

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088096	2 Total pages filed: 46	
3 COMMITTEE NAME Agave Democratic Infrastructure Fund			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50317  Austin, TX 78763			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Nathan NICKNAME LAST SUFFIX Ryan			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1307 West 39th 1/2 Street  Austin, TX 78756			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1307 West 39th 1/2 Street  Austin, TX 78756			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (661) 904-4013			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Agave Democratic Infrastructure Fund		<b>13 Filer ID</b> (Ethics Commission Filers) 00088096
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,041.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 378,243.48
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 477,856.89
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 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.

Mr. Nathan Ryan

Signature of Campaign Treasurer

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 oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 46

<b>17 COMMITTEE NAME</b> Agave Democratic Infrastructure Fund		<b>18 Filer ID</b> (Ethics Commission Filers) 00088096
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,041.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 378,243.48
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/15 Rpt: 4/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Samuel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-5397	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) U of Texas
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Millicent <hr/> Contributor address; City; State; Zip Code  Desoto, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Millicent <hr/> Contributor address; City; State; Zip Code  Desoto, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Millicent <hr/> Contributor address; City; State; Zip Code  Desoto, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Millicent <hr/> Contributor address; City; State; Zip Code  Desoto, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/15 Rpt: 5/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Millicent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Desoto, TX 75115	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Millicent <hr/> Contributor address; City; State; Zip Code  Desoto, TX 75115	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sally <hr/> Contributor address; City; State; Zip Code  New York, NY 10003	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Helen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cascino, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Consultant

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/15 Rpt: 6/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Judith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Craft Chu PLLC
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Craft Chu PLLC
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Craft Chu PLLC
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Craft Chu PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/15 Rpt: 7/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Craft Chu PLLC
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Craft Chu PLLC
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Adam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Merchant		Employer (See Instructions) Sysco
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Claire <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Global Real Estate Advisor		Employer (See Instructions) Briggs Freeman   Sotheby's International Realty
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggers, Chris <hr/> Contributor address; City; State; Zip Code  Deer Park, TX 77536	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) BMET		Employer (See Instructions) Harris Health

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/15 Rpt: 8/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggers, Chris <b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) BMET		<b>9</b> Employer (See Instructions) Harris Health
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert Contributor address; City; State; Zip Code  Bridgeport, CT 06604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert Contributor address; City; State; Zip Code  Bridgeport, CT 06604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert Contributor address; City; State; Zip Code  Bridgeport, CT 06604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert Contributor address; City; State; Zip Code  Bridgeport, CT 06604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/15 Rpt: 9/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bridgeport, CT 06604	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert <hr/> Contributor address; City; State; Zip Code  Bridgeport, CT 06604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrero, Betty <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Delryn <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> Contributor address; City; State; Zip Code  Texas City, TX 77591	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/15 Rpt: 10/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 08/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <b>6</b> Contributor address; City; State; Zip Code  Texas City, TX 77591	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON Contributor address; City; State; Zip Code  Texas City, TX 77591	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON Contributor address; City; State; Zip Code  Texas City, TX 77591	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON Contributor address; City; State; Zip Code  Texas City, TX 77591	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON Contributor address; City; State; Zip Code  Texas City, TX 77591	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/15 Rpt: 11/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald <hr/> Contributor address; City; State; Zip Code  Charlottesville, VA 22903	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Musician, Writer, Producer, Performer		Employer (See Instructions) Donald Henley
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, Susie <hr/> Contributor address; City; State; Zip Code  Palo Alto, CA 94301	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 12/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Wozniak, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kaukauna, WI 54130	<b>7</b> Amount of Contribution (\$)  \$0.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janda, Steve <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinman, Betsy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaggs, Barbara <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Education and Nonprofit Consulting		Employer (See Instructions) IOE Strategies
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaf, Erika <hr/> Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/15 Rpt: 13/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaf, Erika <b>6</b> Contributor address; City; State; Zip Code  Eugene, OR 97405	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaf, Erika Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaf, Erika Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaf, Erika Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaf, Erika Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/15 Rpt: 14/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 10/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loeb, Margery <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magee, James <hr/> Contributor address; City; State; Zip Code  Newark, DE 19711	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandel, David <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90046	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Writer/Director		Employer (See Instructions) Self Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patsy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Global Public Steategies, Inc.
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Joe <hr/> Contributor address; City; State; Zip Code  Westerville, OH 43081-2314	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/15 Rpt: 15/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Malley, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  South Kingstown, RI 02879	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Carla <hr/> Contributor address; City; State; Zip Code  Saint Jo, TX 76265	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Duane <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308-2464	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfiefle, Monika <hr/> Contributor address; City; State; Zip Code  Edmonds, WA 98020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Paraeducator		Employer (See Instructions) Edmonds School District
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfiefle, Monika <hr/> Contributor address; City; State; Zip Code  Edmonds, WA 98020	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Paraeducator		Employer (See Instructions) Edmonds School District

