categories listed at the top	o of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out o	f District			X Check if travel of		de of Texas. Com , officeholder living	
						airfare to atte			
						and to allo		D110 001110	110011
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	09/23/2024	Squarespac	е						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$294.22	8 Clarkson S	St						
		Fl 12							
		New York, N	IY 10014-4301						
	PURPOSE	(a) Category (Se	e Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overl	ead/Rental Expens	se		<b>=</b>		de of Texas. Com	
						_		officeholder living	g expense
						Website hosti	iiig		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	Jaht			Office he	eld .
	expenditure to benefit C/O			000	-g			<b>55</b>	
	Date	Payee name							
	11/18/2024	Stephen F.	Austin Hotel						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$342.65	701 Congre	ss Ave						
		Austin, TX 7	8701-3216						
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Exper	ise					de of Texas. Com	
						room for elect		officeholder living	
						TOOM TO CICU	uUI	i ingili waiti	i party
_	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/OI			200 30	J			200 110	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	07/18/2024	Susan Harry Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	PO Box 301074
		Austin, TX 78703-0018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Compliance consulting
		Compliance consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/19/2024	Susan Harry Consulting
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 301074
	Ψ2,000.00	1 0 20% 001014
		Austin, TX 78703-0018
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising consulting
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	08/08/2024	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 15707
		Austin, TX 78761-5707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
		Contribution
$\vdash$	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 37/45 Rpt:	2 FILER NAME Hinojosa, Regina (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080440
4	Date 10/14/2024	5 Payee name Texas HDCC
6	Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code PO Box 1925  Austin, TX 78767-1925
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  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 10/16/2024	Payee name Texas HDCC
	Amount (\$) \$15,000.00	Payee address; City; State; Zip Code PO Box 1925  Austin, TX 78767-1925
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/16/2024	Payee name Texas HDCC
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 1925
		Austin, TX 78767-1925
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	10/16/2024	Texas HDCC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,000.00	PO Box 1925	
		Austin, TX 78767-1925	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Bonations Made By	vel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contributio	stin, TX, officeholder living expense
		Contribution	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		0
_	Date	Payee name	
	10/16/2024	Texas HDCC	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$20,000.00	PO Box 1925	
	Ψ20,000.00	1 0 Box 1010	
		Austin, TX 78767-1925	
	PURPOSE		
	OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if trav	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made by	stin, TX, officeholder living expense
		Contributio	n
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	12/22/2024	Texas HDCC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	PO Box 1925	
		Austin, TX 78767-1925	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	vel outside of Texas. Complete Schedule T.
	EXI ENDITORE		stin, TX, officeholder living expense
		Contributio	II
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
l			

#### SCHEDULE F1

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

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 39/45 Rpt:	Hinojosa, Regina (The Honorable)
4 Date	5 Payee name
12/03/2024	Texas House Democratic Caucus
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 12453
	Austin, TX 78711-2453
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/6	
Date	Payee name
08/07/2024	The Allegro Royal Sone
Amount (\$)	Payee address; City; State; Zip Code
\$1,498.04	171 W Randolph St
. ,	
	Chicago, IL 60601-3121
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District    X   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense
	hotel while attending DNC convention
	note: will autorially 2110 convention
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/26/2024	The Allegro Royal Sone
Amount (\$)	Payee address; City; State; Zip Code
\$374.51	171 W Randolph St
	Chicago, IL 60601-3121
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense hotel while attending DNC convention
	Hotel while attending DNC convention
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 Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 40/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	10/29/2024	University Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	907 W 23rd St
		Austin, TX 78705-5035
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Shuttles for election day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/12/2024	Violet Crown
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,126.89	434 W 2nd St
		Austin, TX 78701-3898
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event venue expenses
		210.11.10.11.00 0.1.000
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/17/2024	Violet Crown
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,210.01	434 W 2nd St
		Austin, TX 78701-3898
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event venue expenses
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			mmittee	Gift/Awards/Memorial Legal Services  The Instruction G			/ages/	/Contract Labor		Travel Out of I OTHER (enter	District a category not listed at	oove)
1	Total pages Cabadula Ed.	1	THED MANAS						٦.	Filer ID	(Ethios Commission	ion Eilore\
	Total pages Schedule F1: Sch: 41/45 Rpt:	<b> </b>		: egina (The Hor	norable)				3	Filer ID 00080440	(Ethics Commiss	וטוו רוופוט)
_	<u> </u>	<u> </u>									•	
4	Date	5	Payee name									
	07/25/2024		Vonlane									
6	Amount (\$)	7	Payee addres		State	; Zip Co	de					
	\$110.50		6310 Lemm	on Ave								
			Ste 125									
			Dallas, TX 7	<sup>7</sup> 5209-5812								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out				-		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							_	, TX,	officeholder livi	ng expense	
								bus fare				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	experiorare to benefit C/Of	1										
	Date		Payee name									
	09/09/2024		Vonlane									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$145.00		6310 Lemm	on Ave								
			Ste 125									
			Dallas, TX 7	<sup>7</sup> 5209-5812								
_	PURPOSE	(a)				T	(h)	Description				
	OF	(۳)	Section (Section )	ee Categories listed at	tne top of this sch	neaule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		riavei Out (	טיי בייטווונו				<b>=</b>		officeholder livi		
								bus fare				
L												
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OF	-					_		_			
	Date		Payee name									
	09/10/2024		Vonlane									
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	; Zip Co	de					
	\$145.00		6310 Lemm			,						
	, -100		Ste 125									
			Dallas, TX 7	<sup>7</sup> 5209-5812								
	DUDDOCE	10					(l-)	Description				
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(a)	Description  Check if travel of	outsi	de of Texas Co	mplete Schedule T.	
	EXPENDITURE		Travel Out	וטואוט וכ				브		officeholder livi		
								bus fare			-	
		ĺ										
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/OF	Н										
	<del> </del>											

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment									Travel Out of D OTHER (enter	istrict a category not listed above	e)	
1	Total pages Schedule F1:	2	EII ED NIAME						3	Filer ID	(Ethics Commission	Filere\
_	Sch: 42/45 Rpt:	ı		egina (The Ho	onorable)					00080440	•	i i neraj
4	Date	5	Payee name									
	09/16/2024		Vonlane									
6	Amount (\$) \$145.00		Payee addres 6310 Lemm Ste 125		State	e; Zip Co	de					
			Dallas, TX 7	'5209-5812								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sel	hedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of			•		Check if travel		de of Texas. Co officeholder livir	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld	
	Date		Payee name									
	10/07/2024		Vonlane									
	Amount (\$)	T	Payee addres	ss; City;	State	e; Zip Co	de					
	\$270.00		6310 Lemm	on Ave								
			Ste 125									
			Dallas, TX 7	'5209-5812								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of					<b>=</b>			mplete Schedule T.	
								bus fare	, FX,	officeholder livir	ig expense	
								Sus Iule				
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	1	Office sou	ght			Office h	neld	
	Date		Payee name									
	10/09/2024		Vonlane									
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$270.00		6310 Lemm	on Ave								
			Ste 125									
			Dallas, TX 7	'5209-5812								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of	of District				<b>=</b>			mplete Schedule T.	
								bus fare	, 1X,	, officeholder livir	ig expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld	
_												

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
	·		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 43/45 Rpt:		Hinojosa, Re	egina (The Hor	norable)					00080440		
4	Date	5	Payee name									
	10/22/2024		Vonlane									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$135.00		6310 Lemm	on Ave								
			Ste 125									
			Dallas, TX 7	5209-5812								
Ļ	PURPOSE	(0)				-	/b\	5 12				
8	OF	(a)		e Categories listed at	the top of this sche	dule)	(D)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Travel Out o	T DISTRICT				<b>=</b>		officeholder living	•	
								bus fare				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/09/2024		Worley Print	ing								
	Amount (\$)	Г	Payee addres	ss; City;	State;	Zip Co	de					
	\$286.25		3217 N Inter	state 35 Front	age Rd							
			Austin, TX 7	8722								
_	DUDDOCE	(0)					(h)	D				
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(D)	Description  Check if travel of	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Printing Exp	erise				<b>=</b>		officeholder living		
								invitations				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
_	Date	Π	Payee name									
	07/04/2024		Zoom									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$70.35		55 Almaden	-	State,	Ζίρ Ου	uc					
	Ψ10.33		JJ Allilaueli	Bivu								
			0 1									
				A 95113-1608		-						
	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense					officeholder living	plete Schedule T.	
								virtual meetin				
									. <sub>9</sub>			
$\vdash$	Complete ONLY if direct	Ц,	Candidate/Offic	eholder name	Of	ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI		zanaldato/Offic	Jeriolaer Haille	Oi	300(	9,11			Cinice II	o.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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/45 Rpt:	Hinojosa, Regina (The Honorable) 00080440
4	Date	5 Payee name
	08/04/2024	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.35	55 Almaden Blvd
		San Jose, CA 95113-1608
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/04/2024	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	55 Almaden Blvd
		San Jose, CA 95113-1608
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/04/2024	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	55 Almaden Blvd
		San Jose, CA 95113-1608
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense virtual meeting software subscription
		Threat mosting contrare capesing to the
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	contact data and an analysis of the contact and the contact an
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/45 Rpt:	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	11/03/2024	Zoom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.35	55 Almaden Blvd	
		San Jose, CA 95113-1608	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneaa/Nerital Expense	I outside of Texas. Complete Schedule T.
		l	n, TX, officeholder living expense ng software subscription
		viitudi meeti	ng software subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Payee name	
	12/03/2024	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.35	55 Almaden Blvd	
		San Jose, CA 95113-1608	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense ng software subscription
		viitaa meeti	ng software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555 No.u
$\vdash$			

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	Expense Wages/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 G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 1/2 Rpt: 97/101		Hinojosa, Regina (The Honorable)			00080440	
4	Date	5	Payee name			l	
	12/17/2024		American Airlines				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$409.47		PO Box 619616				
	Reimbursement from political contributions intended		Dfw Airport, TX 75261-9616				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description X	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Travel Out of District			Check if Austin, TX, officeholder living expense	
			ļ.		airfare to attend r	meetings for HDCC	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held	
	Date		Payee name				
	12/17/2024		American Airlines				
Amount (\$) Payee address; City; State; Zip Code							
	\$399.48		PO Box 619616				
	Reimbursement from political contributions intended		Dfw Airport, TX 75261-9616				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description x		
	OF EXPENDITURE		Travel Out of District			Check if Austin, TX, officeholder living expense	
					airfare to attend r	meetings for HDCC	
	Complete ONLY if direct	Cal	ndidate/Officeholder name		Office sought	Office held	
	expenditure to benefit C/OH		nadato e mesmotas mane			Omoc note	
	Date		Payee name				
	12/10/2024		Tiny Pies				
	Amount (\$)	Т	Payee address; City; State;	Zip Co	ode		
	\$152.75		1100 S Lamar Blvd				
Reimbursement from		Ste 1116					
	X political contributions intended	Austin, TX 78704-0379					
	PURPOSE	Г	Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense	
					food for townhall	event	
-	Complete ONLY if direct	L Cai	ndidate/Officeholder name		Office sought	Office held	
	expenditure to benefit C/OH						

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services 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. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 98/101 Hinojosa, Regina (The Honorable) 00080440 4 Date Payee name 12/10/2024 Trader Joe's 6 Amount (\$) Payee address; City; State; Zip Code \$113.60 211 Walter Seaholm Dr Ste 100 Reimbursement from political contributions intended Х Austin, TX 78701-0020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** food for townhall event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE T

	The Insti	ruction G	Guide explains	1 Total pages Schedule T: Sch: 1/3 Rpt: 99/101					
2	FILER NAME Hinojosa, Regina	a (The Hoi	norable)		3 Filer ID (Ethics Co	ommission Filers)			
4		-	-	anization / Pledgor /Paye	ee	1			
	American Airline	•							
5		ntribution / Expenditure reported on:							
ľ	Schedule A2		Schedule B	Schedule D	X Schedule F1				
	Schedule F2	브	Schedule F4	Schedule B(J)  Schedule G	Schedule C2 Schedule H	Schedule COH-UC	X concadio 1 1		
	<u> </u>			<u> </u>	Scriedule H	Scriedule COH-OC			
6	Dates of Travel	7 Name of person(s) traveling							
		Hinojo	sa, Gina (Rep.)						
			ure city or name of	departure location					
	12/12/2024	Austin							
		9 Destina	ation city or name o	of destination location					
	12/15/2024	Los Ar	ngeles						
10	Means of transpor	tation	11 Purpose of tra	vel (including name of co	onference, seminar, or	other event)			
	Commercial Airp	lane	airfare to atte	end meetings for HDC	C				
	Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee				
	American Airline		· ·	Ç					
	Contribution / Expe	enditure rep	orted on:						
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
	Schedule F2	느	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	X		
	<u> </u>								
	Dates of Travel Name of person(s) traveling								
			sa, Gina (Rep.)						
			ure city or name of	departure location					
	12/12/2024 Austin								
	Destination city or name of destination location								
	12/15/2024	Los Ar	ngeles 						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
	Commercial Airp	lane	attend meetii	ngs for HDCC					
	Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee				
	American Airline	S							
	Contribution / Expe	enditure rep	orted on:						
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
	Schedule F2		Schedule F4	X Schedule G	Schedule H	Schedule COH-UC	<b>—</b>		
	Dates of Travel	Name	of person(s) traveli		<u> </u>				
	Dates of Travel			ing					
	Hinojosa, Gina (Rep.)								
Departure city or name of departure location									
12/12/2024 Austin									
	Destination city or name of destination location								
	12/15/2024	Los Ar							
	Means of transport		· ·	vel (including name of co	onference, seminar, or	other event)			
	Commercial Airplane attend meetings for HDCC								

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

SCI		

4	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
	American Airlines								
5	Contribution / Expenditure reported on:								
	Schedule A2		Schedule B	Schedule B(J)		Schedule C2	Schedule D	Schedule F1	
	Schedule F2		Schedule F4	X Schedule G		Schedule H	Schedule COH-UC		
6	Dates of Travel	7 Name	of person(s) traveli	ng					
		Hinojo	sa, Gina (Rep.)						
		8 Depart	ure city or name of	departure location					
	12/12/2024	Los A	ngeles						
		9 Destination city or name of destination location							
12/15/2024 Austin									
10	10 Means of transportation								
	Commercial Airp	lane	attend meeti	ngs for HDCC					
	Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Pay	ee				
	Southwest Airlin	es							
	Contribution / Expe	enditure rep	oorted on:						
	Schedule A2		Schedule B	Schedule B(J)		Schedule C2	Schedule D	X Schedule F1	
	Schedule F2		Schedule F4	Schedule G		Schedule H	Schedule COH-UC		
Dates of Travel Name of person(s) traveling									
		Hinojo	osa, Gina (Rep.)						
		Depart	ure city or name of	departure location					
	08/18/2024 Austin								
	Destination city or name of destination location								
	08/23/2024 Chicago								
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
	Commercial Airp	lane	attend DNC	convention					
	Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Pay	ee				
	The Allegro Roy	al Sone							
	Contribution / Expe	enditure rep	oorted on:						
	Schedule A2		Schedule B	Schedule B(J)		Schedule C2	Schedule D	X Schedule F1	
	Schedule F2		Schedule F4	Schedule G		Schedule H	Schedule COH-UC		
Dates of Travel Name of person(s) traveling									
		Hinojo	osa, Gina (Rep.)						
Departure city or name of departure location									
08/18/2024 Austin									
Destination city or name of destination location									
08/23/2024 Chicago									
	Means of transpor		Purpose of travel (including name of conference, seminar, or other event)						
	Commercial Airplane attend DNC convention								

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee The Allegro Royal Sone 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Hinojosa, Gina (Rep.) 8 Departure city or name of departure location 08/18/2024 Destination city or name of destination location 08/23/2024 Chicago 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation attend DNC convention Commercial Airplane