CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		T	
The C/OH Instruction Guide explains h	now to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Armon	ndo	OFFICE USE ONLY
NICKNAME	Ocana	Suffix	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS ADDRESS / PO E	Greenla		4/06/2022
Change of Address	ssion, Te	KAS 78572	
	222-573	39	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Johna	than L	Receipt # Amount \$
NICKNAME	LAST	SUFFIX	Date Imaged
7 CAMPAIGN STREET ADDRESS	S (NO PO BOX PLEASE); ARI / SUI		Date ilitaged
TREASURER 1502		TVE STATE;	ZIP CODE
(Residence or Business)	ssion, Te	XAS 785	72-
8 CAMPAIGN TREASURER PHONE (956)	451-053	37	
9 REPORT TYPE			
January 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)
July 15	8th day before election	on Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD Month	Day Year / 01 / 2022		31/2022
11 ELECTION ELECTION D	DATE	ELECTION TYPE	
Month Day 05 07	Year Primary General	Runoft Other Description Special	
12 OFFICE OFFICE HELD (if any		13 OFFICE SOUGHT (if known)	
Missi	on Mayor		
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Arma	ndo Ocano Sr	or ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
_		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		AND AND THE COURTS ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1 TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,876.85 \$ 4793.84	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. S ITEMIZED	\$ 4793.84	
	4. TOTAL	POLITICAL EXPENDITURES	\$49422.43	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	LAST	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 39,000.00	
18 AFFIDAVIT	WELLA HEAV	I swear, or affirm, under penalty of perjury	, that the accompanying report is	
	TARY PUB	true and correct and includes all informati under File 15, Election Code.	on required to be reported by me	
The state of the s	1 2	under vite 15, Electer 5568.	2. /	
		* fundo	tro	
	0 11226	Signature of Candidate	or Officeholder	
AFFIX NOTARY STAM	*****			
Sworn to and cuber	crihed hefore me	by the said armando Ocaña So	_, this the	
day of		to certify which, witness my hand and seal of office.		
dela s	825	Relia Nernandez	notary Public	
Signature of officer	administering oath	Printed name of officer administering oath	fitle of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Mr Armando Ocano Sr 20 Filer ID (Ethics Co)	mmisslon Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,935°
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1941.8
4.	SCHEDULE E: LOANS	\$ 19,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 49 422.4
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 Mr Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address & ST City; State; Zip Code 1213 Bloke ST City; State; Zip Code 1213 Bloke ST City; State; Zip Code	500.°°
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
2-7-22 Granchell, Construction LLC Contributor address: City: State; Zip Code Contributor Address: City: State; Zip Code	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#: NVS SUVIA A PENA Contributor address; City; State; Zip Code POBOX 891 Mission TX 78573	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor OIA'Y TOC Contributor address; City; State: Zip Code 1221 E Expresswoy 83	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ens)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	DED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 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 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#: Amount of contribution (\$) Steel USA LLC 600. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Mission Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI	Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 Date 3-2-23	5 Full name of contributor Out-of-state PAC (ID#: TNVESTMENTS) RB+ Lor Investments	7 Amount of contribution (\$)
	309 Business Center Dr Palmuiew, TX 78572	200.°°
Funcibal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor Oscar L. Cantu	Amount of contribution (\$)
rrad	Oscar L. Cantu 2307 Micole City; State; Zip Code Mission, TX 78574	3000,00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
-3-22	Orlando A Julian Contributor address; Aver: State: Zip Code Mission, TX 78574	300.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
3-10-22	The R Guzmantamily Limited Contributor address; Grandle Signizing Code Mission, TX 78572	200,00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Mr Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Pedro (Petr) Segundo 2 2/1-22	7 Amount of contribution (\$)
4 Date 5 Full name of contributor Pedro (Pete) Segundo 6 Contributor address: Poly City; State; Zip Code 334 E Poly City; State; Zip Code N 155, Don Texas 78574	300.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3-25-22 Baldemar Morales Contributor address; Stewart Ra	500,00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3-29-20 Flores funeral Home 219 5 Mayberny 210 Code 7857 MISSON TEXAS	160.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
3-2) Contributor address; Sity State: Zip Code 150 Melind A State: Zip Code Mission Texas 78572	500,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lclions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME	Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$
5 Date	6 Full name of pledgor	8 Amount 9 In-kind contribution description
3-5-202	Pledgor address; City; State; Zip Code	1941.85 Fundrois Check if travel outside of Texas. Complete Schedul
10 Principal occup	pation / Job title (See Instructions) 11 Employer (See	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; State; Zip Code	
Principal occupa	ation / Job title (See Instructions) Employer (See	Check if travel outside of Texas. Complete Schedule
		•
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description
	Pledgor address; City; State; Zip Code	# H H H H H H H H H H H H H H H H H H H
		Check if travel outside of Texas. Complete Schedule
Principal occupa	ation / Job title (See Instructions) Employer (See	nstructions)
Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ description
	Pledgor address; City; State; Zip Code	
Principal occupat	tion / Job title (See Instructions) Employer (See	Check if travel outside of Texas. Complete Schedule
If con	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

LOANS

SCHEDULE E

Th	e Instruction Guide explains how to comp	plete this form,	1 Total pages Schedule E:
2 FILER NAME	Frmando Oc	ona Sr	3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$
5 Date of loan 2-23-22	7 Name of lender Octoor-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code wn Street	10 Interest rate
12 Principal accumat	Missibn, Tex	AS 78572	11 Maturity date
Filiopal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 2-24-22	Armando OC	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	1927 Coren ou	itate; Zip Code Wn Street	Interest rate
Y N	Mission, Texas	5 78572	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colls	ateral	Check if personal funds were caccount (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; St	tate; Zip Code	
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	EDED porting requirements.

SCHEDULE F1

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Eveni Fees Food/ By Gift/A cal Committee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Guide exp	Loan Rep Office Ov Polling Ex Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense rpense xpense Xpense Vages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enler a category not listed above)
1 Total pages Schedule F1	: 2 FILER NAME			0	3 Filer ID (Ethics Commission Filers)
4 Date 2- 2022	5 Payee name	rmando	Oca	no Sr	C. NO. 15 (CIMOS COMMISSION PROES)
6 Amount (\$)	7 Payee address:	5 Citri	J 20	iesta	
150.00	ago f	=. 9th S	zip Code tree +s 78	t 1572	
8	(a) Category (See Ca	ategories listed at the top of t	his schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adver	Hising E	xpense		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / O	fficeholder name		Office sought	Office held
Date	Payee name				
1-3-2022	Texas	Citau	is Fi	iesta	
150.00	Payee address:	. 9th State	Zip Code	+	1
		legaries listed at the top of th		572	
PURPOSE OF EXPENDITURE	1.	tising &	XPense		de of Texas, Complete Schedule T. TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	iceholder name		Office sought	Office held
Date	Payee name		1		
1-10-2022 Amount (\$)	Payee address;	ter .	Hus-	hin	
150.00	501 N	Conwide SSIDN	Tex	he 18 7857	72
PURPOSE OF EXPENDITURE		ng Exp			ia of Taxas. Complete Schedule T. X, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services	Printing Expense Travel in District Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.
1 Total pages Schedule F	1: 2 FILER NAME TYMONOO C	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	2
1-12-003	ー こう イ し の 日	Kestaurant
6 Amount (\$)	7 Payee address; Sity; State; Zip of Busines	Code 11. 83
109.48		•
	Mission, Texas	78572
8	(a) Category (See Calegories listed at the top of this sche	dula) (b) Description
PURPOSE OF	6 Bayerage	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Food Beverage Expense	Check II Austin, TX, officeholder living expense
	Expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
1 16 2) 1
1-15-2022	Las Donas K	lestourant
Amount (\$)	Payee address; City; State; Zip C	ss Hwy 83
200.31	1186 W Busine	ss mwy 03
G. C. G.	Mission, Texas	78572
	Category (See Categories listed at the top of this sched	ivie) Description
PURPOSE OF	Food Beverage	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	7000 Develay	Check If Austin, TX, officeholder living expense
	Expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	-1	Office held
Date	Payee name	
1 10 2000	CAPA D.	
1-18-2020	GUDA Prin	iting
Amount (\$)	709 C North Co	ode A 10
800.00	109 C Worth CO	nway me
70-	Mission, Texas	78572
	Category (See Categories listed at the top of this schedu	le) Description
PURPOSE OF	D. I France	Check If travel outside of Texas, Complete Schedule T.
EXPENDITURE	Trinking Expense	Check If Austin, TX, officeholder living expense
Camplete ONLY if direct	Candidate / Officeholder name	Office cought
expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	Office sought Office held
	ATTACHAR	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address: City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY If direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Donas Kestaurant Business 83 Hwy PURPOSE Check if travel outside of Texas, Complete Schedule T. severage OF Check If Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 1-20-2022 Amount (\$) City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if Iravel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address; 8 (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ission, Texas 78572 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name

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 held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundralsing Expense Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Poliing Expense Travel In District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) 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 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 1-27-2000 sporting Goods Amount (\$) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Check if Auslin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; era Porkway 78256 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Camplete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) Payee address: PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check If Auslin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

Vertising Expense Event Expense Loan Recoverant/Reinblutzensc

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/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	cal Committee Legal Services	Salaries/M	/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction G	iulde explains how to c		e wer (error a caregory not listed above)
1 Total pages Schedule F1	FILER NAME	indo Or	ana Sr	3 Filer ID (Ethics Commission Filers)
2-9-2022	5 Payee name EXClusi	ve De	signs	
6 Amount (\$)	Payee address: GCIV;	Giette; Zip Code Thin PKW	4	
0001.	mission, Te	XAS 785	572	
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description	
PURPOSE	1111.	Y	Check if travel out	side of Texas, Complete Schedule T.
OF EXPENDITURE	Holvertisin			TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder na	xpense		
expenditure to benefit C/O	dandidate / Onicendider na	me	Office sought	Office held
Date	Payee name	4.0		
2-9-2000	McCoys	#089	7	
Amount (\$)	200 W Exp	State; Zip Code	83	
2710.	Mission, Te		572	
	Category (See Categories listed at II	he top of this schedule)	Description	i a
PURPOSE OF	1 1 100		Check if travel outsi	de of Texas, Complete Schedule T,
EXPENDITURE	Advertisin Exp	78-	Check If Austin, 1	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder nam	10	Office sought	046
expenditure to benefit C/OH			omee deagn	Office held
Date	Payee name		-	
2-14-2020	MariaAn	tonia C	hApa	
Amount (\$)	Payee address; Ol City;	State; Zip Code	7	
35m 00	2001 FION	ntotion (orove	
5500,	Dair		572	
	Colores		Description	
PURPOSE	A			e of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting	,		X, officeholder living expense
	Candidate / Officeholder nan)		איייים אייים אייים אייים ואייים ו
Complete ONLY if direct	Candidate / Officeholder nan	ne	Office	
expenditure to benefit C/OH	2 ochologi figil		Office sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SO	CHEDULE AS NEED!	ED

SCHEDULE F1

	EXPEND	TURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Ex Glft/Awards/Memo al Committee Event Expense	Loan F Office pense Polling rials Expense Printin	lepayment/Reimbursement Overhead/Rental Expense (Expense g Expense s/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	FILER NAME 5 Payenname 1	ando O	cana Sr	3 Filer ID (Ethics Commission Filers)
2-14-2022	KGV Lox	a Adu	vertising	Solutions
6 Amount (\$) 1000.00	801 W. F	ity; State; Zlp Code	2d Ste CAS 78	300
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Adver # 3	d at the top of this schedule) Single Pense		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	Office held
Date	Payee name			
2-15-2022	Raul	Salas		
2000.00	1930 CS1	y: State; Zip Code	exas C	18589
PURPOSE OF EXPENDITURE	Advertisi			de of Texas. Complete Schedule T, 'X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	ame	Office sought	Office held
Date	Payeename			
2-21-2022	Venon	n 504	thall '	Team
Amount (\$)	Payee address; City	; State; Zip Code		Legin
300.00	1502 00	K Dri	ras 78:	372
PURPOSE OF EXPENDITURE	Donation I by Can	node didate	Description Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	ame	Office sought	Office held

SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fe Fo By Gi lical Committee Le	vent Expense ees pod/Beverage Expense ft/Awards/Memorials Expense gal Services	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense lense lges/Contract Labor	Travel in District	uipment & Related Expense
		The instruction Guide expla	ins how to co	mplete this form.	,	-3-1, 1101110100100000
1 Total pages Schedule F	1: 2 FILER NAM	trmando	000	ing Sc	3 Filer ID (Eth	ics Commission Filers)
2-24-2002	5 Payee name	il Sal	as	(I) CO		
350.00	7 Payee addre	ss; Concu	Zip Code	XAS 78	5 b 9	
8	(a) Category (Se	e Categories listed at the top of this	1		589	
PURPOSE OF EXPENDITURE	1	ertising Expens			tside of Texas, Complete . TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate ,	Officeholder name		Office sought		Office held
Date	Payee name					
2-23-2002	Mc	Cous #	089			
1263,72	Payee address Missib	W Expre	SCWON	83		
PURPOSE OF EXPENDITURE		Categories listed at the top of this s			ide of Texas, Complete S TX, officeholder living	
Complete ONLY If direct expenditure to benefit C/OF	Candidate /	Officeholder name		Office sought		Office held
Date	Payee name					
3-9-2022	TACO	o Ole				
105.00	Payee address 2316 M; SS	n Conwa	ay F	Fue 8572		
PURPOSE OF EXPENDITURE	Food Ex	Bevera ge pense	chedule)	Description Check if travel outsid	ie of Texas. Complete Si X, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / 6	Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS SCI	HEDULE AS NEED!	ED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foot/Beverage Expense Glift/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	Salan	es/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Sahadula S	The instruction Guide explains how	to complete this form.
1 Total pages Schedule F	MIN Mando	Cana Sr 3 Filer ID (Ethics Commission Filers)
3-3-2022	5 Payer same CA	He
6 Amount (\$)	7 Payee address: City; State; Zip Code	Ave
261.	Mission, Texas	18572
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Food Beverage	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
EXI ENSITORE	Expense	and white in the state of
9 Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3-3-2022		ng Goods
Amount (\$)	Payee address; City; State; Zip Code	0
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S S 7.		78572
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Printing Expense	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Trinting Lipense	Check If Auslin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Superiority to periority C/OF		
Date	Payee name	
3-3-2022	McCoys #08	39
Amount (\$)	Payee address; City; State; Zip Code	83
1421.		•
, , = , , ,		78572
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete ONLY if direct	Expense Candidate / Officeholder name	
expenditure to benefit C/OH	Gardidate / Officeriolder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense Glft/Awards/Memorials Expense

Consulting Expense Contributions/Donations Made By Legal Services

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

Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 5 Payea name 7 Payee address; 8 (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name -11-202 Payee address State; Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Payee name Description PURPOSE Check if travel outside of Texas, Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 8 (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T, OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name ueria Don telipe's Payee address; **PURPOSE** Check if travel outside of Texas, Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Payee address; Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 Glift/Awards/Memorials Expense

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

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

Credit Card Payment	carCommittee	Legal Services		s/Wages/Contract Labor	Other (enter a category not listed above	ve)
		The Instruction G	iulde explains how to	complete this form.	5,	, ,
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6 Amount (\$) Q12 63	7 Payee add	ress; City;	State; Zip Code	483		
7/13,		ssion, -	Texas	78572		
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE OF	1.	1		Check if travel ou	itside of Texas. Complete Schedule T.	
EXPENDITURE	HOU	ertising		1	, TX, officeholder living expense	
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9 Complete ONLY if direct expenditure to benefit C/O	Candidat H	e / Officeholder na	me	Office sought	Office held	
Date	Payee nam	θ				
3-8-2022	mc	Coys	#080	7		
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746.		Sibn, T	exas .	78572		
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PURPOSE OF	11.	1		Check if travel outs	ide of Texas, Complete Schedule T.	
EXPENDITURE	Have	ertising	7		TX, officeholder living expense	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder nan	ne	Office sought	Office held	
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PURPOSE	_	ee Categories listed at th		Description		
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EXPENDITURE	1 ~ /	-		Check if Austin, T	X, officeholder living expense	
	\pm	xpens				
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder nan	nė	Office sought	Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; 83 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Payee address; City; State; Zip Code (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

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 Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address: State; Zip Code 8 (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Amount (\$) Payee address; City; State; Category (See Categories listed at the top of this schedule) Description PURPOSE Check if Iravel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made By Travel In District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 EILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF *lerage* Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T, OF Check if Austin, TX, officeholder living expense EXPENDITURE pense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; _State; PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expens

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	a By Ical Committee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services	xpense Printin	Overhead/Rental Exp g Expense g Expense es/Wages/Contract La		Travel Out Of Dis	luipment & Related Expe
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8	(a) Category	See Categories listed at the	top of this schedule)	785		-	
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expenditure to benefit C/O	d Candidat	e / Officeholder name		Office soug	ght		Office held
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		Exper	1se				
Complete ONLY if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sough	t	(Office held
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	mis	sion, T	EXAS	785	73		
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	by (andid	late	لـــا Check if Au	istin, TX, offi	ceholder living exp	ense
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SCHEDULE F1

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

Travel In District Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: ER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Payee address State: Zip Code 8 (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense xpense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Payee address; **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Payee name Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 7 Payee address; State; Zip Code , MO252 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH