

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00020971	2 Total pages filed: 110		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Judith	MI	OFFICE USE ONLY		
	NICKNAME	LAST Zaffirini	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 627 Laredo, TX 78042-0627			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Guadalupe Castillo	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1407 Washington Street Laredo, TX 78040		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 724-8355					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 21 Webb			12 OFFICE SOUGHT (if known) State Senator District 21		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Zaffirini, Judith (The Honorable)		14 Filer ID (Ethics Commission Filers) 00020971
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> COMMITTEE TYPE <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> COMMITTEE NAME </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SPECIFIC <input type="checkbox"/> COMMITTEE ADDRESS </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER NAME <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER ADDRESS </div>			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 2,819.20
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 249,630.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 7,393.81
	4. TOTAL POLITICAL EXPENDITURES		\$ 141,617.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,128,051.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Judith Zaffirini

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.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Zaffirini, Judith (The Honorable)	00020971	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	213,769.20
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	35,861.63
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	106,236.39
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	35,381.45
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	12,501.07

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allen, Boone, Humphries, Robinson LLP	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Laredo Theatre Guild International
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arciniega, Joe and Elizabeth B.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Laredo, TX 78041	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The University of Texas at Austin
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beckworth, John	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Philanthropist		Employer (See Instructions) Self-employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Blanton, Leslie D.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Owners		Employer (See Instructions) Bresnen Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briscoe, Chip	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Carrizo Springs, TX 78834	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jed A.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77081	
Principal occupation / Job title (See Instructions) Real estate developer		Employer (See Instructions) The Brownstone Group
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jed A.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77081	
Principal occupation / Job title (See Instructions) Real estate developer		Employer (See Instructions) The Brownstone Group
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley Jr., John J.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Bryan, TX 77802	
Principal occupation / Job title (See Instructions) Healthcare consultant		Employer (See Instructions) Jack Buckley & Associates
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camero, Joseph Porfirio	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Neurologist		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey , Daniel	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CenterPoint Energy, Inc. PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77210	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randall D.	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Legal Service Center, Inc.
Date 09/29/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00039305) Citigroup Inc.	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clore, Paul	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Portland, TX 78374	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/04/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u>) Comcast Corporation & NBC Universal Political Action Committee 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crossley, Cecilia Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crum, Gary T. and Sylvie Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Anda, Javier Contributor address; City; State; Zip Code Laredo, TX 78044	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Senior Vice-President		Employer (See Instructions) BP Newman Investment Co.
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deputy Sheriffs Association Bexar Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doner, John 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) Consultant	9 Employer (See Instructions) John Doner & Associates
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Exxon Mobil PAC Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Winch Cattle Co Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, Larry Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Hearing Instrument Specialist	Employer (See Instructions) Self-employed
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasken Management L.L.C. Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/110
2 FILER NAME Zaffirini, Judith (The Honorable)			3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/03/2025	5 Full name of contributor Fenz, Caton	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired	
Date 09/23/2025	Full name of contributor Flores, Betty	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/18/2025	Full name of contributor Flores , Jose F. and Elsa	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Laredo, TX 78042		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/13/2025	Full name of contributor Flores, Juan Jose and Josefina	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laredo, TX 78041		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bricks and Tile International	
Date 10/25/2025	Full name of contributor Ford, Jeremy	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Dallas, TX 75205		
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions) Hilltop Holdings Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Viviana	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Laredo, TX 78040	
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Frank Architect, Inc.
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman II, Robert N. and Mary C.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funds Available for Involved Reporters	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galo, Patricia M.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laredo, TX 78043	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gateway Core Equity, Ltd.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melodye	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75248	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra Jr., Heriberto	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78264	
Principal occupation / Job title (See Instructions) Chair/CEO		Employer (See Instructions) Avanzar Interior Technologies
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardeman, Joy	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Continental Auto Group
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Robert M.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughson, Jane G	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, John R.	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Gustovne Inc.
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Bobby R.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) The University of Texas at Austin
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvin, Kathleen E.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JES Holdings LLC-Texas Development PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Columbia, MO 65203	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jastrow II, Kenneth M.	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Round Mountain, TX 78663	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Melissa	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Mirando City, TX 78369	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Vaquillas Cattle Company, Ltd
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Kristina	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kastl Law
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael L.	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Marble Falls, TX 78654	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) MLK Investments, LLC
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozmetsky, Greg	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) KMS Ventures, Inc.
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leshin, Richard	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78044	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Welder-Leshin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joe R.	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78751	
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Joe R. Long Investments
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joe R.	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Joe R. Long Investments
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Gregorio Manuel	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Laredo, TX 78043	
Principal occupation / Job title (See Instructions) Station Manager		Employer (See Instructions) Diocese of Laredo
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luband, Charles	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Scarsdale, NY 10583	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Charles Luband-Dentons
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Charles	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Madeline	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75209	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TexProtects
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCune, Duane	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Schertz, TX 78154	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-employed
Date 10/22/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods Federal PAC Fund	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Richmond, VA 23219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcbride,, Richard	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millecam, Melissa	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666-2904	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Thomas	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Laredo, TX 78041	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Monte	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Moore Jewelers
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Jr., Richard G.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laredo, TX 78042	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) PMGB Law Firm
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouneton, Juan E.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG Energy PAC	Amount of Contribution (\$) \$4,000.00
	Contributor address; City; State; Zip Code Princeton, NJ 08540	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neel, Parker J.	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Laredo, TX 78041	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Neel Title Corporation
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oakley, Ted and Nancy Brazzil	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Investment Management		Employer (See Instructions) Self-employed, Oxbow Advisors
Date 09/26/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00554444) One Gas, Inc. Pac	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Tulsa, OK 74103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jimmy P	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Cotulla, TX 78014-0652	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Patterson Insurance Agency
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrin, Michael	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winstead PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/110	
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971	
4 Date 09/23/2025	5 Full name of contributor Pfizer PAC	6 Contributor address; City; State; Zip Code New York, NY 10001	7 Amount of Contribution (\$) \$1,500.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pinnacle Mimes Investments, LLC		Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Provider Coalition for Care PAC		Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramirez, Jorge		Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78751		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramirez Jr., Ed		Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Laredo, TX 78040		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Adriana Sanchez	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Laredo, TX 78041	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Richard Pena	Amount of Contribution (\$) \$10,300.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kathy T.	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Clinical Social Work		Employer (See Instructions) Self employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jr., Corbin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Quintana Resources Holding, LP
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roche, David L.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sames, Harry Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sames III, Harry E. Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Sames Motor Co.
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Professional Firefighters PAC Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Brian D. Contributor address; City; State; Zip Code Burleson, TX 76028-7877	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas Campgrounds

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carroll	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Texarkana, TX 75503	
8 Principal occupation / Job title (See Instructions) Commercial Land Developer		9 Employer (See Instructions) Self-employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, John R.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed
Date 10/02/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00341602) Southwest Airlines Co. Freedom Fund	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suttle, Richard	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ambrust and Brown
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/Texas Association of Realtors PAC	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association for Home Care and Hospice Inc. 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$2,500.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Court Reporters Association Contributor address; City; State; Zip Code Athens, TX 75751	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Economic Development Council Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Events Pac Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Food and Fuel Association PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC Austin, TX 78703	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/10/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C90007923) The Chickasaw Nation Ada, OK 74820	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Independent Insurance Agents of Texas PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78768	
8 Principal occupation / Job title (See Instructions) Attorney/County Commissioner		9 Employer (See Instructions) Law Office of Rosaura P. Tijerina/Webb County
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Rosaura "Wawi"	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laredo, TX 78043	
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) OmniBase Services of Texas
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traylor, Richard C. and Mary West	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Batesville, TX 78829	
Principal occupation / Job title (See Instructions) Ranchers		Employer (See Instructions) Self employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78288	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/30/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00010470</u>) Union Pacific Corporation Fund for Effective Government 6 Contributor address; City; State; Zip Code Washington, DC 20005	7 Amount of Contribution (\$) \$3,000.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Leticia Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos R. Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, James D. Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Manager	Employer (See Instructions) Job LLC
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, MD, G. Steven Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Doctor	Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/110</p>
<p>2 FILER NAME Zaffirini, Judith (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00020971</p>
<p>4 Date 10/26/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelman, Marc</p> <p>6 Contributor address; City; State; Zip Code Austin, TX 78746</p>	<p>7 Amount of Contribution (\$) \$250.00</p>
<p>8 Principal occupation / Job title (See Instructions) Executive</p>		<p>9 Employer (See Instructions) Calendar Services Inc.</p>
<p>Date 09/04/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini, Dr. Luis A. and Jean B.</p> <p>Contributor address; City; State; Zip Code Laredo, TX 78045</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Optometrist</p>		<p>Employer (See Instructions) Self-employed</p>
<p>Date 09/29/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zausmer, Gary</p> <p>Contributor address; City; State; Zip Code Austin, TX 78731</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Attorney</p>		<p>Employer (See Instructions) Winstead PC</p>

