CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICE HOLDER NAME M.R. Tatisny K Defice Use ONLY A CANDIDATE/ OFFICE HOLDER MALLING ADDRESS /PO BOX: ADDRESS /PO BOX: APT / SUTE fr. SUFFIX Date Received OCT + 2022 4 CANDIDATE/ OFFICE HOLDER MALLING ADDRESS ADDRESS /PO BOX: APT / SUTE fr. OTFICE HOLDER / TAS Bay But On Tax 77479 Date Received Oct + 2022 5 CANDIDATE/ OFFICE HOLDER PHONE AREA CODE PHONE NUMBER EXTENSION Date Redelivered or Date Potemarked 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI MI MALE MS / MRS / MR FIRST MI Date Received Date Received 7 CAMPAIGN TREASURER NAME STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 122 Mina Lance, Star Board /X 77.4797 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION Frastware appointment (month Day Vear Month Day Vear 9 REPORT TYPE January 15 "30th day before election Runoff Final Report (Attach COH - FR) 9 REPORT TYPE Month Day Vear Month Day Vear Of / 16 /2 2 4	The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total p	ages filed:
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6 CAMPAIGN TREASURER NAME Mit First Mi MAME Mix Treas Mi MAME Mix Treas Date MAME Mix Treas Date MAME Mix Treas Date MAME Mix Treas Date 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZP CODE 122 Mix January 15 January 16 January 16 January 17 Month Dry Year Contract	OFFICEHOLDER	(73) 3	364 8087			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ N/iA Lance, Star Bord ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ N/iA Lance, Star Bord (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ N/iA Lance, Star Bord (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ N/iA Lance, Star Bord (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ N/iA Lance, Star Bord (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: APT / SUITE #: APT / SUITE #: IZZ ADDRESS (NO PO BOX PLEASE): APT / SUITE #: APT		MR	TOM	SUFFIX	Date Proces	sed
TREASURER PHONE (832) 462 4596 PREPORT TYPE January 15 January 15 30th day before election July 15 8th day before election Depended Modified Final Report (Attach C/OH - FR) ID PERIOD Month COVERED Month Day Year D7/16 26224 THROUGH 10/05 Month Day Year O7/16 D7/16 26224 THROUGH 10/05 Vear O7/16 OFFICE OFFICE MELD (If any) Primary Runoff OFFICE OFFICE MELD (If any) Max Assessmer Montifical Executed on Andres of Political contresumons accepted political extremptures and and and and and accepted political extremptures and and accepted political extremptu	ADDRESS		(NO PO BOX PLEASE); APT / SL	JITE #; CITY;	st 7X	
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Image: Main and the contract of political contributions accepted or political expenditures made without the candidates or officeholders. These expenditures may have been made without the candidates or officeholders knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. Committee(s) Tax Assessor - collector Instant Consent. candidates and officeholders are required to report this information only if they receive notice of such expenditures. Committee type Committee name Committee type Committee name Image: Committee type Committee campaign treasurer name Image: Committee type Committee campaign treasurer address Image: Committee type <th< td=""><td>11 ELECTION</td><td></td><td>Year Primary</td><td>Runoff Other Description</td><td></td><td></td></th<>	11 ELECTION		Year Primary	Runoff Other Description		
POLITICAL COMMITTEE(S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE (S) COMMITTEE TYPE COMMITTEE NAME I GENERAL COMMITTEE ADDRESS I SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	12 OFFICE	OFFICE HELD (If any)			·	llector
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	TE / OFFICEHOLDER	ovi	FORM C/OH R SHEET PG 2
15 C/OH NAME	ason Joseph 16,	iler ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	7750.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7750
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	15368.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	Y S	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	5	7618
	Please complete either option below:		
(1) Affidavit	My Commission Expires August 23, 2026		
NOTARY STAMP/SEA	before me by Jaison Joseph. this the 7th		av of OCtober
-			ay of OCtober,
Signature of officer administe		тіц	e of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is	······································	-	
Executed in	(street) (city) (state) County, State of, on the day of	(zip	code) (country)
	county, state of, on the day of (month)		(year)
	Signature of Candidate/O	fficehol	der (Declarant)
orms provided by Texas Et	nics Commission www.ethics.state.tx.us		Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME JULSON JOSEPH 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7750
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 7-6-18
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7.618 \$ 7.750
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The	e Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
FILER NAME	y Joseph	3 Filer ID	Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Daniel Molfhere 6 Contributor address; City; State; Zip Code 4419 Ludwig LN Stafford T27777		of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date 2/18/24	Full name of contributor out-of-state PAC (ID#:) Sebastian theffunkal V Contributor address; City; State; Zip Code 2310 Shormen Cent Mission City TX- 77499	Amount	of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor [] out-of-state PAC (ID#:) Benju Vicknam Parampi/ Contributor address; City; State; Zip Code 3398 Melony Hillan Peastand Ta 77584	Amount	of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	lions)	
Date	Full name of contributor out-of-state PAC (ID#:) Lenin Matheuls Contributor address; City; State: Zip Code 3015 Rad RIMENNAK Micsonni City 77459		of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)	

The	e Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
FILER NAME	ison Joseph	3 Filer ID	(Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Christopher George 6 Contributor address; City; State; Zip Code 120/1 GlenmallenLN Fidmont TX · 77407	7 Amount	of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)	
Date 7/27/24	Full name of contributor out-of-state PAC (ID#:) Maffull Samuel Contributor address; City; State; Zip Code 1810 Misty OKS IN, Sugal and TX 77479	Amount	of contribution $($
	apation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:) Taleb Lee 627 Royal Lokes BIVA Richmond TX 77409	Amount	of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)	
Date 8/15/24	Full name of contributor out-of-state PAC (ID#:) David Hamilton Contributor address; City; State: Zip Code Full 9 Scanloy Hoights / N Missourifetty TX-77439	Amount	of contribution (\$)
Principal occu	Ipation / Job title (See Instructions) Employer (See Instruct	ions)	

	e Instruction Guide explains how to complete this form	. 1	Total pag	es Schedule A1:
ILER NAM	Jaison Joseph	3	Filer ID	(Ethics Commission Filers)
Date 15724 Principal occ	6 Contributor address; City; Sta 9506 Plaza Terrace Dr. Missouric 77			of contribution (\$)
^{bate} 15/24	Full name of contributor out-of-state PAC (ID#:_ CINDY Adkins Contributor address; City; Sta 2118 S.Shadow Grave LN, Richma		Amount	of contribution (\$)
rincipal occi		Employer (See Instructions		
15/24	Marie Moffett Contributor address; City; Sta 1718 Kal Breck In. Suger		Amount	of contribution (\$)
rincipal occ	apation / Job title (See Instructions) E	Employer (See Instructions	;)	
Date 15/24	Full name of contributor out-of-state PAC (ID#: Bach Williams		Amount	of contribution (\$)
/	Bach Williams Contributor address; City; Sta 8605 Graceful Oak Xing Kath	ate; Zip Code 1, TX 77-494		100
rincipal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)	

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2 FILER NAME Talkon Toseph 3 Filer ID Ethics Commission Filers) 4 Date 5 Full name of contributor □ out-of-state PAC (ID#) 7 Amount of contribution (\$) 5 State: Since:	Th	e Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
Image: Section of the section of th	FILER NAM	Tarson Joseph	3 Filer ID	Ethics Commission Filers)
Date Full name of contributor 0 out-of-state PAC (D#) Amount of contribution (\$) 8/15/24 Sha.W.A. Scott- Contributor address: (B34 Fall Meadaw Do' Missburn Litty TX FH459 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100 Date Full name of contributor 0 out-of-state PAC (D#) Amount of contribution (\$) Date Full name of contributor 0 out-of-state PAC (D#) Amount of contribution (\$) 8/15/24 Schiro Justh City: State; Zip Code 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100 Date Full name of contributor 0 out-of-state PAC (D#	Date	Emiley Rames	7 Amount	of contribution (\$)
Shaw.n. Scott. Contributor address: City: State: Zip Code 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100 Date Full name of contributor out-of-state PAC (ID#:	Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution Schippon Just fill 8/15/24 Schippon Tust fill Principal occupation / Job title (See Instructions) Employer (See Instructions) IDDO Principal occupation / Job title (See Instructions) Employer (See Instructions) IDDO Principal occupation / Job title (See Instructions) Employer (See Instructions) IDDO Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Note Timely Sesson 20 Contributor address; City: State; Zip Code 20 8/15/24 Timely Support and The THUP 20			Amount	of contribution (\$)
8/15/24 Schire Justin 100 2/15/24 Contributor address; City; State; Zip Code 2/1/8 Medow Adh Cy Richmond Tx 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Imployer (See Instructions) Date Full name of contributor 0ut-of-state PAC (ID#:) Amount of contribution (\$) 8/15/24 Tricky Sesson 20 Contributor address; City; State; Zip Code 20			ions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 8/15/24 They Sesson 20 63/19 Tawantino Ct Sugar lands The Tay Lands The Tay Lands	Date 8/15/24	Schiro Justin	Amount	of contribution (\$)
8/15/24 They Sesson Contributor address; City; State; Zip Code 63/9 Towantino Ct Sugar land The 77479 20	Principal occu		ions)	
	Date 8/15/24	They Sesson	Amount	of contribution (\$)
	Principal occi	upation / Job title (See Instructions) Employer (See Instruct	tions)	

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FILER NAM	ny Joseph		3 Filer ID	(Ethics Commission Filers)
Date	5 Full name of contributor	State; Zip Code		of contribution (\$)
Date b 24	Full name of contributor out-of-state PA Brad Moon Contributor address; City; 13139 POKKhmook Way Lav, Su	State; Zip Code	Amount	of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)	
^{Date} 116/24	Full name of contributor out-of-state PA ROBONA Behcum Contributor address; City; 24219 Fellon Pointor, Kary	State; Zip Code	Amount	of contribution (\$) 75
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA Doug allife Contributor address; City; 5423 Hohley Way Cf., Sug	C (ID#:) State; Zip Code TAS (AM& TX 77472	Amount	of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)	

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FILER NAME	ion Jose M	3 Filer ID	(Ethics Commission Filers)
Date 2/18/24	5 Full name of contributor aut-of-state PAC (1D#:		of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9 Em	ployer (See Instructions)	
Date 19 24	Full name of contributor aut-of-state PAC (ID#:	Anoun	of contribution (\$)
Principal occu	pation / Job title (See Instructions) Em	ployer (See Instructions)	
Date /20/24	Full name of contributor out-of-state PAC (ID#: Gordon Tranklin Contributor address; City; State; 1218 Latte Pointe fking, Sugestication		of contribution (\$) 20
Principal occu		ployer (See Instructions)	
Date 120/24	Full name of contributor out-of-state PAC (ID#: <i>Tennifer</i> Hanger Contributor address; City; State 24815 Mount Autumn Dr Koty, Tx	Zip Code	of contribution (\$)
Principal occu		ployer (See Instructions)	

e Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
the TOSERH	3 Filer ID	(Ethics Commission Filers)
 5 Full name of contributor out-of-state PAC (ID#:) 5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code 26310 Christen Canyon IN, Richmond TY 77466 	7 Amount	of contribution (\$) 100
upation / Job title (See Instructions) 9 Employer (See Instruct	tions)	
Full name of contributor [] out-of-state PAC (ID#:) Stephen Rogers 9525 Roegler Pd Newsülle TX 77461	Amoun	of contribution (\$)
	ions)	
Full name of contributor Out-of-state PAC (ID#:) KUY KUY Kendaal Contributor address; City; State; Zip Code III Colonial Heights Dr. Richmond TX. 77406	Amount	of contribution $(\$)$
	ions)	
Full name of contributor Gretchan Netzband Contributor address; City; State; Zip Code 1333 Stan Jake br. Missoni Cty TX · 77439	Amount	of contribution (\$)
	ions)	<u> </u>
	### JOS eph 5 Full name of contributor JOS eph Wozniak 6 Contributor address; 26310 Anisten Canyon 14, Richmond TS 77466 upation / Job title (See Instructions) 9 Employer (See Instruct Full name of contributor out-of-state PAC (ID#:) Full name of contributor out-of-state PAC (ID#:) Stephen Rogers City; State; Zip Code 9 Employer (See Instruct 9 For plant 9 Employer (See Instruct 9 For plant 9 Employer (See Instruct 9 Full name of contributor 9 contributor address; 9 Cut-of-state PAC (ID#:) 4 Kuy Kendadi 9 Contributor address; 10 Contributor address; 110 Contributor 120 General Heights Dr. Richmend Ty. Frends 1210 Full name of contributor 120 Contributor 120 Contributor 120 Contributor	3 Filer ID 3 Filer ID 3 Filer ID 3 Filer ID 3 Full name of contributor 1 DS eff 4 DS eff 5 Full name of contributor 1 DS eff 4 Wozniak 6 Contributor address: 26310 Arist an Cany on 14, Rich on ord 18 47466 1 Pattern Rogers 1 Clip: 1 Stephen Rogers 9 Employer (See Instructions) 9 Employer (See Instructions) 1 Amount 1 Stephen Rogers 1 Clip: 1 State; Zlp Code 1 New Wile 1 New Wile<

	TARY POLITICAL CONTRIBUTIONS ested information is not applicable, DO NOT include this page in the	report.	SCHEDULE A1
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TOUSO		3 Filer ID	(Ethics Commission Filers)
Date	5 Fuli name of contributor aut-of-state PAC (ID#:) Shaji Danieli 6 Contributor address; City; State; Zip Code 18770 44 Lon B. J. Furay Mispierte TX. 73550	7 Amount	of contribution (\$)
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 9/01/24	Full name of contributor out-of-state PAC (ID#:) Malheue D. Contributor address; City; State; Zip Code 4122 Addenham Dr. Garland TX 75043	Amount	of contribution (\$)
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date 9/2/24	Full name of contributor out-of-state PAC (ID#:) Bindy Daniel Contributor address; City; State; Zip Code 0315 MISHY Creak Missons City TX-77459	Amount	of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date 0/4/24	Full name of contributor Out-of-state PAC (ID#:) Xuemei Yang Contributor address; City; State; Zip Code SSTI THERPORKLN, Karty TX 77494	Amount	of contribution (\$)
Principal occi	upation / Joh title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional		uirements.
	Texas Ethics Commission www.ethics.state.tx.us		Revised 8/17/2

If the reque	TARY POLITICAL CONTRIBUTIONS ested information is not applicable, DO NOT include this p	age in the report.	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pay	es Schedule A1:
FILER NAME	son Beeph	3 Filer ID	(Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#: Bill - William Michie. 6 Contributor address; City; State; Zip 9/11 S. Fitzgerald Way Misso micita TZ - 77.459		of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:) Amount	of contribution (\$)
15/24	John Dlaceff Contributor address; City; State; Zip Sugar Lend IX-	> Code 77479	100
Date	Full name of contributor out-of-state PAC (ID#: Robert Ramsey Contributor address; City; State; ZIP 5603 Mimosa LN Richnond 93	Code	of contribution (\$)
Principal occu		r (See Instructions)	
Date 8/19/4	Full name of contributor out-of-state PAC (ID# Chm's Matheuls Contributor address; City; State; Zip 2/10 Geabourne Agraons City ?		of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer	r (See Instructions)	
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	TARY POLITICAL CONTRIBUTIONS ested information is not applicable, DO NOT include this page in	the report.	SCHEDULE A1	
The	e Instruction Guide explains how to complete this form.	1 Total pa	ges Schedule A1:	
FILER NAME		3 Filer ID	(Ethics Commission Filers)	
Date 3/15/24				
Principal occ	upation / Job title (See Instructions) 9 Employer (See Ins			
Date 5/15/24	Full name of contributor I out-of-state PAC (ID#: Abel Montalvo Contributor address; City; State; Zip Code 1906 Wild Wood LV Richmond TX 7740) Amount	of contribution (\$)	
Principal occu Date	pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor □ out-of-state PAC (ID#: □ □ □		of contribution (\$)	
<i>" 15 24</i>	Contributor address; City; State; Zip Code 3702 Mayer Rd Weed uffe 7746	,	100	
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)		
Date 8/15/24	Full name of contributor out-of-state PAC (ID#: Karen Perez Contributor address; City; State; Zip Code 4715 Bryce Landing IN, Katy 7749) Amoun	t of contribution (\$)	
	pation / Job title (See Instructions) Employer (See Ins			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for additio		uirements.	
	Texas Ethics Commission www.ethics.state.tx:us		Revised 8/17/2	

	TARY POLITICAL CONTRIBUTIONS ested information is not applicable, DO NOT include this page in the	report.	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
FILER NAME	The file	3 Filer ID	(Ethics Commission Filers)
Date 8/15/24	5 Full name of contributor Cyndia, Rod Signez 6 Contributor address; 6 Des Lettic St City; State; Zip Code City; State; Zip Code City; State; Zip Code		of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Date 8/15/29	Full name of contributor Out-of-state PAC (ID#) Chorstran Amnta Contributor address; City; State; Zip Code 8802 Wasatch Wulley IN Richmond 77407	Amount	of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor		of contribution (\$)
3/16/24	Contributor address; City; State; Zip Code 17806 Hory Ward Holl Dr Richows 77407		100
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date 3/18/24	Full name of contributor out-of-state PAC (ID#:) Meed ville Republican Womens Parl Contributor address; City; State; Zip Code 14323 Bufgalo Street Needville TX	Amount	of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional		uirements.
ms provided by	Texas Ethics Commission www.ethics.state.tx.us		Revised 8/17/2

If the requested information is not applicable, DO NOT include this page in the report. The instruction Guide explains how to complete this form. 1 Total pages Schedule At: FILER NAME 3 Filer ID CBUS ON DS-PM. Date 5 Full name of contributor B126/24 6 Contributor address; Contribution address; City: State: Zip Code 9 Employer (See Instructions) 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Page Full name of contributor Contributor address; City: State: Zip Code 8 67 B/B/2005 State: Contributor address; City: State: Zip Code 8 67 B/B/2005 State: Date Pull name of contributor Opticident Index B/A City: State: Zip Code B/B/A/A Disitie (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Pull name of contributor Opticident Index B/A City: State:	MONET	ARY POLITICAL CONTRIB	UTIONS		SCHEDULE A1
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Tails Om DSEPN: Date 5 Full name of contributor out-of-state PAC (IDF: 7 Amount of contribution (\$) 3/26/24 6 Contributor address; City: State: Zip Code 8000 3/26/24 6 Contributor address; City: State: Zip Code 8000 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Date Full name of contributor Contributor address; State: Zip Code 8 67 B B Amount of contributor (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) 7500 Date Full name of contributor out-of-state PAC (IDF: Amount of contributor (\$ Mas/244 Disclost Haby Millionum (\$ 5000 Date Full name of contributor out-of-state PAC (IDF: Amount of contributor (\$	The	Instruction Guide explains how to complete the	nis form.	1 Total pag	es Schedule A1:
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105/24 Nehls Ter Congress Contributor address: ISSO 1058Fd # 318 Sugar Can 2 77469.	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
17 107	Date 105/24			Amount	of contribution (\$)
	Principal occup		11/107	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					uirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	ne Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
2 FILER NAM	Tosegh	3 Filer ID	(Ethics Commission Filers)
4 Date 9/10/24	5 Full name of contributor in out-of-state PAC (ID#:) Alexander Daniel. 6 Contributor address; City; State; Zip Code 906 Alexandra Stafford TK77477	T	of contribution (\$)
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 9/10/24	Full name of contributor [] out-of-state PAC (ID#:) DMY GIMON Contributor address; City; State; Zip Code 1402 N. Telyva RIUTA Gorde, Super Land TK. 77-1178	Amount	of contribution (\$) 200
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	tions)	
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Principal occ	eupation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor)	Amount	of contribution (\$)
	Contributor address; City; State; Zip Code		
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional		uirements.
	v Texas Ethics Commission www.ethics.state.tx.us		Revised 8/17/2020

NON-MONETARY (IN-KIND) POL CONTRIBUTIONS If the requested information is not applicable, DO NOT		in the report.	SCHEDULE A2
The Instruction Guide explains how to complete t		1 Total pages Sche	cule A2:
2 FILER NAME Jaison Joseph		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CO	ONTRIBUTIONS	\$ 230	00
5 Date 6 Full name of contributor Out-of-state PAC (IDA 6 Full name of contributor Out-of-state PAC (IDA 6 Full name of contributor 9 20 20 20 20 20 20 20 20 20 20 20 20 20		8 Amount of Contribution \$ 2000	9 In-kind contribution description (ampagn As Vertisement de of Texas. Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instru	uctions) 11 Employ		IAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICI	IAL)		
Date Full name of contributor Out-of-state PAC (ID#	¥:)	Amount of Contribution \$	In-kind contribution description
9/20/24 Congress AAC Contributor address; City; 449 Ludwight, staf	State; Zip Code	Contribution \$	description Social Media ASVENTS Semma ade of Texas. Complete Schedule T
9/20/24 Contributor address; City;	State; Zip Code	Contribution \$	Social Media
9/20/24 Congress AAC Contributor address; City; 449 Ludwight, staf	State; Zip Code	Contribution \$	description Social Media ASVENTS Semma ade of Texas. Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instru	State; Zip Code State; J7 177 Jotions) Employ Contrib	Contribution \$	description <i>focial Media</i> <i>focial Media</i> <i></i>
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POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jayson Jazeph.	3 Filer II	D (Ethics Commission Filers)
4 Date 09/09-124	5 Payee name TCAM Digital Media J 7 Payee address;	miati-4	
6 Amount (\$) 2500	7 Payee address; 13910 MUMPHYRd, Sta		tate; Zip Code 477.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense.	(b) Description Paiatay.	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	Ider living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
8/1/24	Payee name Laird Plastic		
Amount (\$) 2294.90	Payee address; W. Withle YOOK Rd	1. 0.	tate; Zip Code 70X 77 044
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehe	Ider living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
08/24/24	Payee name Tractor Supply#		
Amount (\$) 9 84	Payee address; 310 Richmond	city; s TX 77469,	tate; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehe	lder living expense
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
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1 Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
	Jaison Jos qui		
4 Date 8/17/2024	5 Payee name Lonestar Story	1	
6 Amount (\$)	7 Payee address;		state; Zip Code
254.67	Lone stat Saloon	Richmond 7	7469
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Food Beverages	Fund neul	ng
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address;	City; s	state; Zip Code
120	Amazon Inc	USA.	
	Category (See Categories listed at the top of this schedu	ule) Description	
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EXPENDITURE			
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Date / /	Payee name		inningen i del diferio de la completa inningen en de la completa de la completa de la completa de la completa d
8/2/24	Souther Trai	1075	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Fees

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 Credit Card Payment

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 (entier a category not listed above)

Credit Gald Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jalson Joseph		3 Filer	D (Ethics Commission Filers)
4 Date 8/22/24	5 Payee name TWILIO INC			
6 Amount (\$)	7 Payee address;	City;		State; Zip Code
158	CA, 94105-			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, office	holder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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8/23/24	Court Handwald			
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35	Stafford TX . 7	27777.		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
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Forms provided by Texas Ethics Commission

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	EXPENDITURES MADE		SCHEDULE F1
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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6 Amount (\$)	7 Payee address;	City; s	tate; Zip Code
5000	2617 S. Main St	stafford T	x 72972
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 19/24	Payee name Hane Depot		
Amount (\$) 654-89	Payee address; # 574 Sugarland		State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Car Hidate/Officeholder/Political Committee Credit Card Payment

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/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	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jayson Joseph	3 Filer	D (Ethics Commission Filers)
4 Date 10/25/24	5 Payee name House Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
124.71	#0574 Suger land	1 TK . 774	178
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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Date /	Payee name		· · · · · · · · · · · · · · · · · · ·
10-12/24	Home Depot		
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75.71	#6530 Rosenbur	3. TX 774	171.
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		DITURES MA					SCHEDULE F1
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	TICAL CONTRIBUTIONS		SCHEDULE F1
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Total pages Schedule F1	2 FILER NAME JOUSON JOSAN	3 Fi	Ier ID (Ethics Commission Filers)
Date 10-114/24	5 Payee name U2 Martheting		
Amount (\$)	7 Payee address;	City;	State; Zip Code
1882	5200 Mitchelldal	est the	buffon 7709
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350	Payee address; Twilliac, USA	A 94/05	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertis, my	SMS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR BOX 8(a)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Creuil 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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME TOUSON JOSEPh.	3	Filer ID (Ethics Cor	mmission Filers)
4 Date (0-)-24	5 Payee name IWILIO MC			
6 Amount (\$)	7 Payee address;	City;	State; Z	Zip Code
67.49.	CA. 94105. US.			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising.	9MS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	Inse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Offic	ce held
Date	Payee name			
10/9/24	GRi. Guruvausuppar	Temple	-	
Amount (\$)	Payee address;	City;		Zip Code
160	713729-8994 TX	. 77035		
	Category (See Categories listed at the top of this schedule)	Description		·······
PURPOSE OF EXPENDITURE	Event	Tickets		
	Check if travel outside of Texas. Complete Schedule T.	e of Texas. Complete Schedule T. Check if Austin, TX, office!		nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	ce held
Date /	Payee name			
10/9/24	Toactor Supply	1		
Amount (\$)	Payee address;	City;	State; Z	Zip Code
524	#310 Richmond	TX · 77	469	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Horderc	vie	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDEI		