

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed:  27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Toni	MI
	NICKNAME	LAST Wallace	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received  <b>OCT 11 2022 RVD</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	PO Box 114		
	Richmond, TX 77406		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ryan	MI K.
	NICKNAME	LAST Phillips	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	10 Napoli Way		CITY; STATE; ZIP CODE Missouri City TX 77459
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		832-755-6862	
8 REPORT 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)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	07	01	2022
THROUGH		Month	Day
		10	08
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	08	2022
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other	
11 OFFICE	OFFICE HELD (if any)		
	Judge, County Court at Law #4 Fort Bend		
12 OFFICE SOUGHT (if known)		Judge, County Court at Law	

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 27

13 C / OH NAME Wallace, Toni	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

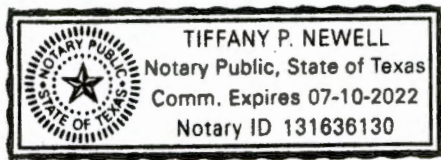
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,274.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 504.85
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,758.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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



*Toni M. Wallace*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toni M. Wallace, this the 11th day of October, 2022, to certify which, witness my hand and seal of office.

*Tiffany P. Newell*      Tiffany Pino Newell      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Wallace, Toni	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 8,274.90
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,758.36
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 A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/12 Rpt: 4/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Derek	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 16615 ParkManor  Houston, TX 77053		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Ray	Amount of Contribution (\$)  \$412.41
Contributor address; City; State; Zip Code 5038 Hearth Hollow Ln  Sugar Land, TX 77479		
Contributor's Principal Occupation		Contributor's Job Title IT Support Specialist
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/05/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Eleanor	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Brookshire, TX		
Contributor's Principal Occupation HR		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/12 Rpt: 5/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bastine, Ronique <hr/> <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Bastine Law Group		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Jeffrey <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceaser, Kendric <hr/> Contributor address; City; State; Zip Code 5022 Bricker St  Houston, TX 77033	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/12 Rpt: 6/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherne, Justine <hr/> <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title Paralegal
<b>10</b> Contributor's employer/law firm Allen Boone Humphries Robinson LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corprew, Brenda <hr/> Contributor address; City; State; Zip Code 5302 Meadow Canyon Dr.  Sugar Land, TX 77479	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Keasia <hr/> Contributor address; City; State; Zip Code 5430 Pudman River Lane  Sugar Land, TX 77479	Amount of Contribution (\$)  \$257.94
Contributor's Principal Occupation Consulting		Contributor's Job Title Consultant
Contributor's employer/law firm VantagePoint Business Consulting		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/12 Rpt: 7/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/03/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etienne, Stefanie	<b>7</b> Amount of Contribution (\$)  \$103.48
<b>6</b> Contributor address; City; State; Zip Code 8222 Marvino Ln  Raleigh, NC 27613		
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title Medical Director
<b>10</b> Contributor's employer/law firm Wake Forest Health & Human Services		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fancher, Diontha	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 1816 Rosenborough Ln. N.  Round Rock, TX 78665		
Contributor's Principal Occupation		Contributor's Job Title DEI Director
Contributor's employer/law firm DentaQuest		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray Gomez, Karen	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 4014 Charleston St  Houston, TX 77021		
Contributor's Principal Occupation Physician		Contributor's Job Title Physician
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/12 Rpt: 8/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/21/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Tracee <hr/> <b>6</b> Contributor address; City; State; Zip Code 20398 Via Marwah  Yorba Linda, CA 92886	<b>7</b> Amount of Contribution (\$)  \$206.46
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title Managing Partner
<b>10</b> Contributor's employer/law firm PwC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Tammy <hr/> Contributor address; City; State; Zip Code 3011 Cape Blanco Missouri City, TX 77459  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Communications		Contributor's Job Title Director of Communications
Contributor's employer/law firm Episcopal Diocese of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littles, Nadine <hr/> Contributor address; City; State; Zip Code 17422 Hollyberry Ln  Sugar Land, TX 77479	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Arbitrator		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/12 Rpt: 9/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 08/23/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Sherise <hr/> <b>6</b> Contributor address; City; State; Zip Code 9319 Rentur Dr  Houston, TX 77031	<b>7</b> Amount of Contribution (\$)  \$103.48
<b>8</b> Contributor's Principal Occupation Auditor		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm NRG		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Eddrea <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm The McKnight Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Nireasha <hr/> Contributor address; City; State; Zip Code 11805 Chimney Rock Road  Houston, TX 77035	Amount of Contribution (\$)  \$750.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The N. Murray Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/12 Rpt: 10/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwanguma, Grace	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code 211-A HOUSTON STREET  Richmond, TX 77469		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Anithia	Amount of Contribution (\$)  \$309.43
Contributor address; City; State; Zip Code 3728 Regent Pines Dr  New Hill, NC 27562		
Contributor's Principal Occupation Self Employed		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quander, Rebecca	Amount of Contribution (\$)  \$103.48
Contributor address; City; State; Zip Code 4538 Summer Lakes  Sugar Land, TX 77479		
Contributor's Principal Occupation		Contributor's Job Title Interim Associate Vice President for Faculty Affairs
Contributor's employer/law firm University of Houston Downtown		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/12 Rpt: 11/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayford, Lillian	<b>7</b> Amount of Contribution (\$)  \$103.48
<b>6</b> Contributor address; City; State; Zip Code 4714 Brookside Ct  Missouri City, TX 77459		
<b>8</b> Contributor's Principal Occupation Healthcare Professional		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/05/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochon, Mikhail	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code 14723 T C JESTER BLVD 517 Houston, TX 77068		
Contributor's Principal Occupation Customer Service		Contributor's Job Title Asset Protection Specialist
Contributor's employer/law firm Kroger		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendle	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  TX		
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Anderson & Smith, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/12 Rpt: 12/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 09/10/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strange, Jeffrey	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code 126 Conchola  Richmond, TX 77469		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strange, Jeffrey	Amount of Contribution (\$) \$257.94
Contributor address; City; State; Zip Code 126 Conchola  Richmond, TX 77469		
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Trameasha	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  TX		
Contributor's Principal Occupation Asst. Principal		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/12 Rpt: 13/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 08/23/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Athena <hr/> <b>6</b> Contributor address; City; State; Zip Code 13611 Cottage Arbor Ct  Sugar Land, TX 77498	<b>7</b> Amount of Contribution (\$)  \$257.94
<b>8</b> Contributor's Principal Occupation Administrator		<b>9</b> Contributor's Job Title CEO
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tu, Paul <hr/> Contributor address; City; State; Zip Code 5414 Mornington Dr  Sugar Land, TX 77498	Amount of Contribution (\$)  \$750.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasquez, Rudy <hr/> Contributor address; City; State; Zip Code 907 SUGARFIELD CT  Sugar Land, TX 77498-2762	Amount of Contribution (\$)  \$515.38
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/12 Rpt: 14/27
<b>2</b> FILER NAME Wallace, Toni		<b>3</b> Filer ID
<b>4</b> Date 08/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carme	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 3502 Ozark Street  Houston, TX 77021		
<b>8</b> Contributor's Principal Occupation Consulting		<b>9</b> Contributor's Job Title Senior Consultant
<b>10</b> Contributor's employer/law firm Washburn & McGoldrick, LLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Demetris	Amount of Contribution (\$)  \$103.48
Contributor address; City; State; Zip Code 5043 berridge lane  Dallas, TX 75227		
Contributor's Principal Occupation Community Engagement Officer		Contributor's Job Title
Contributor's employer/law firm Credit Union of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Lorenzo	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A(J)1:  
Sch: 12/12 Rpt: 15/27

2 FILER NAME  
Wallace, Toni

3 Filer ID

4 Date  
07/05/2022

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Williams, Rhonda

6 Contributor address; City; State; Zip Code  
13 Stonebrook Ct  
  
Beaumont, TX 77706

7 Amount of Contribution (\$)  
  
\$10.00

8 Contributor's Principal Occupation  
Coach

9 Contributor's Job Title  
Coach

10 Contributor's employer/law firm  
SETX Volleyball

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date  
08/12/2022

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wright, Mia

Contributor address; City; State; Zip Code  
6434 Crystal Point  
  
Missouri City, TX 77459

Amount of Contribution (\$)  
  
\$100.00

Contributor's Principal Occupation  
Ministry Director

Contributor's Job Title  
Co-Pastor

Contributor's employer/law firm  
The Fountain of Praise

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Empty form area for additional contributions.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/12 Rpt: 16/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 07/18/2022	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$157.08	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottles for hand sanitizer giveaways
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/04/2022	Candidate/Officeholder name Payee name Amazon	
Amount (\$) \$112.54	Office sought Office held	
	Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottles for hand sanitizer
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/13/2022	Candidate/Officeholder name Payee name Amazon	
Amount (\$) \$35.05	Office sought Office held	
	Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalking item
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name Office sought Office held		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/12 Rpt: 17/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 09/16/2022	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$239.92	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bottles for hand sanitizer
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 07/05/2022	Payee name Code BLK	
Amount (\$) \$700.00	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/19/2022	Payee name Code BLK	
Amount (\$) \$1,237.00	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 18/27		2 FILER NAME Wallace, Toni		3 Filer ID	
4 Date 08/12/2022		5 Payee name Dollar Tree			
6 Amount (\$) \$174.55		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hygiene Items for African Caribbean Chamber back to school bags	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/25/2022		Payee name Domino's Pizza			
Amount (\$) \$70.81		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/28/2022		Payee name Family Dollar			
Amount (\$) \$217.44		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift card donation to impact Church and Inspiration Church	
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 19/27		2 FILER NAME Wallace, Toni		3 Filer ID	
4 Date 09/21/2022		5 Payee name Fine Wines & Spirits of North Texas			
6 Amount (\$) \$320.26		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 spirits for fundraiser event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/06/2022		Payee name Fort Bend County Democratic Party			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign Effort	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/10/2022		Payee name Fort Bend Democratic Party			
Amount (\$) \$500.00		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign Effort	
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/12 Rpt: 20/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 10/07/2022	<b>5</b> Payee name Fort Bend Herald	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Full page ad in newspaper
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/07/2022	Payee name Go Daddy	
Amount (\$) \$64.56	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website/Domain Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 07/21/2022	Payee name HEB Grocery Store	
Amount (\$) \$69.36	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/12 Rpt: 21/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 08/12/2022	<b>5</b> Payee name HEB Grocery Store	
<b>6</b> Amount (\$) \$51.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hygiene items for African Caribbean Chamber back to school bags
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 08/15/2022	Payee name HEB Grocery Store	
Amount (\$) \$44.38	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense School supplies for back to school bags in Katy
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/27/2022	Payee name Innovative Solutions IT	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 10862 REDSTONE CT MISSOURI CITY, TX 77459  Missouri City, TX 77459	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road Signs; Push Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 22/27		2 FILER NAME Wallace, Toni		3 Filer ID	
4 Date 07/25/2022		5 Payee name Literacy Council of Fort Bend			
6 Amount (\$) \$206.00		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Fundraiser	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/06/2022		Payee name Lowe's			
Amount (\$) \$45.96		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign signs expenses	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/03/2022		Payee name Lowe's			
Amount (\$) \$155.62		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posts for Road signs	
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/12 Rpt: 23/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 09/06/2022	<b>5</b> Payee name Precision Graphix Group	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code precisiongraphixgroup@gmail.com  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flyer design
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 07/18/2022	Payee name Run Sister Run PAC	
Amount (\$) \$60.00	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for Collective Power of Women Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/22/2022	Payee name Sam's Club	
Amount (\$) \$86.85	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/12 Rpt: 24/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 09/19/2022	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$67.77	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Cards/Gifts for Seniors at Fair
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/11/2022	Payee name Texas Black Democrats PAC	
Amount (\$) \$75.00	Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to the Black Caucus Brunch
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/06/2022	Payee name The Home Depot	
Amount (\$) \$103.79	Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road sign items
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/12 Rpt: 25/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID
<b>4</b> Date 09/22/2022	<b>5</b> Payee name Tiff's Treats	
<b>6</b> Amount (\$) \$136.24	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser event
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/18/2022	Payee name USPS	
Amount (\$) \$106.00	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/22/2022	Payee name USPS	
Amount (\$) \$60.00	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage/Stamps
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 26/27		2 FILER NAME Wallace, Toni		3 Filer ID	
4 Date 08/29/2022		5 Payee name Wal-Mart			
6 Amount (\$) \$66.33		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 Kickoff Preparation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/21/2022		Payee name Wallace, Toni			
Amount (\$) \$150.00		Payee address; City; State; Zip Code  TX			
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 Deposit for mobile bartender for fundraiser event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/24/2022		Payee name Wallace, Toni			
Amount (\$) \$250.00		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 payment for food for fundraiser event	
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/12 Rpt: 27/27	<b>2</b> FILER NAME Wallace, Toni	<b>3</b> Filer ID			
<b>4</b> Date 09/13/2022	<b>5</b> Payee name Wristband Express				
<b>6</b> Amount (\$) \$340.00	<b>7</b> Payee address; City; State; Zip Code 16000 West Rogers Drive Suite 100 New Berlin, WI 53151				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1000 wristband giveaways			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	