

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

|   |  |                                 |   |   |        |          |
|---|--|---------------------------------|---|---|--------|----------|
| The C/OH Instruction Guide explains how to complete this form.  |  |                                 | 1 Filer ID<br>(Ethics Commission Filers)<br>00085663  | 2 Total pages filed:<br>11                                      |        |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR  | FIRST<br>The Honorable<br>Ellen | MI  | OFFICE USE ONLY   |        |          |
|   | NICKNAME   | LAST<br>Troxclair               | SUFFIX  | Date Received<br>ELECTRONICALLY FILED<br>02/02/2026             |        |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>701 HWY 281, Suite H #196<br><br>Marble Falls, TX 78654  |                                 |   | Date Hand-delivered or Date Postmarked                          |        |          |
|   |  |                                 |   | Receipt #   | Amount |          |
|   |  |                                 |   | Date Processed  |        |          |
|   |  |                                 |   | Date Imaged   |        |          |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR  | FIRST<br>Mr.                    | MI  |   |        |          |
|   | NICKNAME   | LAST<br>Gabriel<br>Wander       | SUFFIX  |   |        |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);<br>2452 Lakehurst Road<br><br>Spicewood, TX 78669   |                                 | APT / SUITE #;  | CITY;   | STATE; | ZIP CODE |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br>(512) 522-4896   |                                 |   |   |        |          |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |                                 |   |   |        |          |
| 9 PERIOD<br>COVERED   | Month<br>01/01/2026  | Day                             | Year  | Month<br>01/22/2026   | Day    | Year     |
| 10 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026   |                                 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |        |          |
| 11 OFFICE   | OFFICE HELD (if any)<br>State Representative District 19   |                                 |   | 12 OFFICE SOUGHT (if known)<br>State Representative District 19 |        |          |

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

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

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|  |  |   |   |
|--|--|---|---|
| 13 C / OH NAME                                       | Troxclair, Ellen (The Honorable)   |   | 14 Filer ID<br>(Ethics Commission Filers)<br>00085663 |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)       | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |   |
| <input checked="" type="checkbox"/> Additional Pages | COMMITTEE TYPE<br><input checked="" type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME<br>TREPAC                            |   |
|  |  | COMMITTEE ADDRESS<br>1115 San Jacinto Blvd          |   |
|  |  | Austin , TX 78701                                   |   |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME<br>Cantu, Leslie  |   |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS<br>PO Box 2246 |   |
| Austin, TX 78768                                     |  |   |   |
| 16 CONTRIBUTION<br>TOTALS                            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS,<br>OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |   | \$ 0.00   |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |   | \$ 250.00   |
| EXPENDITURE<br>TOTALS                                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |   | \$ 0.00   |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   |   | \$ 846.19   |
| CONTRIBUTION<br>BALANCE                              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE<br>REPORTING PERIOD  |   | \$ 100,668.53   |
| OUTSTANDING<br>LOAN TOTALS                           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY<br>OF THE REPORTING PERIOD   |   | \$ 0.00   |

**17 AFFIDAVIT**

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

The Honorable Ellen Troxclair

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

Page 3 of 11

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| C / OH NAME   | Troxclair, Ellen (The Honorable)  |                                      | Filer ID<br>(Ethics Commission Filers)<br>00085663 |
| <b>17</b> NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures .. |                                      |  |
|   | COMMITTEE TYPE<br><input checked="" type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME                       | Texas Alliance for Life PAC                        |
|   |   | COMMITTEE ADDRESS                    | 8000 Centre Park Drive                             |
|   |   |                                      | Austin, TX 78754                                   |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    | Shaw, James  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS | 4505 Corazon Cv                                    |
|   | Round Rock, TX 78681  |                                      |  |

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

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|  |  |
|--|--|
| <b>18</b> FILER NAME   | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00085663 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 250.00                     |  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$                         |  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$   |  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS \$   |  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 846.19  |  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  |  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$                   |  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$                                       |  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$                              |  |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$             |  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$                |  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <p><b>The Instruction Guide explains how to complete this form.</b></p>                 |  | <p><b>1</b> Total pages Schedule A1:<br/>Sch: 1/1 Rpt: 5/11</p>  |
| <p><b>2</b> FILER NAME<br/>Troxclair, Ellen (The Honorable)</p>                         |  | <p><b>3</b> Filer ID (Ethics Commission Filers)<br/>00085663</p> |
| <p><b>4</b> Date<br/>01/20/2026</p>   | <p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Otto, Kristi<br/>.....<br/><b>6</b> Contributor address; City; State; Zip Code<br/><br/>Austin, TX 78738</p> | <p><b>7</b> Amount of Contribution (\$)<br/>\$100.00</p>         |
| <p><b>8</b> Principal occupation / Job title (See Instructions)<br/>Tech consultant</p> |  | <p><b>9</b> Employer (See Instructions)<br/>Self-employed</p>    |
| <p>Date<br/>01/21/2026</p>  | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Rossick, Lesa<br/>.....<br/>Contributor address; City; State; Zip Code<br/><br/>Austin, TX 78701</p>                  | <p>Amount of Contribution (\$)<br/>\$100.00</p>                  |
| <p>Principal occupation / Job title (See Instructions)<br/>Retired</p>                  |  | <p>Employer (See Instructions)<br/>Retired</p>                   |
| <p>Date<br/>01/01/2026</p>  | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Segura, Tomas<br/>.....<br/>Contributor address; City; State; Zip Code<br/><br/>Manor, TX 78653</p>                   | <p>Amount of Contribution (\$)<br/>\$50.00</p>                   |
| <p>Principal occupation / Job title (See Instructions)<br/>Photographer</p>             |  | <p>Employer (See Instructions)<br/>Self-employed</p>             |

# 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 -<br>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:<br>Sch: 1/6 Rpt: 6/11      | 2 FILER NAME<br>Troxclair, Ellen (The Honorable)                                       | 3 Filer ID (Ethics Commission Filers)<br>00085663  |
| 4 Date<br>01/12/2026                                  | 5 Payee name<br>7-Eleven   |  |
| 6 Amount (\$)<br>\$21.49                              | 7 Payee address; City;<br>917 N Lamar Blvd<br><br>Austin, TX 78703                     |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fuel during campaign travel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/08/2026                                    | Payee name<br>Austin Republican Women  |  |
| Amount (\$)<br>\$173.00                               | Payee address; City;<br>17937 Flagler Drive<br><br>Austin, TX 78738                    |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Fees               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership dues             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/07/2026                                    | Payee name<br>Austin Republican Women  |  |
| Amount (\$)<br>\$48.00                                | Payee address; City;<br>17937 Flagler Drive<br><br>Austin, TX 78738                    |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Fees               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership dues             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 2/6 Rpt: 7/11      | 2 FILER NAME<br>Troxclair, Ellen (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085663  |
| 4 Date<br>01/07/2026                                  | 5 Payee name<br>Boerne Chamber of Commerce   |  |
| 6 Amount (\$)<br>\$235.00                             | 7 Payee address; City; State; Zip Code<br>121 S Main St<br><br>Boerne, TX 78006                    |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/05/2026                                    | Payee name<br>Exxonmobil   |  |
| Amount (\$)<br>\$33.02                                | Payee address; City; State; Zip Code<br>1406 US 281<br><br>Marble Falls, TX 78654                  |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fuel during campaign travel     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/02/2026                                    | Payee name<br>Google Workspace   |  |
| Amount (\$)<br>\$35.82                                | Payee address; City; State; Zip Code<br>1600 Amphitheatre Parkway<br><br>Mountain View, CA 94043   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign email host service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 3/6 Rpt: 8/11      | 2 FILER NAME<br>Troxclair, Ellen (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085663  |
| 4 Date<br>01/02/2026                                  | 5 Payee name<br>Google   |  |
| 6 Amount (\$)<br>\$13.04                              | 7 Payee address; City; State; Zip Code<br>1600 Amphitheatre Parkway<br><br>Mountain View, CA 94043 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign email host service fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/02/2026                                    | Payee name<br>Hill Country Springs   |  |
| Amount (\$)<br>\$10.83                                | Payee address; City; State; Zip Code<br>10019 S I-35 Frontage Rd<br><br>Austin, TX 78747           |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies for political office   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/07/2026                                    | Payee name<br>Juiceland  |  |
| Amount (\$)<br>\$22.29                                | Payee address; City; State; Zip Code<br>5030 W US 290 Hwy<br><br>Austin, TX 78735                  |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal during campaign travel     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 4/6 Rpt: 9/11      | 2 FILER NAME<br>Troxclair, Ellen (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085663  |
| 4 Date<br>01/07/2026                                  | 5 Payee name<br>Kendall County Republican Women  |  |
| 6 Amount (\$)<br>\$23.18                              | 7 Payee address; City; State; Zip Code<br>P.O. Box 1244<br><br>Boerne, TX 78006                    |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership dues           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/07/2026                                    | Payee name<br>Kendall County Republicans   |  |
| Amount (\$)<br>\$30.00                                | Payee address; City; State; Zip Code<br>624 N Main St<br><br>Boerne, TX 78006                      |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event registration        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>01/14/2026                                    | Payee name<br>Patriot Mobile Action  |  |
| Amount (\$)<br>\$25.00                                | Payee address; City; State; Zip Code<br>401 N. Carroll Ave<br><br>Southlake, TX 76092              |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software for campaign use |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 5/6 Rpt: 10/11     | 2 FILER NAME<br>Troxclair, Ellen (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085663   |
| 4 Date<br>01/06/2026                                  | 5 Payee name<br>Quiktrip   |   |
| 6 Amount (\$)<br>\$16.20                              | 7 Payee address; City;<br>9110 Tarpon<br><br>Boerne, TX 78006                                      |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Refreshments during campaign travel    |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>01/08/2026                                    | Payee name<br>Royal Blue Grocery   |   |
| Amount (\$)<br>\$74.59                                | Payee address; City;<br>241 W 3rd<br><br>Austin, TX 78701  |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal with staff during campaign travel |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>01/08/2026                                    | Payee name<br>Squarespace  |   |
| Amount (\$)<br>\$9.00                                 | Payee address; City;<br>8 Clarkson St<br><br>New York City, NY 10014                               |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website host service fee      |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 6/6 Rpt: 11/11     | 2 FILER NAME<br>Troxclair, Ellen (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085663   |
| 4 Date<br>01/07/2026                                  | 5 Payee name<br>Squarespace  |   |
| 6 Amount (\$)<br>\$53.36                              | 7 Payee address; City; State; Zip Code<br>8 Clarkson St<br><br>New York City, NY 10014             |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website host service fee      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>01/13/2026                                    | Payee name<br>Texas Honey Ham  |   |
| Amount (\$)<br>\$22.37                                | Payee address; City; State; Zip Code<br>3736 Bee Caves Rd #6<br><br>West Lake Hills, TX 78746      |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal with staff during campaign travel |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |