

**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		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/15/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
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 Mr. Nathan			MI	
	NICKNAME Ryan	LAST SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1307 West 39th 1/2 Street  Austin, TX 78756	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1307 West 39th 1/2 Street  Austin, TX 78756	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (661) 904-4013	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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**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.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,041.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 378,243.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 477,856.89
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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</b> COMMITTEE NAME Agave Democratic Infrastructure Fund	<b>18</b> Filer ID (Ethics Commission Filers) 00088096
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
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	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-5397	
<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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Desoto, TX 75115	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Desoto, TX 75115	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Desoto, TX 75115	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Desoto, TX 75115	
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	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Desoto, TX 75115	
<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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Desoto, TX 75115	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  New York, NY 10003	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
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	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78745	
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	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	
<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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77008	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77008	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77008	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77008	
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	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Craft Chu PLLC
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Andrew	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77008	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Craft Chu PLLC
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Adam	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007	
<b>Principal occupation / Job title (See Instructions)</b> Merchant		<b>Employer (See Instructions)</b> Sysco
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Claire	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75209	
<b>Principal occupation / Job title (See Instructions)</b> Global Real Estate Advisor		<b>Employer (See Instructions)</b> Briggs Freeman   Sotheby's International Realty
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggers, Chris	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Deer Park, TX 77536	
<b>Principal occupation / Job title (See Instructions)</b> BMET		<b>Employer (See Instructions)</b> 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	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Bridgeport, CT 06604	
<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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Bridgeport, CT 06604	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78664	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75006	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Texas City, TX 77591	
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>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Texas City, TX 77591	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 09/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Texas City, TX 77591	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Texas City, TX 77591	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Texas City, TX 77591	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Texas City, TX 77591	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> 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 ..... <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 ..... 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 ..... 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 ..... 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 ..... 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	<b>7</b> Amount of Contribution (\$) \$0.00
	<b>6</b> Contributor address; City; State; Zip Code  Kaukauna, WI 54130	
<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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Driftwood, TX 78619	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78703	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Eugene, OR 97405	
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	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	
<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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Newark, DE 19711	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Los Angeles, CA 90046	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Global Public Strategies, Inc.
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Joe	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Westerville, OH 43081-2314	
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	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  South Kingstown, RI 02879	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Carla	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Saint Jo, TX 76265	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Duane	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Wichita Falls, TX 76308-2464	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfieffe, Monika	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Edmonds, WA 98020	
<b>Principal occupation / Job title (See Instructions)</b> Paraeducator		<b>Employer (See Instructions)</b> Edmonds School District
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfieffe, Monika	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Edmonds, WA 98020	
<b>Principal occupation / Job title (See Instructions)</b> Paraeducator		<b>Employer (See Instructions)</b> 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	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010	
<b>8</b> Principal occupation / Job title (See Instructions) Managing Partner		<b>9</b> Employer (See Instructions) Middlegame Partners
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> 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	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragona, Saundra	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Manor, TX 78653	
<b>Principal occupation / Job title (See Instructions)</b> Help Desk Manager		<b>Employer (See Instructions)</b> St Edwards University
<b>Date</b> 08/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogat, Edie	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78703	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiieve, Dean	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Lakeville, MN 55044	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> 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 Swan, Laurie ..... <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 aberly, naomi ..... 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/28 Rpt: 30/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 12/09/2025	5 Payee name Blue Victory Communications	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Blue Victory Communications	
Amount (\$) \$20,000.00	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/05/2025	Payee name Blue Victory Communications	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/28 Rpt: 31/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 08/04/2025	5 Payee name Blue Victory Communications	
6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Blue Victory Communications	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 300625  Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Bluebird Strategy Group	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 4849 Greenville Ave  Dallas, TX 75206	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/28 Rpt: 32/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 09/22/2025	5 Payee name Bluebird Strategy Group	
6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code 4849 Greenville Ave  Dallas, TX 75206	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY 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	Payee address; City; State; Zip Code 4849 Greenville Ave  Dallas, TX 75206	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code 4301 Ramsey Ave  Austin, TX 78756	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/28 Rpt: 34/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 07/22/2025	5 Payee name Englander, Emily	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Fort Worth, TX 76110	
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 Compliance Consulting
9 Complete ONLY 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	Payee address; City; State; Zip Code  3810 Medical Pkwy Ste 245 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 ONLY 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	Payee address; City; State; Zip Code  3810 Medical Pkwy Ste 245 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/28 Rpt: 35/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 10/24/2025	5 Payee name Guestbooker LLC	
6 Amount (\$) \$30,000.00	7 Payee address; City; PO Box 1685  Brentwood, TN 37024	
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 Communications Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Guestbooker LLC	
Amount (\$) \$10,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name MRM & Co.	
Amount (\$) \$7,500.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/28 Rpt: 36/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 12/15/2025	5 Payee name MRM & Co.	
6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code PO Box 601631  Dallas, TX 75360-1631	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name Philey, Robert	
Amount (\$) \$3,160.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Houston, TX 77006	
<input type="checkbox"/> Expenditure from corporate funds	(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Slingshot Strategies	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/28 Rpt: 37/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 09/24/2025	5 Payee name Slingshot Strategies	
6 Amount (\$) \$8,000.00	7 Payee address; City; 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Slingshot Strategies	
Amount (\$) \$15,000.00	Payee address; City; 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Slingshot Strategies	
Amount (\$) \$9,653.15	Payee address; City; 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/28 Rpt: 38/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 08/18/2025	5 Payee name Slingshot Strategies	
6 Amount (\$) \$15,000.00	7 Payee address; City; 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Slingshot Strategies	
Amount (\$) \$8,000.00	Payee address; City; 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Slingshot Strategies	
Amount (\$) \$8,000.00	Payee address; City; 28 Marcy Avenue #1  Brooklyn, NY 11211	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/28 Rpt: 42/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 08/01/2025	5 Payee name Texas Frontier Strategies LLC	
6 Amount (\$) \$15,937.25	7 Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/25/2025	Payee name Texas Frontier Strategies LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/24/2025	Payee name Texas Frontier Strategies LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2612 W 12TH ST UNIT 302 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/28 Rpt: 43/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 09/03/2025	5 Payee name Texas Way Strategies LLC	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Texas Way Strategies LLC	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Texas Way Strategies LLC	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/28 Rpt: 44/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 12/02/2025	5 Payee name Texas Way Strategies LLC	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Texas Way Strategies LLC	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Texas Way Strategies LLC	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/28 Rpt: 45/46	2 FILER NAME Agave Democratic Infrastructure Fund	3 Filer ID (Ethics Commission Filers) 00088096
4 Date 09/04/2025	5 Payee name Texas Way Strategies LLC	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1621 E 6th St apt 1224  Austin, TX 78702	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Victory Lab Consulting LLC	
Amount (\$) \$2,668.75	Payee address; City; State; Zip Code 9902 Tallow Tree Cir  Houston, TX 77070	
<input type="checkbox"/> Expenditure from corporate funds	(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Victory Lab Consulting LLC	
Amount (\$) \$3,160.00	Payee address; City; State; Zip Code 9902 Tallow Tree Cir  Houston, TX 77070	
<input type="checkbox"/> Expenditure from corporate funds	(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/28 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	7 Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held