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 16/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Allison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Partner		<b>9</b> Employer (See Instructions) Middlegame Partners
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/15 Rpt: 17/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragona, Sandra <hr/> Contributor address; City; State; Zip Code  Manor, TX 78653	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Help Desk Manager		Employer (See Instructions) St Edwards University
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogat, Edie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieve, Dean <hr/> Contributor address; City; State; Zip Code  Lakeville, MN 55044	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 18/46
<b>2</b> FILER NAME Agave Democratic Infrastructure Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Laurie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Stratus Properties
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) aberly, naomi <hr/> Contributor address; City; State; Zip Code  Boston, MA 02114	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 1/28 Rpt: 19/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/31/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$39.70  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$0.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$39.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 2/28 Rpt: 20/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/07/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$7.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$1.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$39.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 3/28 Rpt: 21/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/16/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$5.74  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$4.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$5.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 4/28 Rpt: 22/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 10/26/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$395.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$0.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$4.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 5/28 Rpt: 23/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 10/05/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$19.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$197.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$1.39  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 6/28 Rpt: 24/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/21/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$199.29  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$59.65  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$4.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 7/28 Rpt: 25/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 08/31/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$199.09  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$11.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$2.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 8/28 Rpt: 26/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 07/27/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$2.38  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$4.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$197.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
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 Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 9/28 Rpt: 27/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/30/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$) \$207.52  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 275 Seventh Avenue  New York, NY 10001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$100.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Avenue  New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$336.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Avenue  New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 10/28 Rpt: 28/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/26/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$) \$2.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 275 Seventh Avenue  New York, NY 10001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$3.61  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Avenue  New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$7.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Avenue  New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 11/28 Rpt: 29/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/05/2025	<b>5</b> Payee name Blue Horizon Texas PAC	
<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 780162  San Antonio, TX 78278	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name Blue Victory Communications	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name Blue Victory Communications	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 12/28 Rpt: 30/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/09/2025	<b>5</b> Payee name Blue Victory Communications	
<b>6</b> Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name Blue Victory Communications	
Amount (\$) \$20,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
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 Communications Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2025	Candidate/Officeholder name Blue Victory Communications	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
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 Communications Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 13/28 Rpt: 31/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 08/04/2025	<b>5</b> Payee name Blue Victory Communications	
<b>6</b> Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name Payee name Blue Victory Communications	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
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 Communications Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Payee name Bluebird Strategy Group	
Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 4849 Greenville Ave  Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 14/28 Rpt: 32/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/22/2025	<b>5</b> Payee name Bluebird Strategy Group	
<b>6</b> Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4849 Greenville Ave  Dallas, TX 75206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name Bluebird Strategy Group	
Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4849 Greenville Ave  Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Both and Campaigns	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4301 Ramsey Ave  Austin, TX 78756	
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 Campaign Consulting
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 15/28 Rpt: 33/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 07/01/2025	<b>5</b> Payee name Both and Campaigns	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4301 Ramsey Ave  Austin, TX 78756	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ehresman, Katya		
Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Austin, TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ehresman, Katya		
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Austin, TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 16/28 Rpt: 34/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 07/22/2025	<b>5</b> Payee name Englander, Emily	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Fort Worth, TX 76110	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name Genco Strategies	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3810 Medical Pkwy Ste 245 Austin, TX 78756	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Genco Strategies	
Amount (\$) \$12,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3810 Medical Pkwy Ste 245 Austin, TX 78756	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 17/28 Rpt: 35/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 10/24/2025	<b>5</b> Payee name Guestbooker LLC	
<b>6</b> Amount (\$) \$30,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1685  Brentwood, TN 37024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Guestbooker LLC		
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1685  Brentwood, TN 37024	
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 Communications Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name MRM & Co.		
Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 601631  Dallas, TX 75360-1631	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 18/28 Rpt: 36/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/15/2025	<b>5</b> Payee name MRM & Co.	
<b>6</b> Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 601631  Dallas, TX 75360-1631	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/18/2025	Candidate/Officeholder name Philey, Robert	
Amount (\$) \$3,160.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Houston, TX 77006	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/04/2025	Candidate/Officeholder name Slingshot Strategies	
Amount (\$) \$8,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 19/28 Rpt: 37/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/24/2025	<b>5</b> Payee name Slingshot Strategies	
<b>6</b> Amount (\$) \$8,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Slingshot Strategies		
Amount (\$) \$15,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
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 Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Slingshot Strategies		
Amount (\$) \$9,653.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
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 Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Slingshot Strategies		
Amount (\$) \$9,653.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
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 Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 20/28 Rpt: 38/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 08/18/2025	<b>5</b> Payee name Slingshot Strategies	
<b>6</b> Amount (\$) \$15,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Slingshot Strategies		
Amount (\$) \$8,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
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 Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Slingshot Strategies		
Amount (\$) \$8,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
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 Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Slingshot Strategies		
Amount (\$) \$8,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
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 Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 21/28 Rpt: 39/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 11/06/2025	<b>5</b> Payee name Spin Solstice Solutions LLC	
<b>6</b> Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Executive Coordinator
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spin Solstice Solutions LLC		
Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
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 Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spin Solstice Solutions LLC		
Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
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 Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 22/28 Rpt: 40/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 07/10/2025	<b>5</b> Payee name Spin Solstice Solutions LLC	
<b>6</b> Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Executive Coordinator
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2025	Candidate/Officeholder name Spin Solstice Solutions LLC	
Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
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 Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2025	Candidate/Officeholder name Spin Solstice Solutions LLC	
Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
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 Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2025	Candidate/Officeholder name Spin Solstice Solutions LLC	
Amount (\$) \$5,418.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3030 Columbus Street  Detroit, MI 48206	
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 Executive Coordinator
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 23/28 Rpt: 41/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 07/08/2025	<b>5</b> Payee name Tacka Strategies LLC	
<b>6</b> Amount (\$) \$4,054.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 99 Westedge St. Apt. 327  Charleston, SC 29403	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Frontier Strategies LLC		
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Frontier Strategies LLC		
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 24/28 Rpt: 42/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 08/01/2025	<b>5</b> Payee name Texas Frontier Strategies LLC	
<b>6</b> Amount (\$) \$15,937.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Salaries
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Frontier Strategies LLC		
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
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 Contractor Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Frontier Strategies LLC		
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
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 Contractor Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 25/28 Rpt: 43/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/03/2025	<b>5</b> Payee name Texas Way Strategies LLC	
<b>6</b> Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Way Strategies LLC		
Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
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 Political Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Way Strategies LLC		
Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
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 Political Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 26/28 Rpt: 44/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Texas Way Strategies LLC	
<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Way Strategies LLC		
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
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 Political Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Way Strategies LLC		
Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
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 Political Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Way Strategies LLC		
Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
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 Political Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 27/28 Rpt: 45/46	<b>2</b> FILER NAME Agave Democratic Infrastructure Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00088096
<b>4</b> Date 09/04/2025	<b>5</b> Payee name Texas Way Strategies LLC	
<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Victory Lab Consulting LLC		
Amount (\$) \$2,668.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9902 Tallow Tree Cir  Houston, TX 77070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Victory Lab Consulting LLC		
Amount (\$) \$3,160.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9902 Tallow Tree Cir  Houston, TX 77070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 F1: Sch: 28/28 Rpt: 46/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 11/05/2025	5 Payee name Victory Lab Consulting LLC	
6 Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9902 Tallow Tree Cir  Houston, TX 77070	
8 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 Candidate Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held