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 1/3 Rpt: 27/110</p>
<p>2 FILER NAME Zaffirini, Judith (The Honorable)</p>				<p>3 Filer ID (Ethics Commission Filers) 00020971</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 12/08/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Guerrero, Gilbert and Iris</p> <p>7 Contributor address; City; State; Zip Code Laredo, TX 78043</p>			<p>8 Amount of contribution (\$) \$161.63</p> <p>9 In-kind contribution description Promoting Literacy Program</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contract Labor</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Independent Contractor</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/16/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Killam Development Ltd.</p> <p>Contributor address; City; State; Zip Code Laredo, TX 78042</p>			<p>Amount of contribution (\$) \$29,700.00</p> <p>In-kind contribution description STX Media Advertising</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 07/01/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Zaffirini Sr., Carlos M.</p> <p>Contributor address; City; State; Zip Code Laredo, TX 78040</p>			<p>Amount of contribution (\$) \$1,000.00</p> <p>In-kind contribution description Headquarters</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>			
<p>1 Total pages Schedule A2: Sch: 2/3 Rpt: 28/110</p>			
<p>2 FILER NAME Zaffirini, Judith (The Honorable)</p>			
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$</p>			
<p>5 Date 08/01/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini Sr., Carlos M.</p>	<p>8 Amount of contribution (\$) \$1,000.00</p>	<p>9 In-kind contribution description Headquarters</p>
	<p>7 Contributor address; City; State; Zip Code Laredo, TX 78040</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo</p>	
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 09/01/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini Sr., Carlos M.</p>	<p>Amount of contribution (\$) \$1,000.00</p>	<p>In-kind contribution description Headquarters</p>
	<p>Contributor address; City; State; Zip Code Laredo, TX 78040</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 10/01/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini Sr., Carlos M.</p>	<p>Amount of contribution (\$) \$1,000.00</p>	<p>In-kind contribution description Headquarters</p>
	<p>Contributor address; City; State; Zip Code Laredo, TX 78040</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 29/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 11/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini Sr., Carlos M. 7 Contributor address; City; State; Zip Code Laredo, TX 78040	8 Amount of contribution (\$) \$1,000.00 9 In-kind contribution description Headquarters <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini Sr., Carlos M. Contributor address; City; State; Zip Code Laredo, TX 78040		Amount of contribution (\$) \$1,000.00 In-kind contribution description Headquarters <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/33 Rpt: 30/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/02/2025	5 Payee name American Express	
6 Amount (\$) \$307.21	7 Payee address; City; P.O. Box 650448 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/25/2025	Payee name American Express	
Amount (\$) \$3,103.63	Payee address; City; P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for campaign expenses reported herein
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name American Express	
Amount (\$) \$2,443.87	Payee address; City; P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/33 Rpt: 31/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/12/2025	5 Payee name American Express	
6 Amount (\$) \$3,488.54	7 Payee address; City; P.O. Box 650448 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name American Express	
Amount (\$) \$1,871.03	Payee address; City; P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name American Express	
Amount (\$) \$4,172.08	Payee address; City; P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/33 Rpt: 32/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/12/2025	5 Payee name American Express	
6 Amount (\$) \$5,680.16	7 Payee address; City; P.O. Box 650448 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name American Express	
Amount (\$) \$5,743.67	Payee address; City; P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/30/2025	Payee name American Express	
Amount (\$) \$2,167.60	Payee address; City; P.O. Box 650448 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/33 Rpt: 33/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971	
4 Date 10/10/2025	5 Payee name American Express		
6 Amount (\$) \$5,246.41	7 Payee address; City; P.O. Box 650448 Dallas, TX 75265	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/02/2025	Payee name American Express		
Amount (\$) \$1,157.25	Payee address; City; P.O. Box 650448 Dallas, TX 75265	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses reported herein	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/30/2025	Payee name Anedot Inc.		
Amount (\$) \$1,712.40	Payee address; City; 1340 Polydras St. New Orleans, LA 70112	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/33 Rpt: 34/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 08/04/2025	5 Payee name CenterPoint Energy	
6 Amount (\$) \$63.70	7 Payee address; City; P.O. Box 4981 Houston, TX 77210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters gas bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name CenterPoint Energy	
Amount (\$) \$63.70	Payee address; City; P.O. Box 4981 Houston, TX 77210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters gas bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name CenterPoint Energy	
Amount (\$) \$63.70	Payee address; City; P.O. Box 4981 Houston, TX 77210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters gas bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/33 Rpt: 35/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 11/05/2025	5 Payee name CenterPoint Energy	
6 Amount (\$) \$63.70	7 Payee address; City; P.O. Box 4981 Houston, TX 77210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters gas bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name CenterPoint Energy	
Amount (\$) \$63.70	Payee address; City; P.O. Box 4981 Houston, TX 77210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters gas bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name CenterPoint Energy	
Amount (\$) \$63.69	Payee address; City; P.O. Box 4981 Houston, TX 77210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters gas bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/33 Rpt: 36/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 07/30/2025	5 Payee name Chavarria's Plumbing Inc	
6 Amount (\$) \$136.60	7 Payee address; City; 6320 Krone Ln Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarter repairs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name City of Laredo Utilities	
Amount (\$) \$209.21	Payee address; City; P.O. Box 6548 Laredo, TX 78042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters water bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name City of Laredo Utilities	
Amount (\$) \$209.21	Payee address; City; P.O. Box 6548 Laredo, TX 78042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters water bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/33 Rpt: 37/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/11/2025	5 Payee name City of Laredo Utilities	
6 Amount (\$) \$209.21	7 Payee address; City; State; Zip Code P.O. Box 6548 Laredo, TX 78042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters water bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name City of Laredo Utilities	
Amount (\$) \$211.96	Payee address; City; State; Zip Code P.O. Box 6548 Laredo, TX 78042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters water bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name City of Laredo Utilities	
Amount (\$) \$217.50	Payee address; City; State; Zip Code P.O. Box 6548 Laredo, TX 78042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters water bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/33 Rpt: 38/110	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/15/2025	5 Payee name City of Laredo Utilities	
6 Amount (\$) \$228.38	7 Payee address; City; P.O. Box 6548 Laredo, TX 78042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters water bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Dove Springs Proud	
Amount (\$) \$500.00	Payee address; City; 4103 Sojourner. St. Austin, TX 78725	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Headliners Club	
Amount (\$) \$335.58	Payee address; City; 221 W. 6th St., Ste. 2100 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Member dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 07/10/2025	5 Payee name Headliners Club	
6 Amount (\$) \$303.36	7 Payee address; City; State; Zip Code 221 W. 6th St., Ste. 2100 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name John Doner & Associates, Inc.	
Amount (\$) \$22,553.63	Payee address; City; State; Zip Code 1005 Congress Ave., Suite 580 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, print, mail, postage for events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Jordan, Sharyn	
Amount (\$) \$624.00	Payee address; City; State; Zip Code 608 Bartlett Ave. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District		
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District		
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 07/15/2025	5 Payee name Jordan, Sharyn	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 608 Bartlett Ave. Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Jordan, Sharyn	
Amount (\$) \$719.75	Payee address; City; State; Zip Code 608 Bartlett Ave. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Jordan, Sharyn	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 608 Bartlett Ave. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 11/10/2025	5 Payee name Jordan, Sharyn	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Jordan, Sharyn	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 608 Bartlett Ave. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Jordan, Sharyn	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 608 Bartlett Ave. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/30/2025	5 Payee name Jordan, Sharyn	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Jordan, Sharyn	
Amount (\$) \$224.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name Lincoln Automotive Financial Services	
Amount (\$) \$947.76	Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle lease
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 08/14/2025	5 Payee name Lincoln Automotive Financial Services	
6 Amount (\$) \$947.76	7 Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle lease
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Lincoln Automotive Financial Services	
Amount (\$) \$947.76	Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle lease
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Lincoln Automotive Financial Services	
Amount (\$) \$947.76	Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle lease
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 11/17/2025	5 Payee name Lincoln Automotive Financial Services	
6 Amount (\$) \$947.76	7 Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle lease
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Lincoln Automotive Financial Services	
Amount (\$) \$947.76	Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle lease
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Moreno, Jacob	
Amount (\$) \$734.04	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/30/2025	5 Payee name Moreno, Jacob	
6 Amount (\$) \$555.93	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Mundo Publicitario	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1001 Market Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Mundo Publicitario	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 1001 Market Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/24/2025	5 Payee name Nochebuena, Arturo	
6 Amount (\$) \$2,000.00	7 Payee address; City; 116 Northview Laredo, TX 78041	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 08/11/2025	5 Payee name Pappas, Josie	
6 Amount (\$) \$800.00	7 Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 08/25/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 09/08/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/22/2025	5 Payee name Pappas, Josie	
6 Amount (\$) \$800.00	7 Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 10/06/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 10/20/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 11/03/2025	5 Payee name Pappas, Josie	
6 Amount (\$) \$800.00	7 Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 11/17/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 12/02/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; 4902 Marcella #64 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/15/2025	5 Payee name Pappas, Josie	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 4902 Marcella #64 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 12/29/2025	Payee name Pappas, Josie	
Amount (\$) \$800.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held
Date 12/05/2025	Payee name Personalized Promotions	
Amount (\$) \$1,399.93	Payee address; City; State; Zip Code 7605 Stoneywood Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Imprinted materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pappas, Josie	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 07/24/2025	5 Payee name Reliant	
6 Amount (\$) \$131.80	7 Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters light bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant	Office sought Office held
Date 08/20/2025	Payee name Reliant	
Amount (\$) \$235.97	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters light bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant	Office sought Office held
Date 09/24/2025	Payee name Reliant	
Amount (\$) \$204.38	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters light bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/20/2025	5 Payee name Reliant	
6 Amount (\$) \$266.68	7 Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters light bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant	Office sought Office held
Date 11/17/2025	Payee name Reliant	
Amount (\$) \$93.19	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters light bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant	Office sought Office held
Date 12/19/2025	Payee name Reliant	
Amount (\$) \$46.52	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headquarters light bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/22/2025	5 Payee name San Miguel, Patty	
6 Amount (\$) \$465.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative gifts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/20/2025	Payee name Schmieding, Shannon	
Amount (\$) \$750.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Schmieding, Shannon	
Amount (\$) \$750.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/29/2025	5 Payee name Schmieding, Shannon	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Society of Martha Washington	
Amount (\$) \$175.00	Payee address; City; State; Zip Code P. O. Box 1775 Laredo, TX 78044-1775	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Store It All Self Storage Del Norte	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 5115 San Francisco Avenue Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 08/20/2025	5 Payee name Store It All Self Storage Del Norte	
6 Amount (\$) \$537.00	7 Payee address; City; State; Zip Code 5115 San Francisco Avenue Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Store It All Self Storage Del Norte	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 5115 San Francisco Avenue Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Store It All Self Storage Del Norte	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 5115 San Francisco Avenue Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 11/17/2025	5 Payee name Store It All Self Storage Del Norte	
6 Amount (\$) \$537.00	7 Payee address; City; State; Zip Code 5115 San Francisco Avenue Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Store It All Storage - Townlake-Hills	
Amount (\$) \$177.00	Payee address; City; State; Zip Code 1234 Townlake Dr. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Store It All Storage - Townlake-Hills	
Amount (\$) \$190.00	Payee address; City; State; Zip Code 1234 Townlake Dr. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 09/24/2025	5 Payee name Store It All Storage - Townlake-Hills	
6 Amount (\$) \$190.00	7 Payee address; City; State; Zip Code 1234 Townlake Dr. Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Store It All Storage - Townlake-Hills	
Amount (\$) \$190.00	Payee address; City; State; Zip Code 1234 Townlake Dr. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Store It All Storage - Townlake-Hills	
Amount (\$) \$190.00	Payee address; City; State; Zip Code 1234 Townlake Dr. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 12/15/2025	5 Payee name Store It All Storage - Townlake-Hills	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1234 Townlake Dr. Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Texas Democratic Party	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Texas Senate Democratic Caucus	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 1042 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Member contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 07/24/2025	5 Payee name The Frame House	
6 Amount (\$) \$129.92	7 Payee address; City; 1611 Scott Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Framing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name The Frame House	
Amount (\$) \$518.68	Payee address; City; 1611 Scott Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Framing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name The Frame House	
Amount (\$) \$406.36	Payee address; City; 1611 Scott Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Framing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/20/2025	5 Payee name The Frame House	
6 Amount (\$) \$81.19	7 Payee address; City; 1611 Scott Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Framing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name The Frame House	
Amount (\$) \$32.48	Payee address; City; 1611 Scott Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Framing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name The Texas Senate	
Amount (\$) \$250.00	Payee address; City; P. O. Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gavels
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4 Date 08/27/2025	5 Payee name The Texas Senate	
6 Amount (\$) \$73.34	7 Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gavel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name The Texas Senate	
Amount (\$) \$146.68	Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gavels
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name The Texas Senate	
Amount (\$) \$222.50	Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas flags
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/33 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971	
4 Date 10/28/2025	5 Payee name The Texas Senate		
6 Amount (\$) \$136.68	7 Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gavels	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 1/44 Rpt: 63/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$88.75	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AT&T Mobility		(b) Payee address; City, State, Zip Code P.O. Box 6463 Carol Stream, IL 60197
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Wireless telephone/internet service for office holder campaign work (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Wilson County News		(b) Payee address; City, State, Zip Code 1012 'C' Street Floresville, TX 78114
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Subscription (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$16.00	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Chick-fil-A		(b) Payee address; City, State, Zip Code 5118 McPherson Rd. Laredo, TX 78041
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Staff lunch (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/44 Rpt: 64/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$77.93	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name HEB	(b) Payee address; City, State, Zip Code 2314 S. Zapata Hwy Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$155.09	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Verizon Wireless	(b) Payee address; City, State, Zip Code P.O. Box 75226 Dallas, TX 75226	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Wireless telephone/internet service for office holder campaign work	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$138.53	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holiday Inn Austin Townlake	(b) Payee address; City, State, Zip Code 20 North IH-35 Austin, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Staff Lodging	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 3/44 Rpt: 65/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$43.72	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$505.69	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holiday Inn Austin Townlake		(b) Payee address; City, State, Zip Code 20 North IH-35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$422.05	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Cambria Hotel		(b) Payee address; City, State, Zip Code 13205 Burnett Road Austin, TX 78727
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/44 Rpt: 66/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$88.74	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AT&T Mobility		(b) Payee address; City, State, Zip Code P.O. Box 6463 Carol Stream, IL 60197
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Wireless telephone/internet service for office holder campaign work
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$117.08	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Shell Austin		(b) Payee address; City, State, Zip Code 3310 N. Capital of Texas Highway Austin, TX 78746
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$177.02	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2314 S. Zapata Hwy Laredo, TX 78046
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/44 Rpt: 67/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$191.42	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Checkers Quick Lube		(b) Payee address; City, State, Zip Code 2802 N. Arkansas Laredo, TX 78043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Oil change
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$111.96	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Quick Quack Car Wash		(b) Payee address; City, State, Zip Code 7502 McPherson Rd Laredo, TX 78041
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle maintenance
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$39.99	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Finish Line		(b) Payee address; City, State, Zip Code 2900 Bee Caves Rd. Austin, TX 78746
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle maintenance
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 6/44 Rpt: 68/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$248.57	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Michaels		(b) Payee address; City, State, Zip Code 5510 San Bernardo Laredo, TX 78041
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$55.70	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Circle K		(b) Payee address; City, State, Zip Code 4418 Hwy359 Laredo, TX 78043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$395.92	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Ascending Technologies, Inc		(b) Payee address; City, State, Zip Code P.O. Box 450528 Laredo, TX 78045
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software upgrade
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/44 Rpt: 69/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$155.82	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$155.06	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; City, State, Zip Code P.O. Box 75226 Dallas, TX 75226
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Wireless telephone/internet service for office holder campaign work
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$154.29	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 4040 S. Lamar Blvd. Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 8/44 Rpt: 70/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$141.22	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$88.26	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Phone accessories
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$20.38	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Rackspace		(b) Payee address; City, State, Zip Code 5000 Walzem Rd. San Antonio, TX 78218
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email server
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 9/44 Rpt: 71/110	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$29.18	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Promoting Literacy Program
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.39	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.86	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Go Daddy		(b) Payee address; City, State, Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Renewal of Domain
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 10/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$354.45	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Sunnyland Farms		(b) Payee address; City, State, Zip Code P.O. Box 8200 Albany, GA 31706
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Legislative gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,100.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Act Blue		(b) Payee address; City, State, Zip Code 366 Sunrise Street Somerville, MA 02144-3132
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution Taylor Reh
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$876.45	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Cambria Hotel		(b) Payee address; City, State, Zip Code 13205 Burnett Road Austin, TX 78727
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$89.40	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name H.E.B		(b) Payee address; City, State, Zip Code 2400 S. Congress Austin, TX 78004
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,465.48	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Discount Tire		(b) Payee address; City, State, Zip Code 7301 McPherson Laredo, TX 78041
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle tires
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$49.97	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Walmart		(b) Payee address; City, State, Zip Code 5610 San Bernardo Laredo, TX 78041
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$47.74	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Texaco		(b) Payee address; City, State, Zip Code 2400 Exposition Blvd Austin, TX 78745
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$32.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Chevron		(b) Payee address; City, State, Zip Code 2710 Bee Caves Rd. Austin, TX 78746
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$142.33	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 5718 N. San Bernando Laredo, TX 78041
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$45.19	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Quicktrip		(b) Payee address; City, State, Zip Code 5565 FM 78 Kirby, TX 78219
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$148.46	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AT&T Mobility		(b) Payee address; City, State, Zip Code P.O. Box 6463 Carol Stream, IL 60197
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Wireless telephone/internet service for office holder campaign work
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$47.29	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 4040 S. Lamar Blvd. Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$20.38	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Rackspace		(b) Payee address; City, State, Zip Code 5000 Walzem Rd. San Antonio, TX 78218
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email server
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$89.84	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Phone accessories
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$89.26	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$18.39	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$63.52	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FedEx Freight		(b) Payee address; City, State, Zip Code P. O. Box 10306 Palatine , IL 60055-0306
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Shipping
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$268.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Floresville Flower Shop		(b) Payee address; City, State, Zip Code 1100 Hospital Blvd. Floresville, TX 78114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Legislative gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 16/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Circle K	(b) Payee address; City, State, Zip Code 4418 Hwy359 Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description Gasoline	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$141.22	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems	(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$79.07	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Moreno's Kwik Stop	(b) Payee address; City, State, Zip Code 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description Gasoline	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$14.05	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Promoting Literacy Program
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$141.22	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$212.80	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Apple Company Store		(b) Payee address; City, State, Zip Code 1 Infinite Loop Cupertino, CA 95014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Research
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$45.41	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheater Pkwy Mountainview, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$404.00	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Turo Inc.		(b) Payee address; City, State, Zip Code 111 Sutter Floor #12 San Francisco, CA 94104
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle lease (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$211.96	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name City of Laredo Utilities		(b) Payee address; City, State, Zip Code P.O. Box 6548 Laredo, TX 78042
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Headquarters water bill (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$210.36	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Discount Tire		(b) Payee address; City, State, Zip Code 7301 McPherson Laredo, TX 78041
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Tire replacement
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$139.36	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Michaels		(b) Payee address; City, State, Zip Code 5510 San Bernardo Laredo, TX 78041
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,606.22	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Grease Monkey		(b) Payee address; City, State, Zip Code 5505 Bob Bullock Laredo, TX 78041
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle maintenance
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 20/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$77.96	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Chevron		(b) Payee address; City, State, Zip Code 2710 Bee Caves Rd. Austin, TX 78746
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$39.92	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Promoting Literacy Program
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,134.00	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Scully & Scully		(b) Payee address; City, State, Zip Code 504 Park Avenue New York , NY 10022-1101
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$416.76	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Perigold		(b) Payee address; City, State, Zip Code 4 Copley Place, Floor 7 Boston, MA 02116
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.39	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$51.94	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 22/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$18.86	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Go Daddy		(b) Payee address; City, State, Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$260.74	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Go Daddy		(b) Payee address; City, State, Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$12.98	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Promoting Literacy Program
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$154.80	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Westbank Flower Market		(b) Payee address; City, State, Zip Code 3535 Bee Cave Rd. Austin, TX 78743
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.39	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 4040 S. Lamar Blvd. Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 24/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$182.89	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Michaels	(b) Payee address; City, State, Zip Code 5510 San Bernardo Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$141.22	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems	(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$61.60	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Circle K	(b) Payee address; City, State, Zip Code 4418 Hwy359 Laredo, TX 78043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description Gasoline	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$627.38	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name The Austin Club		(b) Payee address; City, State, Zip Code 110 E. 9th St. Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff luncheon (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$71.00	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Moreno's Kwik Stop		(b) Payee address; City, State, Zip Code 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$56.16	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Exxon Mobil 4794		(b) Payee address; City, State, Zip Code 1403 S. Lamar Blvd. Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 26/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$161.23	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Bartlett's Restaurant		(b) Payee address; City, State, Zip Code 2408 W. Anderson Lane Austin, TX 78757
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Luncheon
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$4.74	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Quicktrip		(b) Payee address; City, State, Zip Code 5565 FM 78 Kirby, TX 78219
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$212.46	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SP Patriot Wood		(b) Payee address; City, State, Zip Code 4122 Stuart Circle Dr. Ferndale, WA 98248
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office item
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$118.59	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AT&T Mobility		(b) Payee address; City, State, Zip Code P.O. Box 6463 Carol Stream, IL 60197
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Phone equipment (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$201.47	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AT&T Mobility		(b) Payee address; City, State, Zip Code P.O. Box 6463 Carol Stream, IL 60197
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Phone equipment (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$131.51	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Checkers Quick Lube		(b) Payee address; City, State, Zip Code 2802 N. Arkansas Laredo, TX 78043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle maintenance (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 28/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$195.88	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$20.38	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Rackspace		(b) Payee address; City, State, Zip Code 5000 Walzem Rd. San Antonio, TX 78218
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email server
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$45.41	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheater Pkwy Mountainview, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 29/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$1,658.98	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Cambria Hotel		(b) Payee address; City, State, Zip Code 13205 Burnett Road Austin, TX 78727
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$406.68	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sample House		(b) Payee address; City, State, Zip Code 4722 Bengal Street Dallas, TX 75235
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$45.41	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheater Pkwy Mountainview, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 30/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$64.95	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Cambria Hotel		(b) Payee address; City, State, Zip Code 13205 Burnett Road Austin, TX 78727
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,836.46	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Chicago Books		(b) Payee address; City, State, Zip Code 11030 S. Langley Ave. Chicago, IL 60628
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Legislative gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$26.65	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name H-E-B		(b) Payee address; City, State, Zip Code 1911 N.E. Loop Bob Bullock Laredo, TX 78045
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 31/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$45.77	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Moreno's Kwik Stop		(b) Payee address; City, State, Zip Code 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$324.20	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Flovery		(b) Payee address; City, State, Zip Code 327 Williams Ave. Renton, WA 98057
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$20.38	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Rackspace		(b) Payee address; City, State, Zip Code 5000 Walzem Rd. San Antonio, TX 78218
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 32/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$120.27	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Etsy, Inc		(b) Payee address; City, State, Zip Code 117 Adams Street Brooklyn , NY 11201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$381.04	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Bed Bath and Beyond		(b) Payee address; City, State, Zip Code 799 W. Coliseum Way Midvale, UT 84047
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Legislative gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$108.00	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sunnyland Farms		(b) Payee address; City, State, Zip Code P.O. Box 8200 Albany, GA 31706
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Legislative gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 33/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$25.22	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utha Avenue Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$38.92	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$141.22	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$99.54	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utha Avenue Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$36.95	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$446.51	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Fresa's 9th & Lamar		(b) Payee address; City, State, Zip Code 915 N. Lamar Blvd Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$132.46	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Chick-fil-A		(b) Payee address; City, State, Zip Code 5118 McPherson Rd. Laredo, TX 78041
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$155.09	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; City, State, Zip Code P.O. Box 75226 Dallas, TX 75226
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Wireless telephone/internet service for office holder campaign work
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$633.69	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holiday Inn Austin Townlake		(b) Payee address; City, State, Zip Code 20 North IH-35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$238.14	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Twin Liquors		(b) Payee address; City, State, Zip Code 5639 Airport Blvd Austin, TX 78751
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description End of session gifts
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$303.09	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Total Wine and More		(b) Payee address; City, State, Zip Code 5601 Broadie Lane Ste 800 Sunset Valley, TX 78745
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description End of session gifts
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,330.22	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holiday Inn Austin Townlake		(b) Payee address; City, State, Zip Code 20 North IH-35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 37/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$326.28	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Holiday Inn Austin Townlake		(b) Payee address; City, State, Zip Code 20 North IH-35 Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$85.76	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AT&T Mobility		(b) Payee address; City, State, Zip Code P.O. Box 6463 Carol Stream, IL 60197
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cell phone Expense
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$14.55	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Walmart Super Center		(b) Payee address; City, State, Zip Code 9300 S. Interstate 35 Austin, TX 78748
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 38/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$74.45	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name H.E.B		(b) Payee address; City, State, Zip Code 2400 S. Congress Austin, TX 78004
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$102.36	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code P.O. Box 105414 Atlanta, GA 30348
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Vehicle Wifi
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$310.42	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Ascending Technologies, Inc		(b) Payee address; City, State, Zip Code P.O. Box 450528 Laredo, TX 78045
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Headquarters alarm repairs
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 39/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$20.38	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Rackspace		(b) Payee address; City, State, Zip Code 5000 Walzem Rd. San Antonio, TX 78218
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email server
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$218.59	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$65.94	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Promoting Literacy Program
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$84.99	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Go Daddy		(b) Payee address; City, State, Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$194.84	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Apple Company Store		(b) Payee address; City, State, Zip Code 1 Infinite Loop Cupertino, CA 95014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Technical support and damage coverage
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,238.03	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Flovery		(b) Payee address; City, State, Zip Code 327 Williams Ave. Renton, WA 98057
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 41/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$220.81	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Cleverbridge Inc.		(b) Payee address; City, State, Zip Code 350 N. Clark St. Chicago, IL 60654
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Parallels desktop for software subscriptions
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.39	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$803.22	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Perigold		(b) Payee address; City, State, Zip Code 4 Copley Place, Floor 7 Boston, MA 02116
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office items
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 42/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$29.43	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon Market Place		(b) Payee address; City, State, Zip Code P. O. Box 81226 Seattle, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$141.22	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Acropo Systems		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$324.74	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Total Wine and More		(b) Payee address; City, State, Zip Code 5601 Broadie Lane Ste 800 Sunset Valley, TX 78745
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Legislative gifts
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 43/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$77.33	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 4040 S. Lamar Blvd. Austin, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$571.71	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Headliners Club		(b) Payee address; City, State, Zip Code 221 W. 6th St., Ste. 2100 Austin, TX 78767
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Membership dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$38.92	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 44/44 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,041.55
6 PAYMENT	(a) Amount Charged \$28.46	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name OfficeMax, Inc.		(b) Payee address; City, State, Zip Code 907 W 5th St., Ste. 101 Austin, TX 78703
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$11.00	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texaco		(b) Payee address; City, State, Zip Code 2400 Exposition Blvd Austin, TX 78745
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Gasoline
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$157.14	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holiday Inn Austin Townlake		(b) Payee address; City, State, Zip Code 20 North IH-35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/4 Rpt: 107/110</p>
<p>2 FILER NAME Zaffirini, Judith (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00020971</p>
<p>4 Date 08/06/2025</p>	<p>5 Name of person from whom amount is received Guerrero, Gilberto</p>	<p>8 Amount (\$) \$706.64</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041</p>	
	<p>7 Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Guerrero, Gilberto</p>	<p>Amount (\$) \$4,193.07</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/26/2025</p>	<p>Name of person from whom amount is received Guerrero, Gilberto</p>	<p>Amount (\$) \$1,538.99</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/01/2025</p>	<p>Name of person from whom amount is received Guerrero, Gilberto</p>	<p>Amount (\$) \$714.34</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/10/2025</p>	<p>Name of person from whom amount is received Guerrero, Gilberto</p>	<p>Amount (\$) \$1,234.27</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 2/4 Rpt: 108/110</p>
<p>2 FILER NAME Zaffirini, Judith (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00020971</p>
<p>4 Date 12/12/2025</p>	<p>5 Name of person from whom amount is received Guerrero, Gilberto</p>	<p>8 Amount (\$) \$272.49</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041</p>	
	<p>7 Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/01/2025</p>	<p>Name of person from whom amount is received Texas Community Bank</p>	<p>Amount (\$) \$107.97</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/02/2025</p>	<p>Name of person from whom amount is received Texas Community Bank</p>	<p>Amount (\$) \$118.56</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/30/2025</p>	<p>Name of person from whom amount is received Texas Community Bank</p>	<p>Amount (\$) \$102.98</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received Texas Community Bank</p>	<p>Amount (\$) \$103.40</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 3/4 Rpt: 109/110</p>
<p>2 FILER NAME Zaffirini, Judith (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00020971</p>
<p>4 Date 09/30/2025</p>	<p>5 Name of person from whom amount is received Texas Community Bank</p>	<p>8 Amount (\$) \$97.71</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042</p>	
	<p>7 Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/31/2025</p>	<p>Name of person from whom amount is received Texas Community Bank</p>	<p>Amount (\$) \$89.25</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/21/2025</p>	<p>Name of person from whom amount is received Zaffirini, Judith</p>	<p>Amount (\$) \$613.60</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/06/2025</p>	<p>Name of person from whom amount is received Zaffirini, Judith</p>	<p>Amount (\$) \$613.60</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Zaffirini, Judith</p>	<p>Amount (\$) \$306.80</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040</p>	
	<p>Purpose for which amount is received Travel reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 4/4 Rpt: 110/110
2 FILER NAME Zaffirini, Judith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4 Date 10/07/2025	5 Name of person from whom amount is received Zaffirini, Judith	8 Amount (\$) \$460.20
	6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040	
	7 Purpose for which amount is received Travel Reimbursement	<input type="checkbox"/> Check if political contribution returned to filer
Date 10/10/2025	Name of person from whom amount is received Zaffirini, Judith	Amount (\$) \$1,227.20
	Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040	
	Purpose for which amount is received Travel reimbursement	<input type="checkbox"/> Check if political contribution returned to filer