CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total	al pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX RW7-	celved
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 1051, ROS.TX.77471	JAN 18 2022 RCI
Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Ha (832) 535-5037	nd-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Date Pro	
	Barta Date Im	aged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 3314 Cypress Landing Ct. Ros. TX	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (83a) 215-1970	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	Reporting Limit	
10 PERIOD COVERED	Month Day Year Month Day O7 / D1 / 2021 THROUGH 12 / 31	/2021
11 ELECTION	Month Day Year Primary Runoff Other	
	General Special Description Description	mary
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) TOUT BUNG DEACL PYLLING	1 Jystice of
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIV	R OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	
Additional Pages	GENERAL COMMITTEE ADDRESS	. et v
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 COH NAME	Ruiz Campaio	λM	16 File	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITION PLEDGES, LOANS, OR GUAL CONTRIBUTIONS MADE ELE	RANTEES OF LOANS, OR	IER THAN	\$ Ø
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO		LOANS)	\$ 198.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	• • • •	\$ Ø
	4. TOTAL POLITICAL EXPEN	IDITURES		\$18085.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF	THE LAST DAY	\$.75
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI		ANS AS OF THE	\$ 13472.00
18 SIGNATURE sw	ear, or affirm, under penalty of perjury,	, that the accompanying rep	port is true and co	prrect and includes all information
	ired to be reported by me under Title 15,		; · ·	
			1/0/	
. 🔅			VV Y	
		Signat	ure of Candidate	or Officeholder
	:	ui Ngjar		
·· :	Please com	plete either option	below:	9.5 9.5
• •	· :	•		
:	· .			
:		• •		
(1) Affidavit	~			
	·	÷	•	
NOTARY STAMP/SEAL				
	· ·			
Sworn to and subscribed b	efore me by		this the	_ day of,
20, to certify w	hich, witness my hand and seal of office.	***		
				•
Signature of officer administering	ng oath Printed name of c	officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaration	n		-	
v.			• .	
My name is	<u> </u>	and my date	of birth is	<u> </u>
My address is	<u></u>			· · · · · · · · · · · · · · · · · · ·
* 	(street)	(city)	(state)	(zip code) (country)
Executed in	County, State of	, on theday o	of	, 20
			(month)	(year)
		Signature	of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

OVUMA RUZ CAMPAIGN 20 Filer ID (Ethi	nics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$198.50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4. SCHEDULE E: LOANS	\$13,47a.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18085.68
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$ Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	* Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	C/OH \$ Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	□

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applical	ble, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	na Ruz Cam	ipaign		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	☐ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7/4/2021	MCKVIM KV 6 Contributor address;	UN City;	State; Zip Code	\$100°
	1530 David Scane			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
21 1 21	James Ram	1217		
8/26/2021	Contributor address;	City;	State; Zip Code	\$98.55
	6739 Highwind B			
A . —	pation / Job title (See Instructions)		Employer (See Instruc	on and Eas
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		1.10	-	
	Contributor address;	City;	State; Zip Code	
			, .	
		· · ·		
Principal occup	pation / Job title (See Instructions)	;	Employer (See Instruc	tions)
				<u>, , , , , , , , , , , , , , , , , , , </u>
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
; •	Contributor address;	City;	State; Zip Code	
· ·	M**			
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Principal occup	Sation 7 Job title (See Instructions)		Employer (000 monus	auris,
Supplied to the supplied of the supplied to th			•	(1) 数据。 1 数据。
	*.4			
· ·		•		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The In	struction Guide explains	how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	a Ruiz	CAN	IPMAM	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNIT	TEMIZED LOANS			\$13,472.00
5 Date of loan 7	Name of lender CORKINA	out-of-state FRWZ	PAC (ID#:)	9 Loan Amount (\$) \$13,47a.00
6 Is lender a financial Institution?	BOX 105	1. R0S	State: Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	/ Job title (See Instruction	s)	13 Employer (See Instructions)	
14 Description of Collate	eral		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	7 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	8 Guarantor address;	City;	State; Zip Code	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	·.·		
20 Principal Occupation	n (See Instructions)	: ·	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate
YN			16 	Maturity date
Principal occupation	/ Job title (See Instruction	s)	Employer (See Instructions)	
Description of Collate	aral .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
none	·		Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupation	(See Instructions)		Employer (See Instructions)	
		:	· · ·	
If lend			IES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME COKKINA KUIZ CAMPAIG	n	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	• •	
7/1/2021	Dibrell and Associat	es	
6 Amount (\$)	7 Payee address;	City:	State; Zip Code
\$500.9	4203 Grade Shadow Ct	. Katy	T. muay
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	consulting Expense	MONHNIU	1 Consulting Pel
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, afficeholder tiving expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
7/2/2021	Warnart. Com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3. 5 0	Web seence		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	merena	ndise
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/7/2024	Dylan Glass		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 50000	10427 Hardenwell Cross	ang sprin	ng. TX. 77379
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consultin	ng/amphics
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Overt Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense ense pense	Transportation Equipmer Travel In District Travel Out Of District Other (enter a category r	nt & Related Expense
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME COKKINA KUIT CAMP	rign !	3 Filer ID (Ethics C	ommission Filers)
4 Date 7/8/2021	5 Payee name WAIM OR+ COM		<u> </u>	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$31.99	Web service			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	merch	andise	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living ex	pense .
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name		1.	* 1
7/8/2021	Walmart. Com	; , , ;		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$10.61	web service			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	meren	andisc	
1. 2.	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	cpense .
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	·	ffice held
Date	Payee name			
71912021	City of Rosenberg	•		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$27.81	2110 4th St. Rosen	burg T	X. 7747	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	1 BANK ST	SMOWI
OF EXPENDITURE	EVENT EXPENSE	Venue	BACKTO	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living ex	cpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED.	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	JEILER NAME COULING RUIT CAMP		B Filer ID (Ethics Commission Filers)
4 Date 7113/2021	5 Payee name BANK OF AMENICA		
6 Amount (\$)	7 Payee address; Q4022 Commercial D	r. Rosenb	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description DUDITE	pracement
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
7/19/2021	Payee name Walmart. Com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$32.00	WED SURVICE	· · · · · ·	$1 \leq r \leq 1 \leq r \leq r$
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Brent Expense	EVENT N	nerchandisc
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
7/19/2021	Bill RICKERT CAM!	paign	
Amount (\$)	Payee address;	City;	State; Zip Code
\$25000	301 Jackson St. Rich	monditx	nueg
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTIN DUTION MADE LOY CANDIDATE	Contribut	non
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDULE AS NEED	ED.

SCHEDULE F1

	EXPENDITURE CATEGORIES	FUR BUA o(a)
Advertising Expense Accounting/Banking Consulting Expense Constitutions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Polling E y Gift/Awards/Memonals Expense Printing E l Committee Legal Services Salaries/	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME WKKINA KWY CAM	PMAN 3 Filer ID (Ethics Commission Filers)
4 Date	E Payee name	
7/19/2021	LAURA RICHARD	CAMP ~ () M
6 Amount (\$)	7 Payee address;	City: State; Zip Code
#250°		chmond, TR. 77469
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	CANDIDATE MADE BY	Contribution
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/19/2021	Dylan Glass	
Amount (\$)	Payee address;	City; State; Zip Code
\$250°	10427 Harden Well	erossing spring it . The Ha
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting Expense	braphics
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	David Comp.	
Date'	Payee name	
1135/3031	Guitar Center	
Amount (\$)	Payee address;	City; State; Zip Code
8 382.52	18790 Fountain Lake (LIV. STAPPORD, TX. 77477
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Brunt Expunse	Merchandise for Brekpack Drive
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fess Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME WERENA RUZ CAMPP	16N 3 Filer ID (Ethics Commission Filers)
4 Date 7/23/2021	5 Payee name WMMWML COM	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
\$49.71	Web service	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	EVENT Expense	BACK to SCHOOL
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	town Accord
7/26/2021	FORT BEND COUNTY	TICIR PISSOC.
Amount (\$)	Payee address;	City; State; Zip Code
#25°°	4310 SH-30 RI	senbery TX 77471
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT Expense	PARADE
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1200/2021	MH DUTDOOR MEDI	Α
Amount (\$)	Payee address;	City; State; Zip Code
\$14702	11757 Katy Freeway s	Ste 1500, Hov. TX. 77079
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Billboard
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	•	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense as/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipmor Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 ELERNAMENA RUZ. CA	MPMON	3 Filer ID (Ethics (Commission Filers)
4 Date 7 129 2021	5 Payee name FACEBOOK COM		·	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$10.00	WED SERVICE			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Advertising tapens	e Event	- 150084	-
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living of	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI			in the second se	
D-4-	Payee name			
Date				
81412021	UZ Marketing			: .
Amount (\$)	Payee address:	City;	State;	Zip Code
\$2573	5900 Bingle RD.	Houston;	TX.7700	12
	Category (See Categories listed at the top of this schedule) Description	· ·	.:
PURPOSE OF EXPENDITURE	Adventsement	mark	eting	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held
expenditure to benefit C/OI	Н		<u> </u>	
Date	Payee name		•	
81518021	Presser Inc			· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address;	City;	State;	Zip Code
\$250°	8035 CHOSS THAIL DI	r. Suguma	ind its.	77419
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Consulting	Consu	sting	
•.	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME RUPE CAMPA		Filer ID (Ethics Commission Filers)
4 Date 811412021	5 Payee name BMK DF AMELICA		
6 Amount (\$)	7 Payee address;	City:	State, Zip Code
\$1200	11015 Shadon Creek P	kny, pea	Jeland TX 77584
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FILS	MAHNW) fee
:	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name,	Office sought	Office held
Date	Payee name	.:	
8117/2021	Dylan Blass		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1375°	18427 Hardenwell Choss	ing, Sphnia	J.T. 17379.
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consumory Expense	Description	ng
OF		Consweri	TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Consweri	<u> </u>
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin.	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FALLOOK COM Payee address;	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Payee name FALLOOK COM	Check if Austin, Office sought	TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FALLOOK COM Payee address;	Check if Austin. Office sought City;	TX, officeholder living expense Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FALLOOK COM Payee address; WWW. FALLOOK COM	Check if Austin. Office sought City;	TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Payee name FACUOOK COM Payee address; WWW. FACUOOK. COM Category (See Categories listed at the top of this schedule)	Check if Austin. Office sought City: Description	TX, officeholder living expense Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FACUOOK COM Payee address; WWW .FACUOOK COM Category (See Categories listed at the top of this schedule) HOW Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin. Office sought City: Description	TX, officeholder living expense Office held State; Zip Code

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Loan Rep Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memonals Expense Printing I	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor complete this form.	District category not listed above)
1 Total pages Schedule F1:	2 With NAME RUF CAN	May 3 Filer ID ((Ethics Commission Filers)
4 Date 8125/2021	5 Payee name Marketing		
6 Amount (\$)	7 Payee address;	City; Stat	
₩1894.38	5900 Bingle 40.1	touston. TX 77	M2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
8/2U/2021	Payee name WWWWH WW		
Amount (\$)	Payee address;	City; Star	te; Zip Code
\$4.40	www. Walmart. Cov	U (
	Category (See Categories listed at the top of this schedule)	Description	145.0
PURPOSE OF EXPENDITURE	EVENT Expense	EVENH SUPP	29716
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI		:	- V
Date	Payee name		
9/7/2021	Pressler Inc	·	
Amount (\$)	Payee address;	City; Sta	•
\$500	8035 Onss Thil Dr	, sugarrand: t	12.77479
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	AVOVSA	÷ :
·	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Caro Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CIMINA RUZ CAMON	ián	3 Filer ID (Ethics	Commission Filers)
4 Pate 9110 2021	5 Rayee name WH DUTDOOY MUDIA		• /	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$525°	11750 KAHY, FWY, Stell	300, Hous	yer usy	77079
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	BINDOA	xd	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/23/2021	DYINN GIASS	1 ,	•	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1000 00	10427 Hardenwell Cr	DESING, SI	iganand	TX.71379
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	DONSWITH	nglgmp	mics
•	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/1/2031	Dylan Glass	· · ·		
Amount (\$)	Payee address;	City;	State;	Zip Code
#1900 <u>00</u>	10427 Hardenwell Chos	sing. Sug	arland	77.71379
·	Category (See Categories listed at the top of this schedule)	Description	1	
PURPOSE OF EXPENDITURE	Consulting Expense	consult	inglan	upnils
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 7 Payee address; Dr. SUGAMAND, TX. TUMA (b) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name MH butdoor Media City; Zip Code KATY FWY STE1300, KATY Category (See Categories listed at the top of this schedule) Description PURPOSE Ballboard Wextisting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH GIASS City; Hardenwell Chissing, Spring, **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment,	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME KNZ CAMPINAM 3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name DUI AV BLASS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15000	10427 Hardenwell Chissing, Spring, tx. 77379	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising expense anaphics	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held H	
Date	Payee name	
11/2/2021	Dylan Glass	
Amount (\$)	Payee address; City; State; Zip Code	
\$150°C	10427 Hardenwell Crossing, Spring, TX, 77379	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Adversing fle Business Cards	
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OI	Candidate / Office holder name Office sought Office held	
Date	Payee name	
11/3/2021	Duran Cliass	
Amount (\$)	Payee address; City; State; Zip Code	
#N00	10427 Hardenwell Crossing, Spring, 77.7739	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense Shipping Oost	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

,	EXPENDITURE CATEGORIES F	OR BOX 8(a)	·:		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credi Card Payment	Fees Office Over Polling Exp Printing Exp Printing Exp Office Over Sign Printing Exp Printing Exp Printing Exp Printing Exp Salaries/Wards	pense pense lages/Contract Labor	Solicitation/Fundraisis Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Exp t	
, · :	The Instruction Guide explains how to co				
1 Total pages Schedule F1:	Dimina RUA DAMPAIA	\mathcal{M}	3 Filer ID (Ethics	Commission File	ers)
4 Date 11 2 2021	Pressur In C				1.0
6 Amount (\$)	7 Payee address;	City:	State;	Zip Code	
\$550°°	8035 Chss Thil Dr. SI	JG AVIANO	·Π(.Υ)	479	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	File			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense .	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF			Å.		
Date	Payee name				
11/12/2021	MH DUTDOOV Media	, ,		4.	
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$525°	11750 Katy Fwy, Stel3	DI KATU I	77.771	079	
	Category (See Categories listed at the top of this schedule)	Description	,,		
PURPOSE OF EXPENDITURE	Advertising Expense	B:11/200	MA		·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	-
Complete ONLY If direct	Candidate / Officeholder name	Office sought	:	Office held	
expenditure to benefit C/OF	1		.*		
7	Payee name	•			_
12/4/2021	Paypal/Maria Klein	٠.	: .		
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$8.20	WWW. PAYPAL.COM		4.		
	Category (See Categories listed at the top of this schedule)	Description	· ,		
PURPOSE OF EXPENDITURE	EVENH Expense	Invitatio	M		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services SelectesM The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed abore complete this form.	∕e)
1 Total pages Schedule F1	2 FLER NAME UMMA KUZ CAMPA	3 Filer ID (Ethics Commission	Filers)
12/16/2021	5 Payee name PYISSUY INC		
6 Amount (\$) \$500	7 Payee address; 8035 UNSS Thail DY, SVQ	WIAND, TX. THE	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	•
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		Č
12/12/2021	AMY HOLLSWOAM	<u> </u>	
Amount (\$)	Payee address;	City; State; Zip Code	
\$16900	7722 Heathnow Lane.	Spring its. 77379	
·	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	GRAPHICS	
·	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		:
19/8/3031	intropid Designs		3
Amount (\$)	Payee address;	City; State; Zip Code	
18 129.90	1700 Walger Ave STE E	, Rosenberg TX.77411	٠. ٠
	Category (See Categories listed at the top of this schedule)	Description	:
PURPOSE OF EXPENDITURE	Advertising Expense	Banner	٠.
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder tiving expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED			

SCHEDULE F1

ii tile requested imo	ormation is not applicable, DO NOT include this page in the report.	====
	EXPENDITURE CATEGORIES FOR BOX 8(a)	Ì
Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relate	d Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense Travel In District By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Travel Out Of District	. 1
Candidate/Officeholder/Political Credit Card Payment		ove)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 Filer NAME RWY CAMPAGN 3 Filer ID (Ethics Commission	n Filers)
1 Date 1 2 13 2021	MH DUTDOOR MEDIA	. !
6 Amount (\$)	7 Payee address; City; State; Zip Cox	
\$52500	MSO KATYTWY, STE 1300, KATY IT . 77070	1
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advusing Expense Billboard	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	ı
expenditure to benefit C/OH		
Date	Payee name	
12/15/2021	Dylan Chass	; .
Amount (\$)	Payee address: City: State; Zip Co 10U27 HAYDENWEM COSSING, SPNNO ITX.	1737
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE	A Mais and source Amarking	
OF EXPENDITURE	Consulting Expense Consuming	
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	i
expenditure to benefit C/OF	DH:	
	<u> </u>	
Date	Payee name	
13/12/2011	Dylan Glass	
Amount (\$)	Payee address; City; State; Zip Co	de
#12000	10427 Harden well Chossing, Spring, TX.	
49100-	1009 LIMANON I MONI CHRISTIAN SKILLING 175	מו כוו
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Consulting Expense Website	
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office he	ld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME RUIT CAMPAIGN 3 Filer ID (Ethics Commission Filers)	
12/15/2021	5 Payee name DUINN BIASS	
\$120 w	10427 Hardenwell Crossing, Spring. TX.77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advumsing Expense Wubsite Facupora	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office holder name Office sought Office held	
Date	Payee name	
12/11/2021	Nudville Chamber of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	
#252	9022 Main St, needville, TX. 77461	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Adv. Expense membership Fel	
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
12/30/2021	Intropid Designs	
Amount (\$)	Payee address; City; State; Zip Code	
\$30000	1700 Wager Ave Ste E, ROS. TX. 77471	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE SIGN DECMS	
·	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Dionations Made By
Candidate/Officheholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	•	ages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to co	
1 Total pages Schedule F1:	2 WINNING RUP COM	2 Filer ID (Ethics Commission Filers)
4 Date 12/24/2021	5 Payee name DUINN BIASS	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$100°	10427 Harderwell Co	ssing, Spring, TX.77379
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Consulting Expense	wuosite,
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	.	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
.1		
•		
	Cotogon (Co. Cotogon Bitted and American African Addition	T. Docembian
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description
PURPOSE / OF		$\left(\left(\left$
EXPENDITURE.		'
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		· · ·
Date	Payee name	
•	·	
•	•	
Amount (\$)	Payee address;	City; State; Zip Code
]	i '	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
	ATTAQUARDITIONAL CONTROL	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED