CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission File	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI V	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1	X; APT/SUITE#; X 2653 ~Lond TX	CITY; STATE; ZIP CODE	JUL 15 2024 RO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (974)	PHONE NUMBER	EXTENSION (Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST S. LAST	Quis of SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE TX 77479
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	9545	en ann gan agus ann ann an ann an an an an an an an an
9 REPORT TYPE	January 15 July 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED	Month 2	Day Year / 25 / 2024	THROUGH 6	h Day Year / 30 / 2024
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	by Pollint 3 Commission
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFICONSENT. CANDIDATES COMMITTEE TYPE GENERAL	CEUOI DED THESE EVDENDITIBES	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME /	aral Patel Campaign 16 F	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Personal
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 111.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 125,888.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 101,240.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candidat	te or Officeholder
NOT NOT	MES L. GOULDSMITH ARY PUBLIC, STATE OF TEXAS lotary ID #5740051 ires November 18, 2025	
(1) Affidavit		
NOTARY STAMP/SEAL		. /
Sworn to and subscribed	before me by this the	day of July,
24	which, witness my hand and seal of office.	/
100	- CAMES C GOVESMAL	NOTARY
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	. and my date of birth is	
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candidate/Off	ficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$127,111.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 125,888.79			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

SCHEDULE A1

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

					T
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Date 3/13/124	5 Full name of contributor Parid Kogur 6 Contributor address;	City;	State;		7 Amount of contribution (\$)
	6323 Carnaly Lane	Kosenday	TX	77471	
8 Principal occu	upation / Job title (See Instructions)		9 Emp	oloyer (See Instruc	tions)
Not	employed			Vof employe	<u>d</u>
Date	Full name of contributor Avand Chardhe	out-of-state PAC	C (ID#:		Amount of contribution (\$)
3/13/24	Contributor address; 22214 N. Lauc Villgu Dr.	City;	-	Zip Code 77450	50
	pation / Job title (See Instructions)		Emp	loyer (See Instruct	tions)
(ov	noutant			Deloite	
Date	Full name of contributor	out-of-state PAC) (ID#:		Amount of contribution (\$)
3 <i>/</i> 8/zu	Scott Portney Contributor address; 12917 Kruystrife	City; Houston		Zip Code 77077	
1.	pation / Job title (See Instructions)		Emp	loyer (See Instruct	tions)
No	ot employed			Not emplay	rd
Date	Full name of contributor Jay Jenhins	out-of-state PAC) (ID#:		Amount of contribution (\$)
3/7/24	Day Jenkins Contributor address; 932 Piner St.	City; Houston	State;	Zip Code 7700 9	50
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas (enter				for Justice + Equity

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SCHEDULE A1

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in the requested information to not applicable, 20 No.1 metade tine page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date	Devesh Mody	C (ID#:)	7 Amount of contribution (\$)		
3/7/24	6 Contributor address; City; 4515 Tamanud Trl Winywood	State; Zip Code 7x 7-7345	50		
	upation / Job title (See Instructions)	9 Employer (See Instruct			
Date	44.	C (ID#:)	Amount of contribution (\$)		
317/74	Marlia Simmus Contributor address; City; 3624 S. Hills Ane Fortworth	State; Zip Code Tx 76109	25		
	pation / Job title (See Instructions)	Employer (See Instruct	(
No	+ employed	Not emplo	ter		
Date		C (ID#:)	Amount of contribution (\$)		
3/4/24	Contributor address; City;	State; Zlp Code Tx 78717	25		
	pation / Job title (See Instructions)	Employer (See Instruction	County		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
3/6/24	Mary Alice Davis Contributor address; City;	State; Zip Code	(0)		
	23207 Meadow Cross Kay	TY 77494			
Principal occup	Dation / Job title (See Instructions)	Employer (See Instructi	ions)		
			,		

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SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5/10 124	5 Full name of contributor out-of-state PA (ynthia Cole 6 Contributor address; City; 20119 Yorkway Pr. Kaff	State: Zip Code	7 Amount of contribution (\$)
8 Principal occu	executive Divices	9 Employer (See Instruct	ME Local 1550
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)
5 13124	Chakilla Robinson Contributor address; City; 8403 Fulshew Run Richman l Tree	State; Zip Code Tx 77406	1000
Principal occup	Chief Lurniz Office	Employer (See Instruct Patrifa Ki	lons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4 /26/24	Mohammed Asadvzzaman Contributor address; City; 2602 Ravenlahe Ct. Feurland	State; Zip Code	500
Principal occup	coation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
\$ 110124	Atri Sen Contributor address; City; 27823 Desert Manarda Kuty	State; Zip Code 7× 77494	500
Principal occup	cation / Job title (See Instructions)	Employer (See Instruction Reside)	lufrastruduslutians
	ATTACH ADDITIONAL CORIES	OF THIS SCHEDUL F AS N	FEDED

SCHEDULE A1

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The	Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) \$\frac{12/24}{6}\$ Contributor address; City; State; Zip Code 2425 Brianpurk Pr. Housh 7x 77042			7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		.C (ID#:)	Amount of contribution (\$)
5/1/24	Rahul Guduru Contributor address; City; 2900 Rolido Br. Houzin # 126	State; Zip Code 74 77063	5000
Principal occupation / Job title (See Instructions) Project Manager A Nlary Construction			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/9/24		State; Zip Code TY 77494	501
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ilons)
7	Founder	Pasiliane In	frastructue Solutions
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/7/24	Hannah Herick Contributor address; City; Yor W. 17th St. Odessa	State; Zlp Code Ty 79761	(0
^	pation / Job title (See Instructions)	tions)	
(ommor	niature Coordinatur	Crisis leater	- I west Turas

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 4/20/24	5 Full name of contributor out-of-state PAG Marcia Simmus 6 Contributor address; City; 3624 5. Hills Are. For Worth	State; Zip Code 7× 76/09	7 Amount of contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instruc	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
4120174	10 0 0	State; Zip Code 7x 78741	10
Principal occup	pation / Job title (See Instructions) Not employed	Employer (See Instruct Not emp	
Date 4119/24	Nedra Oyen	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 744 Brooks St. 4306 Sujerfund	State; Zip Code 7x 77478	5
Principal occup	Not employed	Employer (See Instruct	The state of the s
Date	-	(ID#:)	Amount of contribution (\$)
4/13/24	David Koger Contributor address; City; 6323 Carrely Lu. Rosanley	State; Zip Code Tx 77471	10
	ation / Job title (See Instructions)	Employer (See Instruct	
No	t ecuploped	Not emp	olopid

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SCHEDULE A1

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date 6/13/24	5 Full name of contributor Pavid Koger 6 Contributor address; 6 32 3 Carnaly In.	□ out-of-state PA City; Rosendery	State; Zip Code Ty 7441	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)	
6/12/24	Contributor address; FO24 Argonne Trl.	City; Sugardurd	State; Zip Code Ty 77479	100	
	oation / Job title (See Instructions)		Employer (See Instruc	•	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
6/12/24	Donna Elli's Contributor address; 13910 Placid Woods G.	City; Syer Land	State; Zip Code 7x 77418	75	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction 1)	1	
Date	Full name of contributor	out-of-state PAC	: (ID#:)		
6/12/24	Chufan Dave Contributor address; 30 Siewa Chus Dr.	City; Sygorday	State; Zip Code 7× 77444	25	
	nation / Job title (See Instructions) Autstract Maugust		Employer (See Instruct	tions)	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
6/12/24	355 N. Post van In Houst	7 Amount of contribution (\$)	
A .	upation / Job title (See Instructions)	9 Employer (See Instruct	
/**	of employed	Not empl	(yea
Date	Full name of contributor ut-of-state PAG	C (ID#:)	Amount of contribution (\$)
6/12/24	Marthi Devarakonda Contributor address; City; 3315 Reston Landigtha Katz	State; Zip Code Tx 77414	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
	Enjineer	6	E
Date		C (ID#:)	Amount of contribution (\$)
6/12/24	Namita Asthana Contributor address; City; 4418 Castlewood St. Syrrtand	State; Zip Code TX 7-7479	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ant	Self	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
6/12/24	Contributor address; City;	State; Zip Code	50
	7574 San Clemente 14 4. King	Tx 77494	
	pation / Job title (See Instructions)	Employer (See Instruct	
Ņ	Vot emplyed	Not employe	7
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SCHEDULE A1

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	and the same of th
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Din ishi Abayarathna 6 Contributor address; City; State; Zip Code 4427 Pine Janly Dr. Missani City Tx 774 34	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PG	itions)
Date Full name of contributor Out-of-state PAC (ID#:) Naushad Ramoly Contributor address; City; State; Zip Code 1227 Ancrum Hill In Syardad Ty 77479	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date Full name of contributor Tavyu Stowking Contributor address; City; State; Zip Code 13111 Field Sake Dr. Avstm Tx 7875-3	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) HBA	Greater Artin
Date Full name of contributor Sharat Kaluyau Contributor address; City; State; Zip Code Contributor address; Syau TX 77479	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Civitats	dons)

SCHEDULE A1

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ii alo roquo	sod information to not applicable, DO NOT INC	ado ano pago m aro .	
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 6 17/24	5 Full name of contributor out-of-state PAC (IE Kimberly Romers) 6 Contributor address; City; 4603 Avenue (Astro T)		7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 valim Manyor		walson (amprign
Date 6/07/24	Full name of contributor out-of-state PAC (ID Deves h Mo Ly Contributor address; City; 4515 Tamarind Trl. Kiywood	State; Zip Code 1 Tx 7-7345	Amount of contribution (\$)
Principal occup	fugine ex	Employer (See Instruction	ons)
Date 6/7/24	Mariia Simmons	State; Zip Code (X 76/09	Amount of contribution (\$)
Principal occup	Mof employed	Employer (See Instruction Nof employer	
Date 6 15/24	Full name of contributor out-of-state PAC (ID: Justin Perez Contributor address; City; 4401 Vaughn St. #C Arstn	State; Zip Code 7x 78 723	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruction Future Now	ons)
	•		

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SCHEDULE A1

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The	e Instruction Guide explains how to complete th	his form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 6/4/201	Kichr Odell 6 Contributor address; City;	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$)
)	960 Bastrop Hwy # 220 Austrn upation / Job title (See Instructions) is like Liason	9 Employer (See Instruct	
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)
6 14124	Calia Sval Contributor address; City; 8708 S. Congress Are fushing	State; Zip Code	250
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date 5/21/24	Full name of contributor out-of-state P. Michael Baker International P.		Amount of contribution (\$)
) / CHEVI	Contributor address; City; 500 Grant St. #5400 Pittsby	State; Zip Code A PA 15219	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
6/4/24	Contributor address; City;	State; Zip Code 7 28 75 1	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 6/4/24	5 Full name of contributor out-of-state PA Rashud Islam 6 Contributor address; City; 11 901 Palisalus Pawy Austin	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
6/4/14	Joe Deshotel Contributor address; City; 1801 Hexander Are \$ 4101 Austin	State; Zip Code TY 78702	150
	pation / Job title (See Instructions)	Employer (See Instruct	
Date 5 (0 (2M)	Full name of contributor	State; Zip Code 7× 77469	Amount of contribution (\$) 2500
	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date 6/4/24	Full name of contributor out-of-state PAC Andy Brown (aupay) Contributor address; POBOX 6061 City: Augustin	State; Zip Code Tx 78762	Amount of contribution (\$) 250
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

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 A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Hannah Harith 6 Contributor address; City; State; Zip Code 260 Old State they 296 beorgetown Tx 78624	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) (omminations Coordinate Crisis Cen	tions) In f West Texus
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Mallory Hard Contributor address; City; State; Zip Code 6706 Tolane Dr. Austra Tx 78723	25
Principal occupation / Job title (See Instructions) Employer (See Instruct Hart M	•
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/3/24 Andre Treiber Contributor address; City; State; Zip Code 13604 Bauhaus Bud Lustan Tx 78660	50
Principal occupation / Job title (See Instructions) Employer (See Instruct City J	
Date Full name of contributor Out-of-state PAC (ID#:) Charley Mills Contributor address; City; State; Zip Code 4823 39th PI J Symmyside NY 11/04	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Not com	ployed

SCHEDULE A1

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

•			•
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	
	15430 Woodland Orcherd Cypr	" ⁷ × <i>7</i> 7433	
8 Principal occu	Pre ville	3 Employer (Gee mander	e Eyinu
Date		C (ID#:)	Amount of contribution (\$)
5/15/24	Almed Valdez Contributor address; City; 15310 Shyhill Dr. Gypress	State; Zip Code Tx 77433	500
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
	Presilut	AKV	
Date	Full name of contributor		Amount of contribution (\$)
3 / 16/24	Contributor address: City	State: Zin Code	1000
	Ali Roshanteler Contributor address; City; 14218 Woodnook Dr Howston	Tx 77077	
	pation / Job title (See Instructions)	Employer (See Instruct	
Sin	in Engineer	Cascale Ci	vil Servius
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
5/11/24	Amit dyvti Jengunta Contributor address; City; 4512 Page Dr. Metaire	State; Zip Code	500
	1512 page py: Mittaine	70003	
	nation / Job title (See Instructions)	Employer (See Instructi	ions)
114-	- Texas Water	Parsons	

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
3006 Saddre Ct. Missouri TX	77407
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Nick Dhanani 5/28/24 Contributor address; City; State; Z 1/333 Foundain Lake Dr. Shiftord TX	77477
	PEG
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/28/24 Tranita Shihadih Contributor address; City; State; Z 1/907 Arcadia Bend In. Housten TX	2000 77041
	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
Matthew Zeve 5/21/24 Contributor address; City; State; Zi 407 Nicholson St. Hurshn TX 7	2000 7006
, , , , , , , , , , , , , , , , , , , ,	avye Engineery
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
6/3/24	- Launah Horich 6 Contributor address; City; 408 W. 17th St. Odessa	State; Zip Code 79 76 /	10
	pation / Job title (See Instructions)	9 Employer (See Instruct	
Con	nmunications Coordinate	Crisis Tewer	I West Terras
Date	Full name of contributor		Amount of contribution (\$)
1.1.1.	Douna Ellis		
6 11 129	Contributor address; City;	State; Zip Code	25
	Donna Ellis Contributor address; City; 13 8 10 Macid Woods Syrrhend Cf.	TX \$7498	•
	pation / Job title (See Instructions)	Employer (See Instruct	
No	t employed	Not	employed
Date	_	(ID#:)	Amount of contribution (\$)
5/30/24	Contributor address: City	State: Zin Code	100
	Kimberly Romero Contributor address; City; 17901 biglio way Pflynnik	L TX 74660	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
C	pation / Job title (See Instructions) Manager Morations Divides	tirke	I atson Compagn
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
5130124	Contributor address; City;	States 7 in Code	25
	Contributor address; City; 2414 Grove View Trl.	State; Zip Code	< 2
	Fresho, TY		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Not employed	Not rung	loyes

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SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date 5/29/29	Main Consider	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)
•		7× 77249	-
Principal occu	Lipation / Job title (See Instructions)	9 Employer (See Instruct	- 1/
Date		AC (ID#:)	Amount of contribution (\$)
5/24/24	James Dice Contributor address; City; 5402 Oban Terrace System Lart	State; Zip Code	250
Principal occup	pation / Job title (See Instructions) Prescident	Employer (See Instruction Pine + C	ions)
Date	Jay Aiger	AC (ID#:)	Amount of contribution (\$)
5/24/24	· · · · · · · · · · · · · · · · · · ·	State; Zip Code TX 72 081	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction ()	
Date	Full name of contributor out-of-state PA	ic (ID#:)	Amount of contribution (\$)
5/24/24	Rachel Osterloh Contributor address; City; 404 Rio Crande St Arth Apt 202	State; Zip Code 7x 78701	25
	Dation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

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	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
5/22/24	Donna Elis 6 Contributor address; City; State; Zip C 13110 Macil Woods Sigar TX 73	
Principal occu		Jof employed
Date	Full name of contributor	Amount of contribution (\$)
5/22/24	Vicole Merritt Contributor address; City; State; Zip C 607 Vermont Nd. Austin TX 783	702
Principal occup		See Instructions)
Date 5/3/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) Code /500
Principal occup		see Instructions) ne huze Companies
Date	Full pame of contributor	Amount of contribution (\$)
5/27/24	Jesus Sosa Contributor address; City; State; Zip Co 1111 Kody Fwy Ste 910 Houston 7x 7	
Principal occuj	pation / Job title (See Instructions) Employer (S Solar So	See Instructions)

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
5/22/24	Mark Cowen 6 Contributor address; City; 5829 w. Sam Houston Polyn. Ste 1001	State; Zip Code Tx 77 041	25 0
	pation / Job title (See Instructions)	9 Employer (See Instruct Angel Me	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/22/24	Mark McCullock Contributor address; City; 3217 No. 1435 Arghn	State; Zip Code T× 78722	100
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/22/24	Contributor address; City; 2420 Locke Lu Houston	State; Zip Code TX 77019	500
Principal occup	A to ru	Employer (See Instruction AB (H12)	ons)
Date		C (ID#:)	Amount of contribution (\$)
5/21/2n	Asim Tufail Contributor address; City; S447 Lavain Houcten	State; Zip Code	2500
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	tylineer	Blacklim	Capinery
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5/21/24	5 Full name of contributor out-of-state PAC Roland Cravia 6 Contributor address; City; 46 E. Rive represt Pr. Houston	State; Zip Code	7 Amount of contribution (\$)
		9 Employer (See Instruct	tions) I raviy, UP
Date 5 (21)24	Full name of contributor out-of-state PAC Randy Randemann Contributor address; City; U860 James Lane Fulsher	State; Zip Code 77441	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions) Engineer Employer (See Instructions)		
Date S/21/24	Full name of contributor out-of-state PAC Ryan Zeh Contributor address; City; 8820 Chab worth hr. Hore	State; Zip Code Tx 77024	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction 2 child Ass	•
Date 5/21/24	Full name of contributor out-of-state PAC (atherne Bratvedt Contributor address; City; 17430 Alerbershive Pichmel	State; Zip Code	Amount of contribution (\$)
	<i>y</i> · ·		lama)
4	Jof employed	Employer (See Instruction Not employer)	

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5/20/24	5 Full name of contributor out-of-state PAC Troy (han dlav 6 Contributor address; City; 4152 Tannysan St. Hourts	State; Zip Code T > 7-700 S	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) Afterny	9 Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/20/29	Christin Chandler Contributor address; City; U152 Tennyson St. House	State; Zip Code T× 7405	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Timorpal cocup	Prisi Lut	Stratos	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
5/21/24	Contributor address; City; 4807 Pin Oak Pe #3311 Howton	State; Zip Code	280
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	
to	yinew	Marko	1550 ciams
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/20/24	Contributor address; City;	State; Zip Code 77 77095	250
Principal occupation / Job title (See Instructions) Employer (See Instructions) DEC			

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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See In Not	employed
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Stocky Contributor address; City; State; Zip Code 1900 Burlan Pr. 219 Austin Tx 78741	
Principal occupation / Job title (See Instructions) Not employed Not	estructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/19/24 (Vedra Oyen Contributor address; City; State; Zip Code 7un Brooks St. # 4306 Syndayd TX 7748	
Principal occupation / Job title (See Instructions) Not employed Not	employel
Date Full name of contributor out-of-state PAC (ID#:	
S/18/24 Contributor address; City; State; Zip Code PoBox 6061 Fortin 7x 78 76 7	250
Principal occupation / Job title (See Instructions) Employer (See In Andy B	structions) rum + Associates PLLC

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Sarah Coodfrien		C (ID#:)	7 Amount of contribution (\$)	
5/18/24	6 Contributor address;	City;	State; Zip Code Tx 78703	50	
8 Principal occu	Not employed		9 Employer (See Instruc		
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
5/18/24	Contributor address; 1204 CasHe Vill Sh	City; Avrtu	State; Zip Code T× 78703	100	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	tions)	
	Attornya		Herriy &	Irwin, LLP	
Date	Full name of contributor Aful KoThari	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
5116/24	Contributor address;	Sour Lud	State; Zip Code 7x 7-44-74	1000	
Principal occup	coation / Job title (See Instructions)		Employer (See Instruct	-	
Date	Full name of contributor Lee Lipher	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
51/1/24	Lee Lypher Contributor address; Sy21 Brystone Dr.	Houston	State; Zip Code	2500	
	bation / Job title (See Instructions) ful Juna Suryer		Employer (See Instruct		
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The	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 5/15/24	5 Full name of contributor Chaochivy Lee 6 Contributor address; 6001 Savey Pr	City;	State; Zip Code Tx 73034	7 Amount of contribution (\$)
	upation / Job title (See Instructions) Architect	(300.4	9 Employer (See Instruction of A	tions)
Date	Full name of contributor	Out-of-state PAG		Amount of contribution (\$)
Slistzu	Charks Wilkison Contributor address; 2306 Wilhersham In.	1	State; Zip Code TX 77741	250
	pation / Job title (See Instructions)		Employer (See Instruct	tions) Represatives
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
5713/14	David Kozer Contributor address; 6323 Garnaly In.	City; Rosinderz	State; Zip Code Tx 7747)	10
Principal occup	pation / Job title (See Instructions) Not employed		Employer (See Instruct Not employer	1
Date	Full name of contributor Anual Chardhari	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
5/3/14	Contributor address; 22214 N. Lake Villeye Dr.	City; Kafy	State; Zip Code 7x 77450	50
	pation / Job title (See Instructions)		Employer (See Instruction Dulg i He	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	Avinash Thadhani	State; Zip Code 77406	7 Amount of contribution (\$)
8 Principal occu	Pation / Job title (See Instructions) Not employed	9 Employer (See Instruc	tions) employed
Date		C (ID#:)	Amount of contribution (\$)
Shilan		State; Zip Code Tx 7-7034	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Not employed	Not e	mploxed
Date 5/11/24	And Hernandez	(ID#:)	Amount of contribution (\$)
	Contributor address; City; POBox 1287 Howln Tx	77251	230
Principal occup	State Reprosibly	Employer (See Instruct Stute Rep	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
5/9/24	Sergio Cavazos Contributor address; City; 6136 Florencia In Austr	State; Zip Code 7x 78724	250
	ation / Job title (See Instructions)	Employer (See Instruct	ions) ravrig LLP
	0		

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	monaction curve explains now to complete this form.	
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	
6/70/24	Marcia Simmons 6 Contributor address; City; State; Z 3629 S. Hills Ave. Fort Worth Tx 71	Zip Code 7
	7679 S. Hills Ave. FORTWORM IX 71	6 10 9
Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date	Full name of contributor	Turiburit of containation (4)
6/20/m	Bharath Kumar Contributor address; City; State; Z 1100 Burton Dr. #218 Austin Tx	(ip Code
	1100 Burton Dr. #218 Austin Tx	78741
		er (See Instructions)
No	t employed	Vot employed
Date	Full name of contributor	Amount of contribution (\$)
6113/24	Annd Chevdhari Contributor address; City; State; Zi	ip Code 50
	22214 N. Lake Villege Dr. Karty Tx 7;	7450
Principal occup		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/15/24		2500
	#600	27041
Principal occupa	ation / Job title (See Instructions) Employe	r (See Instructions)

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The	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
519/24	6 Contributor address; City; 2660 N. Hoshell Are Art 2105	State; Zip Code Libas Tx 75 264	250
	upation / Job title (See Instructions)	9 Employer (See Instruction Baluer Bo	tions) Hs LLP
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
5/7/24	Contributor address; City; 360 S. Marwy St 4708 Sny Jose	State; Zip Code CA 95713	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	
(Engineer	Basic So	(unlines
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
5/07/24	Contributor address; City;	State; Zip Code 7872	520
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state Theresa Pruston - Werner	PAC (ID#:)	Amount of contribution (\$)
57 7 ly	Contributor address; City; 325 Upper Toyou Dr. Ross	State; Zip Code CA 9 4957	(000)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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4 Date 5 Full name of contributor	The I	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
Devish Mody 6 Contributor address; City: State: Zip Code VSIS Tawarina Tril Wrighed Tx 77345 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Contributor address; City: State: Zip Code Contributor address; City: State: Zip Code Contributor of contributor Contributor address: City: State: Zip Code Contributor address: City: State: Z	FILER NAME			3 Filer ID (Ethics Commission Filers)
Date Full name of contributor out-of-state PAC (ID#:	5/7/24	Devesh Mody 6 Contributor address; City; 4515 Tamariud Trail Kingwa	State; Zip Code	7 Amount of contribution (\$)
Marcia Simmons Contributor address; City: State: Zip Code 36295. Hills Are. Friworth Tx 76109 Principal occupation / Job title (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) The full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) The full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) The Contributor address; City: State: Zip Code Soot Yell name of contributor out-of-state PAC (ID#: Soot Contributor address: City: State: Zip Code Soot Yell Merile Dr. Austr Tx 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions)			^	
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Attemy Date Full name of contributor Out-of-state PAC (ID#:		Marcia Simmons		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	14124	Contributor address; City; 3c2ns. Hills Ave. Fortwork	TX 76109	
SISTU State: Zip Code Contributor address; City; State: Zip Code 250 28935 crand Tehn Kady Tx 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hard Jaw Firm Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) The Contributor address; City; State: Zip Code Y412 Merle Dr. Austra Tx 78445 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupa			1
Principal occupation / Job title (See Instructions) Attemy Date Full name of contributor Jacob Smith Contributor address; City; State; Zip Code Y412 Mevle Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	15124	Alexander Hant Contributor address; City;		Amount of contribution (\$)
Date Full name of contributor Jacob Smith Contributor address; City; State; Zip Code Y412 Merle Dr. Austrn Tx 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions)		* *** * * * * * * * * * * * * * * * *	Tx 77494	
Date Full name of contributor Jacob Smith Contributor address; City; State; Zip Code Y412 Merle Dr. Austrn Tx 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions)	A			
Principal occupation / Job title (See Instructions) City; State; Zip Code The Fix Fix Employer (See Instructions)	Date	_ out of state 170		Amount of contribution (\$)
	1sty	Contributor address; City; 4412 Merle Dr. Austin	7	500
Longies Consult		continuition / Job title (See Instructions)	Employer (See Instruction Longical (

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		1 Total pages Schedule A1:
The	e Instruction Guide explains how to complete this form.	Total pages Schedule A1.
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
5/3/24	2424 Sawyer Hights Howh Tx 77007	50
8 Principal occu	Not employed (See Instructions) 9 Employer (See Instructions)	employet
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/3/24	Charley Mills Contributor address; City; State; Zip Code 4823 39th pl #1 Sonnys & NY \$ 11164	25
Principal occup	Pation / Job title (See Instructions) Not employed Not	emploped
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
5/2/24	Contributor address; City; State; Zip Code 4611 Lake lenell Cf. Sujar 7x 77479	250
Principal occup	pation / Job title (See Instructions) CMSUITHT Employer (See Instructions)	structions)
Date	Full name of contributor) Amount of contribution (\$)
5/1124	Donna Ellis Contributor address; City; State; Zip Code 13410 Placid Woods Sgurland TK 7749	25
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) Xist	

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4 Date 5 Full name of contributor	Th	ne Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
Rifa Office Rifa Office Recombination	2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			AC (ID#:)	
Date Full name of contributor Contributor address; Consulting Date Full name of contributor Contributor address; Consulting Consulting Consulting Consulting Consulting Contributor Consulting Consulting Consulting Contributor Consulting Cons	150/00	6 Contributor address; City; 2414 Crone View Fresho Tr)	State; Zip Code TY 77545	63
Aindsay Munor Contributor address; City; State; Zip Code Soo			A :	(
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; You Riv Crank St. # 202 Archin Tx 7870/ Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code You Riv Crank St. # 202 Archin Tx 7870/ Principal occupation / Job title (See Instructions) Diverty Date Full name of contributor Out-of-state PAC (ID#: Y/21/24 Contributor address; City; State; Zip Code You Amount of contribution (\$) Amount of contribution (\$) Caturine Bratwelt Contributor address; City; State; Zip Code 17430 Abardanshive Richard Richard Employer (See Instructions) Fincipal occupation / Job title (See Instructions) Employer (See Instructions)		Lindsay Munos		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	1/2 \$ /24	Contributor address; City; 4234 Whitman St. Houstn	State; Zip Code 7× 77027	500
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code TX 7870/ Employer (See Instructions) UTMB Date Full name of contributor Caturine Bratnest Contributor address; City; State; Zip Code 17430 Aburdenshive Richard TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	_			
Principal occupation / Job title (See Instructions) Divide Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Laturine Bratnest Contributor address; City; State; Zip Code (17430 Absorbine Richard Tx 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date			Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 4/21/24 Contributor address; City; State; Zip Code 17430 Absorbing Richard TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions)	4/24/24	Contributor address; City; 404 Rio Crande St. # 202 Sortin	State; Zip Code Tx 7870/	25
Contributor address; City; State; Zip Code 17430 Aber denshin Richard TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu			
Principal occupation / Job title (See Instructions) Contributor address; City; State; 2ip Code TX 77407 Employer (See Instructions)		Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	4/21/24	Contributor address; City; 17430 Abordenshin Richmond Br	- 10 0	30
NICOL A CAMPILANA IN INC. A CONTRACTOR AND A CAMPILANA IN INC.	Principal occu		Employer (See Instruct	ions)
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	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)			
	6/30/24	Rifa Obey 6 Contributor address; City; State; Zip Code 2414 Grow View Trail Fresno TX 77545	25			
		2414 Grow View Trail Fresno 7x 77545				
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	itions)			
		Not employed Not	employed			
	Date	Full name of contributor	Amount of contribution (\$)			
	6/24/24	Rachel Usterloh Contributor address; City; State; Zip Code 404 Riograndust #202 Austin Tx 78701				
		Contributor address; City; State; Zip Code	25			
		"10 of 11 10 grande SF" 202 AUSTIN 1X 78 FOT				
	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
		Director UTMB				
	Date	Full name of contributor	Amount of contribution (\$)			
	cholon	Santingo Castaneda	20,000			
	5/28/24	Contributor address; City; State; Zip Code	20,000			
		Santingo Castaneda Contributor address; City; State; Zip Code 2426 Mills Creck Dr. Kingwood Tx 77339				
	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
		CEO & President Omega Eng	ively			
	Date	Full name of contributor	Amount of contribution (\$)			
	6121/24	Contributor address; City; State; Zip Code 17430 Aberdenshine Richmul Tx 77407	20			
		Contributor address; City; State; Zip Code 17430 Aberdenshine Richmud TV 77407	30			
		pr. Richmal TX 77407				
	Principal occupation / Job title (See Instructions) Employer (See Instructions) With employer (See Instructions)					
	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Not employed the	Dage 1-11 Contrade			
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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 4 (13/74	5 Full name of contributor out-of-state PA Anund Claudo 6 Contributor address; City; 22214 N. Lahr Villye Kaly	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	(myulfunt	9 Employer (See Instruc	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4/7124		State; Zip Code Tx 77345	50
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	•
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
417174	Marcia Simmons Contributor address; City; 36 24 S. Hills Ave.	State; Zip Code Tx 76109	52
	pation / Job title (See Instructions)	Employer (See Instruct	eurs logal
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
413124	Contributor address; City; 4823 39th P1# Smuxide	State; Zip Code	25
Principal occup	employed	Employer (See Instruct Not employer	ions)
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i n	e Instruction Guide explains how	to complete th	is form.	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
4/3/24	Hannah Horrich 6 Contributor address; 408 W. 17th St.	City;	State; Zip Code TX 79 76]	10
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
(omm	unications (ordinate	-	Crisis Center.	of West Texas
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
11/24	Contributor address;	City; Sojev	State; Zip Code Tx 77498	52
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Not	employed		Note	mployd
Date	Full name of contributor Pila Obey	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
3/3/24	Contributor address; 2414 Grow View Tv I.	City; Tresuo	State; Zip Code \(\times \frac{74545}{}	52
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Not	employed		Not	employed
Date	Full name of contributor Mar Alhanmouri	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/29/24	Omar Alhanmouri Contributor address; 9757 Katy Fwy # 1912	City;	State; Zip Code 7× 7-7024	5000
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	Owner		Montann Pa	Wenter. Groop ZCZ
apai oodi	Owner		Montana Pa	wearent broup LLC

SCHEDULE A1

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 A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2V	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 Employer (See Ins	tructions) TMB
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
310119	Contributor address; City; State; Zip Code 7631 5. Glen willow Ln Missoni Tx 7748	9
	Employer (See Instructions) Employer (See Instructions)	tructions) omis Miles
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions) AFT	
Date 3/20/24	Full name of contributor out-of-state PAC (ID#:	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions) Mot em	ploye of

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SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5/to(2M) 8 Principal occu	5 Full name of contributor out-of-state PA Forf Bend Unifed PA 6 Contributor address; City; PU Boy 120811 Horson 1 pation / Job title (See Instructions)		7 Amount of contribution (\$)
Date		C (ID#:)	Amount of contribution (\$)
6/4/24	Gen Maxey Contributor address; City; 5200 avadalope St. Aughn	State; Zip Code Ty 78751	500
	Not employed	Employer (See Instruct	
Date		C (ID#:)	Amount of contribution (\$)
6/4/24	Jaime Villaved Contributor address; City; 105 W. SIST St. Astm	State; Zip Code 7x 78751	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
5/10/24	Contributor address; City; 6330 Culf Fwy Houston	State; Zip Code TX 77023	2500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Control of Control	Ugvyen Law Firm

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SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/24	5 Full name of contributor out-of-state PAC (ID#:	
	upation / Job title (See Instructions)	see Instructions) of employed
Date 3/19/24	Full name of contributor out-of-state PAC (ID#:	
		ee Instructions) + Bent Comp
Date 3/ 1 / 12 y	Full name of contributor out-of-state PAC (ID#:	ode (v)
		empleyed
3/19/2u	Full name of contributor out-of-state PAC (ID#:	
Principal occup	potion / leb title (See Instructions) Employer (Se	ee Instructions) Liogrande Lyal Aid

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SCHEDULE A1

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 A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions) Manajing Atterns Talaki t	Associates PC
Date Full name of contributor out-of-state PAC (ID#:) Susana Blauser	Amount of contribution (\$)
5/10/24 Contributor address; City; State; Zip Code 28930 Grand Telen G. Kary Tx 77494	100
Principal occupation / Job title (See Instructions) Clicul Services Manyor Brown	ctions) - (ald well
Date Full name of contributor out-of-state PAC (ID#:) Hemachandra Kollum Contributor address; City; State; Zip Code By Heathrow Ln. Sylval 7x 77479	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amani Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Smil Kommineni Contributor address; City; State; Zip Code 2210 Coral Cove Dr. Pearland Tx 77584	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Civiture	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date 2 12 7 12 4	5 Full name of contributor out-of-state PAC Donna Ellis 6 Contributor address; City;		7 Amount of contribution (\$)
2129124	6 Contributor address; City; 13410 Placed Woods Sugard Ct. Land	State; Zip Code TX 77498	50
Principal occu	Not employed	9 Employer (See Instruct	ions) eurployed
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
2/26/24	Contributor address; City;	State; Zip Code	25
	Ffware Developer	Employer (See Instruct	n Research
Date	Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$)		Amount of contribution (\$)
2/26/24	Contributor address; City; POBox 41647 Justin -	State; Zip Code	250
Principal occup	pation / Job title (See Instructions) Afterway	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
2/26/24	Francisco Sancluz Contributor address; City; 1860 White Oak Br. Houston \$208	State; ZIp Code TV 77009	1000
Principal occup	cation / Job title (See Instructions)	Employer (See Instructi	ons)
		OF THIS SCHEDULE AS N	

SCHEDULE A1

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 A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 1/6/24 6 Contributor address; City; State; Zip Code 4015 Brynmawr Dr. Riviewed Tx 77406	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 Lf	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/1/29 Contributor address; City; State; Zip Code. 6/36 Florenge Ln Ardin Tx 78724	250
Principal occupation / Job title (See Instructions) Associate Attorn Creebey Tr	
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Hannah Horich Contributor address; City; State; Zip Code Yos w. 17m. St. Odessa 7x 79761	10
Communications (coordinate Crisis Centre of	
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Charles Mills Contributor address; City; State; Zip Code 9823 39th PL#1 Sunnyside NY 11104	25
Principal occupation / Job title (See Instructions) Employer (See Instructions) A Jot Complexed	. /

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

Revised 1/1/2024

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	o form	1 Total pages Schedule A1:
1110	instruction Guide explains now to complete this	s form.	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
4/20/24	De babrata Nandi 6 Contributor address; City; 12516 Boolder Ck Dr. Pearland	State; Zip Code 7x 77584	500
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	(FO	Braun Real	Glafe
Date	,	C (ID#:)	Amount of contribution (\$)
5/3/24	Rahmet Mohamed Contributor address; City; 2219 Hermina Radler Richma	State; Zip Code	2500
D-incipal occur	pr.	Familiary (See Instruct	1X
,	votor of Straty	Employer (See Instruction Uuited	Engineers
Date	_	C (ID#:)	Amount of contribution (\$)
	Fort Bund United PAC Contributor address; City; PO Dex 42081 Houston		10,000
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
5/8/24	Full name of contributor out-of-state PAC Alimed Valduze Contributor address; City; (5 3/0 544 hill Dr. (ypress	State; Zip Code TX 77433	500
	nation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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	The second secon
	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Casho for Cagness 6 Contributor address; City; State; Zip Code PO Box Syn Samuelous Tx 78292	7 Amount of contribution (\$)
upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Full name of contributor out-of-state PAC (ID#:) Steven Paletz	Amount of contribution (\$)
Contributor address; City; State; Zip Code 14704 Polo Pt. Del Mar TH 92014	50
pation / Job title (See Instructions) Employer (See Instructions) A Harry Akeywa	•
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 13910 Placid Woods Sozurlal Tx 77498	52
pation / Job title (See Instructions) Employer (See Instructions) Abt ev	
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2414 Grove Vive TVI. Fresho TX 77545	25
pation / Job title (See Instructions) Employer (See Instructions) About every long to the contract of the co	tions)
	Casho for Courses 6 Contributor address; City; State; Zip Code POBIX SULL Sauthours TX 78292 Ipation / Job title (See Instructions) Full name of contributor

SCHEDULE A1

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 A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAI	C (ID#:)	7 Amount of contribution (\$)
6/11/24	Mahindra Rodriso 6 Contributor address; City; 15514 Turtle Oah Cf. Houston	State; Zip Code 7× 77059	\$1500
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
	rincipal	GC Enjoneer	~
Date	Fluer Meija	C (ID#:)	Amount of contribution (\$)
6/11/24	Contributor address; City;	State; Zip Code	1000
	9711 5 Mason Rd Richmond	(X +740+	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
			/ unbank of contribution (4)
(111/00	Mem of Outer		500
6/11/24	Nkem di Ohalete Contributor address; City; 6464 Savoy Br #610 Houston	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	
	P.E.	New Eng	many Services
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
6/11/24	Contributor address; City;	State; Zip Code	150
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11218 Balmuño 4. Richmond	Tx 77407	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	
President duyor Bi		Luxor Builde	m's
		OF THIS SCHEDING E AS NE	EDED

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SCHEDULE A1

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 A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Hvey Rey Fischer García	7 Amount of contribution (\$)
2/26/24 Hvey Rey Fischer García 2/26/24 6 Contributor address; City; State; Zip Code 1027 Dauphine St. New CA 70116	50
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Southern Po	verty Law (cutur
Date Full name of contributor	Amount of contribution (\$)
2/26/24 Dansh Mody Contributor address; City; State; Zip Code 28527 Jake Springs Ly Folsher Tx 7744	25
Principal occupation / Job title (See Instructions) Employer (See Instructions) Parson	
Full name of contributor out-of-state PAC (ID#:) Everytown for Gun Safety Action Fund Contributor address; City; State; Zip Code PO B 0x 3886 NewYork NM 10163	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) [1] Indian American Impact Find	Amount of contribution (\$)
Contributor address; City; State; Zip Code 474 S. Cupital St. Sw Ste 407 Washington 20003	3000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

SCHEDULE A1

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 A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Perror Subject 6 Contributor address; City: Sympthy State; Zip Code 16631 Recent Dr. Land TX 77498	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Set	ions)
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Courtney Crijshy Consultry 7 Payee address; City: 3/1/24 6 Amount (\$) Houston Tx 77002 708 Main St. 10,100 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Consoffing Expuse Voter outreach services OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Tanmy Sandres Sandles Payee address; 9855 Bammel North Houston 2/23/14 State; Amount (\$) Zip Code 77086 480 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Polls Contract Labor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Tara Pellerin 2/23/24 Amount (\$) City: Zip Code Housten 8019 Lyndte St. TX 77020 XO Description **PURPOSE** Palls Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Javel Patel Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 4/07/24	5 Payee name Act Blue Technical	Services
6 Amount (\$)	7 Payee address;	City; State; Zip Code
5.35	766 Summer St.	Somewilk MA OZINY
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Con	helsite fees for transactives
OF EXPENDITURE	fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/14/24	Set Blue Technial Sero	ras
Amount (\$)	Payee address;	City; State; Zip Code
2.38	366 Summer St.	Somewille MA ozeny
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Wodsit fees for transactions
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/21/24	Act Blue Technical S	ervias
Amount (\$)	Payee address;	City; State; Zip Code
2-78	366 Summer St.	Somerville MA 0214n
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Website fees for framachurs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \(\) The Instruction Guide explains how to (Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/24	5 Payee name AdBlue Technial Service	ie
6 Amount (\$)	7 Payee address;	City; State; Zip Code
0.99	366 Summer St.	Somerville MA 02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Decs	Websik fees - transactions
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/5/24	AdBlue Technical Se Payee address;	inias
Amount (\$)		
64.21	366 Somner St.	Somerville MA 02144
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Weside fees-transactions
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/12/24	Act Blue Technial Se	ewices
Amount (\$)	Payee address;	City; State; Zip Code
105.70	366 Summer St.	Somerville MA 02144
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Description While fees - transactions
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Tother (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4 12 / 24	5 Payee name Coosle		
6 Amount (\$) 7-68	7 Payee address; 1600 Amphitheatre Puly	City; Moonling View	State; Zip Code (A 600 9
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Check if travel outside of Texas. Complete Schedule T.	L	wite fee es
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4 / 2 / 2 / 2 / 4	Ascend Dijital Straty	its	
Amount (\$) 569.48	Payee address; Usuv Peurl fast Circle Ste 210E	Boulder	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	consulty
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date 4 / 3 / 2 4	Ascent Distal Strategi	res	
Amount (\$) 564-98	Payee address; UB40 fearl fast Circle Ste 210E	City; Boulder	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	7511-0	(msulty
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (actions) and listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3 /26/24	5 Payee name Chism Stratyies	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1200	800 Mauship St. # 212	Jackson MS 39202
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Consulty Services	Voter Contact /Surgayiz
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3 127/24	Last Word Stratgics	
Amount (\$)	Payee address;	City; State; Zip Code
6 23.06	700 Camp St.	New Orkeans 2A 70/30
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Convity Servius	Disital Consuber Servers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
3/4/74	Payee name Taco Bell	
Amount (\$)	Payee address;	City; State; Zip Code
8.22	13325 University Blud	Syurfund TX 77479
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Expuse	Food for volunteers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethi	ics Commission Filers)			
4 Date 3/4/24	5 Payee name	•					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
7.68	1600 Amphitheatre Puby	Mountain View	CA	16009			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Fees	Casse son	h fees				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
3/4124	Advian Herrera						
Amount (\$)	Payee address;	City;	State;	Zip Code			
350	1858 Westwood Pr.	Stafferd	74	77477			
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Contract Labor	Field					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
3/4/24	Pelatian Futures	r-c					
Amount (\$)	Payee address;	City;	State;	Zip Code			
3000	1063 Ranjer Dr.	Hovstan	TX	77031			
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Consulty Expense	Voter Con	Hail				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office Ov Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing B		Office Over Polling Exp Printing Ex		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 explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethi	cs Commission Filers)
4 Date 3/4/24	5 Payee n	ame Pulstial Fot	ous Cl	the Ascend	Dijite	Stratures
6 Amount (\$) 564.98	7 Payee a	ddress; Pearl East Circle Ste 210 E		City; Boolder	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cor	isultry trae in	r	Distribul	Adversi	Y
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
3/4/24	As	rend Digital S	Straf	sies		
Amount (\$)	Payee ac			City;	State;	Zip Code
808.32	ygus	Pearl East Cir. Ste 210 E.		Boulder	Co	50301
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Consu	Hing Expense		Digital	Alvertisa	7
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
3/4/24	As	road Last W	long.	Stratyles		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
1125.00	700	Camp SI.	N	ew Orleans	LA	70130
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	:hedule)	Description Office A	U	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	1 III III G EXPONSE		rhead/Rental Expense pense xpense	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 7 25 24	5 Payee na	HBlue Techni	,al S	Services		
6 Amount (\$)	7 Payee ad	dress; Summer St.	<	City;	State;	Zip Code
240.02					MA	02144
8	(a) Categor	/ (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee	•		Websik	fees-tr	ansactiv
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
3/3/24	Act	Blue Techania	e S	cruian		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
80.42	366	Summer St.		Somervike	WK	02144
	Category	(See Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Fee	>		Websit fo	ies-trans	autore
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee na	me				
3/10/24	Act	Blue Technical	Jew	ices		
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
20.37	366 5	ommer St.		Somerville	ma	02149
	Category	(See Categories listed at the top of this sol	hedule)	Description		
PURPOSE OF EXPENDITURE	5-00	.5		weigh fees	, -transcu	drys
		check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	10	Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS S	CHEDULE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 3/17/24 Act Blue Technical Services City; 6 Amount (\$) Somerville MA 02144 2.38 366 Summer St. (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Lebsite fees for transactions **PURPOSE** Lees OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name for Blue Technical Services Payee address; City; State; Zip Code Somerville MA 02144 3/24/24 Amount (\$) 366 Summer SI. 8.32 Category (See Categories listed at the top of this schedule) websit fees for fransactions **PURPOSE** tees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Addluce Technical Services Payee address; 3/31/24 Zip Code Amount (\$) Somerville MA 366 Sommer St. 02144 198.49 We stite fees for transactions **PURPOSE** OF Lees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagney Contract Labor.

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 6/30/24	5 Payee name AdBlue fechnial servi	us		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1.98	366 Summer St.	Somerville	MA	02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	the Fees	Wessife,	fees for trai	rsactions
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
3/10124	Lina Newhouse			
Amount (\$)	Payee address;	City;	State;	Zip Code
60	2315 Bul Harbour Dr.	Missaricity	TX	77459
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contrat Juster	Polls		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
3/1/24	Schandria Hunt			
Amount (\$)	Payee address;	City;	State;	Zip Code
80	2924 Walnut Bend Lu.	Houston	TX 7	7042
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Polls		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 3/10/24 6 Amount (\$) Zip Code 8014 dynette 5%. Houston 80 7702p (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Polls Contract Lador OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Simon (ornin II 3/10/24 City: Amount (\$) Missoni City TX 2023 Fox hill Dr. INO Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Jakar Poll. OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 3/10/24 Tu Kesha Causey Zip Code Amount (\$) Houston TX 8600 S. Course Dr. Apt 2322 77099 140 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Polls Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 3/11/24 7 Payee address; 6 Amount (\$) Zip Code 14114 Spring Knoll Roshovon TX 77583 8 (b) Description PURPOSE Contract Labor Polls OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 3/10/24 Sandra Morris City; State; Zip Code Amount (\$) 5822 loyote Echo Dr. 120 Description **PURPOSE** Contract Jasar Polls **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Brandon Sylvester Payee address; 3/10/24 City; State; Zip Code Amount (\$) Houston TX 13402 Lawnhaven 77045 280 Description **PURPOSE** Contract Las EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

3 Filer ID (Ethics Commission Filers)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME

Date 4/1 /24	5 Payee name Safiah Ahmad			
3 78.30	7 Payee address; 1193 Juywine CJ.	Susur Jund	State;	Zip Code 77479
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Jalov (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Shaffar Check if Austin	, TX, officeholder livi	ng eynense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	, 12, Unicendide IIVI	Office held
Date 11 24 Amount (\$)	Payee name Advian Hewera Payee address; 1858 Vestwood Pr.	City;	State;	Zip Code
200		Steffend	TX	77477
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Jabor Check if terror outside of Tayon Complete School to T	Field Check if Austin	, TX, officeholder livir	or evenes
Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	, IX, Unicelloudi livil	Office held
Date U///AM Amount (\$)	Payee name Ludo American News Payee address; 7457 Hurwin Pr# 262	city; Howston	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advirting Gyruss	Description New Spage	16	77036
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not liste complete this form.	ed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commis	ssion Filers)
4 Date \$117124	5 Payee name NG-P VAN		
6 Amount (\$) 405.08	7 Payee address; 655 ISM SI-NW # 650	City; State; Zip C Lash Jon DC 2000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Check if travel outside of Texas. Complete Schedule T.	(b) Description Database	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office ho	əld
Date 5/24/24	Pacific (oust Tacos S	user dans	
Amount (\$) U56.87	Payee address; 1575 Lake Pointe Phry #600	City; State; Zip C Sugardand Tx 774	
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, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he	ld
Date 5 /28 /24	doest Word Stratics		
Amount (\$)	Payee address; 700 (amp St.	New Drheans LA 7013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Dizital Outrock	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Angela Pandle 7 Payee address: 3//0/2Y 6 Amount (\$) Zip Code 8206 Sugar Cane Lane Rosharan TX 775-63 120 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Contrat Labor Polls OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH 3/10/24 Felicia Moon Amount (\$) City: Missouri 3311 Raley L Row 77459 140 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Contract Jasar Polls OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Cecile Jackson 3/10/24 Zip Code Amount (\$) 240 Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address: Zip Code 12519 Mellville Br. 760 Houston 77089 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contract Lasor Polls OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Shelly Fitzhogh 3/10/24 City; Zip Code Amount (\$) 5647 Horseshoefn. Missoni City TX 140 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Laker **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/10/24 James / homas Zip Code Amount (\$) Missouri City TX 77459 3311 Rakin Row 750 Description **PURPOSE** Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name lera Pellerin 3/10/24 Zip Code Horston TX 8014 Lynde St. 340 77028 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Contract Labor Polls OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Coloria Clouser 3/10/24 Amount (\$) City: 3026 Pelisau Crove Missouri City TX 420 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Solls **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 3/1/24 Lena Newhorse Amount (\$) City; 2315 Bal Haubour Br. Missourility TX 77459 440 Description **PURPOSE** Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expens Food/Beverage Expense Polling Expense flade By Gift/Awards/Memorials Expense Printing Expense		erhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	cs Commission Filers)
4 Date 2/25/24	5 Payee na	ame Robin	isan			
6 Amount (\$)	7 Payee a	ddress; LT Cook Ro	Houstan	State;	Zip Code 77072	
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top		(b) Description		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date 25/24	Payee na	hauterra W	ilkersn	7		
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
420	56	46 Beltfort	<i>54</i> .	Houston	TX	7 7033
PURPOSE OF EXPENDITURE		(See Categories listed at the top of		Description P. 11	ſ	
		Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 2/25/74	Payee na	rcha Pellerih				
Amount (\$)	Payee ad	Idress;		City;	State;	Zip Code
360	8010	1 Ly nette St		Hovelan	TX	77028
PURPOSE OF EXPENDITURE		(See Categories listed at the top of	this schedule)	Description	داا	
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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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.

	the instruction duide explains now to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 3/14/29	5 Payee name Civitech			
6 Amount (\$) V0 4.0	7 Payee address; 21750 Harry Oak Blut Ste, 104	Say Autonio	State; Zip Code TX 78218	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expusse	Voter	Contact Services	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/14/24	Sofiah Ahmad			
Amount (\$)	Payee address;	City;	State; Zip Code	
364	1103 10901000 04.	Sujer Land	1 TX 77479	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Staffing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/23/24	Tanvis Khan			
Amount (\$)	Payee address;	City;	State; Zip Code	
300	15000 W. Airport # 424	SugarLand	TX 77474	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	photog	rashy	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/29/24	5 Payee name Five house Sobs		
6 Amount (\$) 26.49	7 Payee address;	City: Syar Lan	State; Zip Code 7× 77498
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description	er meal
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/26/24	Xfinity		
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	13540 University Blud	Symfu	d Tx 77479
	Category (See Categories listed at the top of this school	edule) Description	C
PURPOSE OF EXPENDITURE	Fres	Office Int	ernet
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/18/24	Act Blue Technical	Je riins	
Amount (\$)	Payee address;	City;	State; Zip Code
150.12	366 Summer St.	Somerville	MH OZINY
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Description Welkite fus	-trumacufins
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Act Blue Technial Services 7 Payee address; City; 5/19/24 6 Amount (\$) Zip Code Somerville MA 02/44 366 Summer St. 206.02 (a) Category (See Categories listed at the top of this schedule) (b) Description Welsik fees fortransactions **PURPOSE** OF fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Act Blue Technical Services Payee address; City; State; 366 Summer St. Somerville MA 5/26/24 Zip Code Amount (\$) 02144 366 Summer St. 444,02 Category (See Categories listed at the top of this schedule) Westite Fees for transactions **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Act Blue Technical Services 6/2/24 Zip Code Amount (\$) Somerville MA 02144 366 Sommer St. 203.43 Category (See Categories listed at the top of this schedule) Description PURPOSE Wessite Fees for transactions rees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	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 Exper Travel In District Travel Out Of District Other (enter a category not listed above)	
Oreal Card Payment		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethi	cs Commission Filers)
4 Date 6/4/24	5 Payee na	fBlue Technica	l Se	nices		
6 Amount (\$)	7 Payee ac			City;	State;	Zip Code
85,37	366	Summer St.		Somerville	MA	02144
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Bullessik +	Couston to	ansactins
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na					
6/16/24	Act 1	he Technical &	wites			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
34.19	366	Summer St.		Somerville	MA-	oziuy
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Website	facs for tr	"sachr,
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
6123124	Aut	Blue Technia	l Se	m'as		
Amount (\$)	Payee ad			City;	State;	Zip Code
2-58	366	Sommer St.		Smerville	MA	02144
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Wessite fees	for transc	idions
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District **Printing Expense** Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Relational Futures LLC 7 Payee address; 4/4/24 6 Amount (\$) 1063 Ranier Dr Houston 2500 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Voter Contact Consult **PURPOSE** Consulty Expuse OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee address; City; State; Zip Coo 44\$ S. Capitol SI. Sw Ste 407 Washington DC 20003 4/15/24 Amount (\$) 300 Category (See Categories listed at the top of this schedule) Description Contribution Made by Event fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 4/28/24 Zip Code 1063 Panier Pr. 2500 Category (See Categories listed at the top of this schedule) Voter Contaut Consult PURPOSE Consulting Expurse EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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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	/Beverage Expense / Office Overhead/Rental Expen /Beverage Expense / Polling Expense / Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
o.o		The Instruction Guide explai	ns how to d	complete this form.		
1 Total pages Schedule F1: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/24	5 Payee name Shalonda Kennon					
6 Amount (\$)	7 Payee ac			City;	State;	Zip Code
300	8417 Hearth Dr. Apt 2 Houston				TX	77054
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cont	ruct Jala-		Polls		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin				n, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH						Office held
Date	Payee na	me				
311/24	Tan	mie Mitchell				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
360	370	7 Clarke Man	N	Missowi (ity	TX	77459
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Cond	not Labor		9.16		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ng expense
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH						Office held
Date	Payee na	me				
3/1/24	Tav	sha Pellerin				
Amount (\$)	Payee ad		1	City;	State;	Zip Code
580	8014	dynulle St.	· /	tourter	TY	77028
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s	chedule)	Polls		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Melinda Caldwell 7 Payee address; Pa Box 18023 Zip Code Houston 645 TX 77098 (b) Description 8 21107 Contract Lasor **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Cecile Jackson 3/1/24 Zip Code Amount (\$) City; State: Sugar Land 15214 Oak View TV1. TX 660 77490 Description Category (See Categories listed at the top of this schedule) Pills **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Brandon Sylvatr 3/1/24 State: Zip Code Amount (\$) City; Houten TX 13402 Luwnhaven St 820 77045 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Shanterra Wilkerson Zip Code Houston TX 5646 BeltfortSt 840 77033 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Contract Lolar OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Tara Pellerin 3/1/24 Houston 8014 Lymbe St. 77028 170 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Later rolls OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Simon Cornin 3/1/24 City; Zip Code Amount (\$) Missoni City TX 77499 2023 Foxbill Or. 960 Description **PURPOSE** Contract dalor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categorial	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 3/5/24	5 Payee name VM Solutions			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
14,582	12030 Greenrock Lu.	Howton	TX	77044
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contrat Labor	Field		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/1/24	Jaylen Fitzhugh			
Amount (\$)	Payee address;	City;	State;	Zip Code
160	5647 Horseshoe 775	Missouri (if TX	77459
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Polls		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/1/24	Vichie Waltur			
Amount (\$)	Payee address;	City;	State;	Zip Code
420	5854 Flamingo Dr.	Housten	TX	77033
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Polls		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 3/1/74 Tasheka (ausey 7 Payee address: 6 Amount (\$) Zip Code 8600 S. Course Dr. Apt 2322 Houster TX 77088 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Polls Contract Lalor OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 3/1/24 Felicia Moon City: Amount (\$) Missouri City Tx 3311 Paleigh Row 1025 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Later Polls **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date James Thomas 3/1/24 City; Zip Code Amount (\$) Payee address; 3311 Raligh Row Missoni of TX 650 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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 B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/24	5 Payee name Shulby Fitzhuik	<u> </u>	
6 Amount (\$) 740	7 Payee address:	City; Pls Missouri	State; Zip Code TX 7-7 U5-9
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Polls	
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/24/24	Shalonda Kennon		
Amount (\$)	Payee address;	City;	State; Zip Code
340	8417 Hearth Dr.	Apt Z Houston	TX 77054
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	polls	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Lena Newhouse		
Amount (\$)	Payee address;	City;	State; Zip Code
400	2315 Bal Harbour	Pr. Missouri	TX 77159
PURPOSE OF EXPENDITURE	Contract Labor	Polls	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expens Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Travel Out Of District 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 complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Last Word Strategies 7 Payee address; 2/27/24 6 Amount (\$) Zip Code 700 Camp. St. New 70130 LA 525 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Digital Adverdisin **PURPOSE** Consultin Expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Last Word Strategies 2127124 Amount (\$) State; Zip Code Wew orleans 700 Camp St. 7193.11 70130 Category (See Categories listed at the top of this schedule) ilital Advertising PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Cujarati Samaj of Housdon Payee address; City; 2/25/24 Zip Code State: Amount (\$) 9550 W. Bellfort Are Description Category (See Categories listed at the top of this schedule) **PURPOSE** event sponsorship mations made by candidute **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

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			1 3		
	EXPENDITURE O	ATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Overt Polling Exposes Printing Exposes Salaries/Wa	nead/Rental Expense Tonse Toense Toen	ravel In District ravel Out Of Distric	oment & Related Expense
4 7.44	The Instruction Guide	explains now to co			
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics	s Commission Filers)
4 Date 2/24/24	5 Payee name Cecile Jackson				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
220	15214 Oak Vi	ew Trl.	Sugar	TX	77498
8	(a) Category (See Categories listed at the top	p of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor				
	(C) Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austin, TX	C, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date	Payee name)			
2127124	Courtny Crippy	Consulty			
Amount (\$)	Payee address;		City;	State;	Zip Code
6250	708 Main St.		Houston	TX	77002
	Category (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	-	Media ou	streach	
	Check if travel outside of Texas. Com	nplete Schedule T.	Check if Austin, TX	, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
414124	Hampton Inn &	Suites S	war Land		
Amount (\$)	Payee address;		City;	State;	Zip Code
1000	214 Promenade W	7	Sym Land	Tx	77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	of this schedule)	Description Victory purty	reutal	-
	Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin, TX	, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Pakistan Times 511124 7 Payee address: 6 Amount (\$) Zip Code Houston 12375 Bissonnet St. 77099 750 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Newsgaper Advertisent **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 2125/24 Vichie Walker City; State: Amount (\$) Payee address; Zip Code Houston 5854 Flamingo Dr. 77033 740 Category (See Categories listed at the top of this schedule) Description Polls **PURPOSE** Contract Linker **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 2/25/24 Roy (aldwell Zip Code City; State; Amount (\$) Hovston TX 7 7088 PO BOX 98023 180 Description **PURPOSE** Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 2/25/24 Tom Printing 7 Payee address; 6 Amount (\$) State; Zip Code Stafford 13910 Morphy Rd. 4000 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Printing Expense Field materials OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/25/24 Simon R. Cornin III City; State: Amount (\$) Zip Code Missourility TX 2023 Foxhill Or. (60 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor Polls EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 2/25/24 Tam Printin Zip Code City; State; Amount (\$) 13910 morphy Rd 3000 Description Category (See Categories listed at the top of this schedule) field materials **PURPOSE** Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Printing Expense Travel In District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cecile Jackson 7 Payee address; Zip Code Sugar Land TX 15214 Oah View Trl. 220 77488 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Polls **PURPOSE** Contract Jalar EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Jaylen Fitzhojh 2/26/24 Amount (\$) City; State; Zip Code 77459 5647 Horseshoe Pg 740 Category (See Categories listed at the top of this schedule) **PURPOSE** Tontrant Later EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Gomes Thomas 2/26/24 Zip Code City; State: Missouri 1000 3311 Raleigh Row Description **PURPOSE** Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EVPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

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

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/24	5 Payee name Lost Word Stratgie	-5
6 Amount (\$) 4120.29	7 Payee address; 700 (amp S).	City; State; Zip Code New Orleans LA 70130
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (avsulty Expure	(b) Description Digital Adverti
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/4124	(van	regon
Amount (\$)	Payee address;	City; State; Zip Code
650	8914 Kelburn Dr.	Houston Tx 77016
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract July	Description Field
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/26/24	Courtney Crigsty Consu	Hir
Amount (\$)	Payee address; 705 Main St.	Houston TX 47002
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulfing Expuse	Voter Ostrauk
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Felicia Moon 2/26/24 City: Zip Code Missour 3311 Raleigh Row 7459 8 **PURPOSE** Contract Lalor Polls OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH 2/26/24 Amount (\$) State: Zip Code PO BOX 18023 Housten TX 7-7098 Description **PURPOSE** Polls OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Shelby Fitzhogh State; Zip Code Amount (\$ Missowi 5647 Horses be Pli 77459 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 2/26/24 Payse address; 13402 Lawn haven 7 Payee address; 6 Amount (\$) Zip Code Houston 180 770US (a) Category (See Categories listed at the top of this schedule) (b) Description Contract Lalur PURPOSE Polls OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 2/26/24 lvestr ven Houstr State; Zip Code Amount (\$) 77045 13402 dawnhaven Description **PURPOSE** Pells **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 4/26/24 City; Zip Code Amount (\$) Missouri 3026 Pelican Crove Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	IAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/74	5 Payeen	shiha Causey		
6 Amount (\$)	7 Payée a	o 5. Course Dr.	Apt 2322 Hours	State; Zip Code For TX 77099
8	(a) Categor	ry (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Cont	trent Lula	Polls	
	(c)	Check if travel outside of Texas. Complete So	hedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sought	Office held
Date	Payee na	ame		
6/5/24		Advian Hemer	~	
Amount (\$)	Payee ac	ddress;	City;	State; Zip Code
257	1828	? Westwood DV.	Shiffred	TX 79477
	Category	(See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Con	trant Las or	field	
		Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held
Date	Payee na	ame		
6/3/74	50	frah Ahmad		
Amount (\$)	Payee ac	ddress;	City;	State; Zip Code
668.20	1103	lyvine Ct.	Sujar Lin	d TX 77479
	Category	(See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Cont	rout dular	Field	
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Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/24	5 Payee name Cosle	1	
6 Amount (\$) 8-87	7 Payee address; /600 Amphitheatre Puly	Mountain View	State; Zip Code (A /6009
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ile
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
512124	NGP VAN		
Amount (\$)	Payee address;	City;	State; Zip Code
159.90	655 15th SI. NW #650	Washiyon	DC 20005
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Databose	_
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/14/24	Relational Futures LLC		
Amount (\$)	Payee address; 1063 Ranter Dr.	Housdon -	State; Zip Code 7X 7703/
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cansulty Experie	Description Vater (mback
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name NGP VAN 7 Payee address; 617/24 6 Amount (\$) Zip Code Washipan DC 20005 655 15m St. NW#650 31.98 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Mobilize add on fee **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 6/3/24 1-001/0 State; Zip Code Pavee address: Mountain 12.79 Ampitheale Pawy 600 9 Category (See Categories listed at the top of this schedule) Loople Suite **PURPOSE** -ers OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date NGPVAN Zip Code State: 655 15th St. NW \$650 405.08 Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to committee	/ages/Contract Labor omplete this form.	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	es Commission Filers)	
4 Date 2 /29/29	5 Payee name Michael Perry				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
480	4003 figure Four Cf	. Richma	J X	77406	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	For Contract Later	Polls			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3/1/24	Sandra Morris				
Amount (\$)	Payee address;	City;	State;	Zip Code	
560	5822 Coyote Echo Br.	Katy	TX	77449	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contrat Labor	Polls			
	Check if travel outside of Texas. Complete Schedule T.	el outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livin			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
423/24	Gerleane Asbury				
Amount (\$)	Payee address;	City;	State;	Zip Code	
680	12519 Mulville Pr.	Housday	TX	77087	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Constract Labor	Polls			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address: 3/10/24 Zip Code 9955 Baumel Band North Houston 63.00 (b) Description Polls PURPOSE antrant dasor **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3110/24 Tamie Mitchell City: Zip Code Amount (\$) 3707 Clark Manor Missooni City 140 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Polls **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Felicia 3/10/24 Zip Code Amount (\$) Pavee address; Pakish Row 2345 Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH