#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 36 MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE / **OFFICEHOLDER** Date Received NAME NICKNAME 4 CANDIDATE / OFFICEHOLDER UCH1 12 1:3/89 MAILING 10-11-2022 **ADDRESS** Change of Address EXTENSION Date Hand-delivered or Date Postmarked PHONE NUMBER AREA CODE CANDIDATE/ **OFFICEHOLDER** PHONE Amount S Receipt # CAMPAIGN TREASURER Date Processed NAME NICKNAME CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN **TREASURER** 944 - 8451 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Month 10 PERIOD Month Day Year COVERED 30/7022 THROUGH 1/2012 ELECTION TYPE 11 ELECTION ELECTION DATE Primary Runoff Other Year General Special 2022 13 OFFICE SOUGHT (if known) OFFICE HELD (f any) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

16 C/OH NAME	Gonzales	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,994			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,523.05 TDAY \$ 13,470.95			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* 13,470,95			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD.	THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	,				
		didata as Officabaldas			
	Signature of Can-	didate or Officeholder			
	Please complete either option below:				
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by this the	day of,			
	which, witness my hand and seal of office.				
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration	n /	1 17 1603			
My name is / ndn	OUN tales, and my date of birth is	17pil 20, 1992			
My address is 850 +	Cornual Drive . /thishin . /	X. 18 198 . Unik () KR)			
Executed in <u>Tavis</u>	(street) (state of Texas , on the day of Ceto (month)				
	Signature of Candida	te/Officeholder (Declarant)			

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME GONTALS  20 Filer ID (Ethics Commissi				
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1,		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 70,994
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4,000
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL	NTRIBUTIONS	s 7,521.05
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 FUN	IDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

# SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME And NEW Gonzales	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor   out-of-state PAC (ID# )  And Rev Gonzales  6 Contributor address; City; State, Zip Code  8507 Cornwall Drive Austra TX 78748	7 Amount of contribution (\$) \$\frac{1}{2}5.00\$
8 Principal occupation / Job title (See Instructions)  Inventory Analyst  Fair Logish	
Date Full name of contributor out-of-state PAC (ID#  7/25/2022 Contributor address; City: State: Zip Code  327 0xford 01. Kyll. TX 78640	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Excurr Assistant  Employer (See Instructions)  Texas Virtual	Schuls
Pate Full name of contributor out-of-state PAC (ID#)  7/26/2022 Full name of contributor out-of-state PAC (ID#)  Contributor address; City: State; Zip Code SZOO Axorn Cove Unit 13 Aushin TX 78744	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Restawart Employee Raising Car	
Date Full name of contributor out-of-state PAC (IDM	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Not Employed  Not Employed	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

# 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 Andrew Gonzales	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
7/26/2022 6 Contributor address; City; State; Zip Code	\$ 25.00
2400 Patsy Pkwy Aushn TX 78744	P
1 0	e V
Principal occupation / Job title (See Instructions)  Opthamologic Technician  9 Employer (See Instructions)  Austin Fye	nons)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
7/26/2022 Ryan Miller Contributor address; City: State: Zip Code 3354 Keefer Loop College Station TX 77845	\$ 25.00
Contributor address; City; State: Zip Code	p 25.00
Internation / Job title (See Instructions) Employer (See Instructions)  Internation Regusted Intulnation	
Date Full name of contributor   out-of-state PAC (ID#)	Amount of contribution (\$)
7/26/2022 Valere lurulus  Contributor address; City; State: Zip Code	\$ 75,00
TTUGIOCU Contributor address: City: State: Zip Code 4701 Quicks/WBW. Aynn TX 78744	A Cs,
Manager (See Instructions) Employer (See Instructions)  Aushin Mocry	x Propety Mangnest
Date Full name of contributor Douts of state PAC (ID#	Amount of contribution (\$)
7/31/2022 Avnul to Rodriguet J1  Contributor address City: State; Zip Code	\$ 100.00
Z647 Yandall Dr. Awhn TX 78748	y
Principal occupation / Joh title (See Instructions)  Not Employed  Not Employed  Not Employed	ions
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME  ALPEN Con 7-la	3 Filer ID (Ethics Commission Filers)
7/31/2022 Adnan Gon Fales	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 33   Bulla VISta Cit, Kyle TX 78640	\$ 300.00
Branch Operations Manager Strytee	ctions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
7/31/2022 Lawrence Contrales  Contributor address; City: State: Zip Code  1039 Powell St. Kyle TX 78640	\$ 150.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Teacher Retiren	
S/1/2022 Rynan K Murtash  Contributor address; City: State: Zip Code  4907 Wing Road Aushy TX 78749	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  ALSO	ions)
Pate Full name of contributor out-of-state PAC (1D#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Not Employer (See Instructions)  Not Employer	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.			
2 FILER NAME Angrew Contalls	3 Filer ID (Ethics Commission Filers)			
4 Date  5 Full name of contributor out-of-state PAC (IDH)  8/1/2022  6 Contributor address; City: State, Zip Code  15/9 Pical Mont Ave. Austra TX 78757	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  10 ATSO	ions)			
Date  Full name of contributor  S/1/2022  Contributor address:  City: State: Zip Code  12211 Bur X Dr. Austra TX 78727	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Stype:	ons)			
Date  Full name of contributor    Out-of-state PAC (ID#	Amount of contribution (\$) \$\frac{1}{25}\$,  \text{OD}			
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instruction Styles)	ns)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
4 Date 5 Full on 7 des	3 Filer ID (Ethics Commission Filers)
8/3/2022 Lauren Williams  6 Contributor address; City: State: Zip Code  72 Wildraf Dr. Fay field OH 45014	7 Amount of contribution (\$)
Interational Programs Associate Health Can	ouse/
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Consultant  Employer (See Instructions)	Ober
Date Full name of contributor   out-of-state PAC (ID#)  8/3/2022	Amount of contribution (\$)  \$\frac{1}{2} \tau_{2} \tau_{3} \tau_{4} \tau_{5} \tau_{5
Principal occupation / Job title (See Instructions)  Employer (See Instruction  HES	ns)
Date Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job, title (See Instructions)  Finployer (See Instructions)  Not Employee	s)
ATTACH ADDITIONAL CODIES OF THIS SOURCE AS ASSESSED.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED  If contributor is out-of-state PAC, please see Instruction guide for additional repor	

# SCHEDULE A1

- Fuge III (I)	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Lt
4 Date Guntules	3 Filer ID (Ethics Commission Filers)
8/4/2022 Oto Gontributor Out-of-state PAC (ID#	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)  Not Employee  Not Employee	ions)
Date Full name of contributor  Superior Danic Gil  Superior Date  Superior Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)
2647 Yandall Dr. Augh TX 78748	\$ 100.0°
Principal occupation / Job fitle (See Instructions)  Employer (See Instructions)  Not Employee	ns)
Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)  \$\frac{1}{25}.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Educator AISO	
8/5/2022 Deidre Wallace  Contributor address: City: State: Zip Code 1910 A Bouldin AVC. Austn TX 78704	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Into/matin Regulated  Into/matin Regulated	weted
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE	D
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE  If contributor is out-of-state PAC, please see Instruction guide for additional reportion.	D ng requirements.

# SCHEDULE A1

Th	e Instruction Guide explains how to complete t	his form	1 Total pages Schedule A1:	
2 FILER NAME			Z7	
	Andry Gontales		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state is	340 1104	7	
orhan		-nc (10#)	7 Amount of contribution (\$)	
8\$/2022	6 Contributor address: City	State; Zip Code	\$1,000.00	
	331 Rella Vista Cir. Kyli	TX 78640	7 0	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Healtho	art	Stryfres		
Date	Full name of contributor	AC (10#)	American Scientific Pro- 1/65	
8/6/2022	Sarah Arnold		Amount of contribution (\$)	
0/6/000	Contributor address; City;	State; Zip Code	\$ 25,00	
	7304 CrystelbredzDr. Auchh	TX 78724	1.	
11 1 -	pation / Job title (See Instructions)	Employer (See Instructi	ion(\$)	
	mployed	Not Employe	L.	
Date	Full name of contributor  ut-of-state PA	C (ID#)	Amount of contribution (\$)	
8/7/2022	Contributor address; City;			
0117		State; Zip Code	\$ 50.00	
	10601 Merchace Rd. Aushn	1 X 78798	*/	
/1	pation / Job title (See Instructions)	Employer (See Instruction		
Chese	) pecialist	H-E-B Groc	cery	
Date	Full name of contributor   out-of-state PAC	(ID#)	Amount of contribution (\$)	
8/7/2027	Leah helly Contributor address; City:		\$ 100.00	
01 1/200	Contributor address; City;	State; Zip Code	4 100.	
	132 Wowlenlooky Dr. Manchaca	11 78636		
1 1	ation / Job title (See Instructions)  M D 10 20	Employer (See Instruction	ns)	
7	rip in Jac	1 1 mg log	<u>a</u>	
			4:	
	ATTACH ADDITIONAL COPIES O			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1.	
2 FILER NAME	low Contales			3 Filer ID (Ethics Commission Filers)
8/7/2022 6 0	Camp (raff R)	out-of-state PAC City;	State; Zip Code TX 78746	7 Amount of contribution (\$)
8 Principal occupation Sul(5	/ Job title (See Instructions)		9 Employer (See Instruction Not Disclose	//
8/7/2022	Alvaro Copa Contributor address; Powell St. Ky	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
	Job title (See Instructions)		Employer (See Instruct	ions)
8/7/2022 - 0	Athia Salinas		State: Zip Code  78748	Amount of contribution (\$)
Principal occupation /	/ Job title (See Instructions)		Employer (See Instructi	/ T
8/8/2022 Cl	ontributor, address.  Brodwood 12d. Aug	out-of-state PAC ( City;	State; Zip Code  X 78722	Amount of contribution (\$)
Principal occupation / Educator	Job title (See Instructions)		Employer (See Instruction	ntral Texas
	ATTACH ADDITIONA	AL COPIES OF	THIS SCHEDULE AS NE	EDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Alwa Gonzale)	3 Filer ID (Ethics Commission Filers
Date  5 Full name of contributor   out-of-state PAC (IDM )  S/2022  6 Contributor address: City: State: Zip Code  BOZ Hardi Dr Aushn TX 78753	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Director of gramming  9 Employer (See Instructions)  WSB Manage	
Date Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$)
Not Employer (See Instructions)  Employer (See Instructions)  Not Employer	
Date Full name of contributor Gout-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  AJSD	ons)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Tech Specialist  Nill	ons)

# SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	Andrew Gonzales		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/2022	G Contributor address; City: 425 Suet Gun Prine Kyle T	State, Zip Code  X 786 40  9 Employer (See Instruction	7 Amount of contribution (\$)
She La	//	H-E-17	
Date 8/10/2022	Full name of contributor out-of-state PAC ( Nitrolas R V nnu  Contributor address: City: 1310 Sifa Rite Apt 87 (161/a Vista (	State; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Pek Health	ons)
Date 0	Full name of contributor   out-of-state PAC ( Rudic Spigarelli,  Contributor address; City:  SUB Los Ranches Dr. Austin T	State: Zip Code  X 78749	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
8/11/2022	Full name of contributor out-of-state PAC (1)  Cail Buhler  Contributor address; City; 2204 Thorn for Rd #8 Aufin	State: Zip Code  7870 7	Amount of contribution (\$)
Principal occup Represe	ation / Job title (See Instructions)	Employer (See Instruction Education A	1
,	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruct	non guide for additional rep	borting requirements.

# SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	Andrew Gonzales		3 Filer ID (Ethics Commission Filers)
4 Date 8/11/2022		State; Zip Code 78738	7 Amount of contribution (\$)
1117	pation / Job title (See Instructions)	9 Employer (See Instruct Not Employ	V
Date 8/11/2022	Full name of contributor out-of-state PAC Shohie Partus  Contributor address; City;  107 West Annie St. Aushu	State; Zip Code  TX 78704	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction In The markin Re	ons) queskl
Date 8 /11/2022	Full name of contributor   out-of-state PAC  He lissa Branes  Contributor address; City;  2296 Herzog hyle	State; Zip Code TX 78640	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Aus hin Commun	ing College
Date 8 /11/2022	Full name of contributor out-of-state PAC  Nach Hunsuse  Contributor address; City;  FWF Milanda Dr. Aushn	State; Zip Code TX 78752	Amount of contribution (\$)
Principal occup Editor	ation / Job title (See Instructions)	Employer (See Instruction Mc Grav Hill	
	ATTACH ADDITIONAL COPIES O	SE TUIS COUEDINE ACAIS	,
	If contributor is out-of-state PAC, please see Instru		

### SCHEDULE A1

The Instruction Guide	1 Total pages Schedule A1			
2 FILER NAME	Contales		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of c 8/11/2022 Noe Zav 6 Contributor ac 2531 18. Here	ontributor out-of-state PA	State, Zip Code  78744	7 Amount of contribution (\$)	
8 Principal occupation / Job title (S. State Employee	ee Instructions)	9 Employer (See Instruction State of Tex		
SIII/2022 Full name of c SIII/2022 Dulicta G Contributor ac 1613 Anadal	City;	State: Zip Code 7	Amount of contribution (\$)	
Principal occupation / Job title (Se	e Instructions)	Employer (See Instruct	Requeskl	
S/II /2017 Full name of or Natural Follows Fold S. Pres.			Amount of contribution (\$)	
Principal occupation / Job title (Se	e Instructions)	Employer (See Instruct	ions)	
SII/WIZ Full name of co 8/11/WIZ Labitha Ha Contributor ad 537 Someset	AVIA	State; Zip Code  77 78610	Amount of contribution (\$)	
Principal occupation / Job title (See	nstructions)	Employer (See Instruct	/-	
AT	TACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED	
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 this form.  2 FILER NAME  3 Filer ID (Ethics Comment of Contributor Out-of-state PAC (IDM OF Armount of Contributor Out-of State PAC (IDM OF ARMOUNT OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-	nmission Filers)
4 Date 5 Full name of contributor out-of-state PAC (IDH 7 Armount of contribution of Contribution of Contribution of Contribution of Contribution of Contributor address: City; State; Zip Code 7 20.	tion (\$)
8/11/222 Junes Harfin  6 Contributor address: City; State; Zip Code	
10505 S-IH-35 Austin TX 18797	
8 Principal occupation / Job title (See Instructions)  1 Lau cutur  To tit ma hin Requested	
Date    Full name of contributor   Oul-of-state PAC (ID#)   Amount of contribution	tion (\$)
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Not Employed  Not Employed	
Full name of contributor   out-of-state PAC (10#) Amount of contribution   Amount of co	
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Pro 1550/  University of Texas	
SIII / 2012 Full name of contributor out-of-state PAC (ID#	ion (\$)
Principal occupation / Job title (See Instructions)  Refined Teacher  Not Implyed  Not Implyed	

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

# SCHEDULE A1

~-	x • 19 (200	
2 FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Z FICER NAME	Andrew Conzeles	3 Filer ID (Ethics Commission Filers)
4 Date 8 /11 /2022	6 Contributor address; City, State, Zip Code 146 Lillic Robyn Ln. Buda TX 78610	7 Amount of contribution (\$)
Petrul	Teacher  See Instructions)  9 Employer (See Instruct Not Englower	ions)
8/11/2022	Full name of contributor   out-of-state PAC (ID# ),  Amanda Grantham  Contributor address; City: State: Zip Code  3921 Yarberough Ave Aught TX 78744	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)  Au II	ons)
8/11/2022	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  \$\frac{1}{2} \sqrt{50}.
C 11	pation / Job title (See Instructions)  Employer (See Instruction Aus hy Fye	ns)
S/11/2022	Full, name of contributor   out-of-state PAC (ID#)  Nyle Walker  Contributor address;   City: State: Zip Code  7309 Runny Walv Dr. Aushu 17 78749	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)  Employer (See Instruction  In furnahin Re	s) questel
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	DED
	If contributor is out-of-state PAC, please see Instruction quide for additional repo	7.37.79

# SCHEDULE A1

	Instruction	ne report
The	matruction Guide explains how to	
2 FILER NAME		1 Total pages Schedule A1.
4 Date	In the Conteles	3 Filer ID (Ethics Commission File)
8/11/2027	Full name of contributor □ out-of-state PAC (ID#	
8/11/2022	G Contributor address: City	7 Amount of contribution (\$)
	State, Zip Code	\$ 100,00
8 Principal occu	pation / Job title (See In )	•
Educ	tur	
Date	Full name of contributor out-of-state PAC (ID#	grestel
8/11/2022	Fac Hudson	Amount of contribution (\$)
.1 [	Contributor address; Contributor Address; City; State; Zip Code Aught TX 78749	\$ 11) 00
Principal ass	CANCET MITAL. #601 Augh TX 78749	110.
	Employer (See Instructions)	ns)
Date	1-tu/hn 1-3/J	
8/11/2022	Laurence of contributor out-of-state PAC (ID#	Amount of contribution (\$)
)/11/000	Contributor address; City; State; Zip Code	\$ 500
/	039 Paul St Kyle TX 78690	y s.
Principal occupa	tion / Job title (See Instructions)  Employer (See Instructions)	)
7,1	1165	
Date	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$)
8/11/2022 1	Marija It Varada  Contributor address; City; State; Zip Code	# 400
. 1	25 Sneet Gun Kyle TX 78640	// /.
	on Job title (See Instructions) Employer (See Instructions)	
Store lea	Ser H-E-B	

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.			
2 FILER NAME Andrew Contales	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)			
8/18/2022 Saine Puente 6 Contributor address; City; State; Zip Code 608 Wain Light St. Howton TX 77022	\$1 25.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc				
Policy Analyst Ever lexas	1			
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)			
8/18/2022 Valgne Mindds  Contributor address; City; State; Zip Code 4701 Quidzsilver A Chia TX 78744	\$ 25.00			
Contributor address; City; State; Zip Code	4 0.			
10/1/1 / 20 1 - 1				
Principal occupation / Job title (See Instructions)  Employer (See Instruct  Auna W  In Process  Employer (See Instruct  Fig. 12  Fig. 12	X Brope of Management			
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)			
SIN/2022 Full name of contributor out-of-state PAC (1D#)  Amanda Brazicl-Holleman  Contributor address; City: State: Zip Code  1807 Cnacdin AVR AMAN TX 78722	\$125.00			
Principal occupation / Job title (See Instructions)  Edy cater  City of fus	1:			
1.440417	////			
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
8/18/202 Mollic Jowe  Contributor address; City; State; Zip Code	\$ 100.00			
40 NIH-35 Aushin TX 78701	-n ·			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In formation  In formation	Requestel			
6	U			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### 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 ALW GONZALS	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)		
8/18/2022 Felicity Maxull  6 Contributor address; City: State; Zip Code  2/2/ Kelpidgel Aughn TX 78704	\$ 100.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Owner Tipit, LLC			
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
8/18/2022 Mara Flores  Contributor address; City; State; Zip Code  11505 Hanhy Creek Ln. Awar TX 78748	\$ 50.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions) /		
Not Employed Not Employ	<i>x</i> d		
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)		
8/19/2022 Emily Waters  Contributor address; City; State; Zip Code  66/7 Wilton Civ. Anglin TX 78745	\$ 25.00		
Principal occupation / Job fittle (See Instructions)  Not Employer (See Instructions)  Not Employer	dion\$)		
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
8/9/2022 Stacy Jenkins  Contributor address; City: State; Zip Code  145 Downstream Ln. Ruda 1X 78610	\$ 25.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Information Reg Will Intomation			
6			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 this form.	1 Total pages Schedule A1:			
2 FILER NAME JUNE GONTALS	3 Filer ID (Ethics Commission Filers)			
8/4/2022 6 Contributor address; City: State; Zip Code 1608 Sandret St. Angly TX 78702	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Aus In Commun	nily College			
Date Full name of contributor out-of-state PAC (ID#)  8/4/2022 Fmily Gengin  Contributor address; City; State; Zip Code  6841 Reaty Dr. Awhn TX 78749	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Aniversity of	Texas of Anshi			
Pate Full name of contributor out-of-state PAC (ID#)  Strah Harelson  Contributor address; City; State; Zip Code  909 Lavre Grown. Aushn TX 78755	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Augm IS	tions)			
Date Full name of contributor   out-of-state PAC (ID#)    State; Zip Code   279 E. St., Suk 120h Anjhn TX 78702	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Clark Richard son Achike ty				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED			

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

# SCHEDULE A1

				- topott
	e Instruction Guide explains ho	ow to complete t	his form.	1 Total pages Schedule A1
2 FILER NAME	Anlie Gonz	4/3		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
8/23/2022	8/23/2022 Melish teggen  6 Contributor address; City; State; Zip Code			A 70.00
	CHISTEHE Trail	/ ///	State; Zip Code TX 78704	μω.
Actua	upation / Job title (See Instructions	s)	9 Employer (See Instru Othice of Pa	adic Insurance Counsel
Date	Full name of contributor	Out-of-state P/		
8/23/2022	Mollic Tower  Contributor address:	datas e consecuences	********************	\$ 25.00
-1 1-	40N IH-35	A ).	State: Zip Code TX 78701	\$ CS.
Principal occu	W 0 0 0 0 0			
Not En	doyal	У 	Not Employed	fions)
Date	Full name of contributor ,	Out-of-state PA	C (ID#)	Amount of contribution (\$)
8/23/2022	Heather Merntt Contributor address;			H 75000
	8140 Shilah Ct.		State; Zip Code TX 78745	y 250.
Fdu Ca	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC		Amount of contribution (\$)
8/24/2022	Contributor address;			H 75 00
1 1	ZLZ7 Kinney Odich	Ansha -	State; Zip Code TX 78704	Ŋ 23.
Principal occup	nation / Job title (See Instructions)		Employer (See Instruction	ons)
			July Pingle ge	
	ATTACH ADDITI	ONAL COPIES OF	F THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC,	please see Instruc	ction guide for additional rep	porting requirements.

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule 7.7				
2 FILER NAME JONZels			3 Filer ID (Ethics Commission Filers)	
4 Date				7 Amount of contribution (\$)
8/26/2022	Fatilia Mossis  6 Contributor address: 2216 Fary Gap	City:	State; Zip Code TX 78745	\$ 25.°°
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See Instruc	tiqfjs)
Not E.	rployel		Not Employe	Χ
	• 0	□ out-of-state PA	c (ID#)	Amount of contribution (\$)
1 1	Full name of contributor Linea O Negl Contributor address: 17BW 618 (911) AVE			
8/71/2077	Cheq O [Veg]		State; Zip Code	\$ 100.00
0/00/000	1771 / Ann	A of	TV 70741	# 100
	1713 WOUXIGUA AVC	/tus/14	TX 78741	
Principal occup	ation / Job title (See Instructions	)	Employer (See Instruct	ions)
Teache			DVIS()	
Date	Full name of contributor	Out-of-state PAG	C (ID#)	Amount of contribution (\$)
	Flan Collins			
8/27/2022	Elfun Collins Contributor address;	City	State; Zip Code	\$ 25.00
01-17	614 1	1.1	TX 78745	4 03.
	5014 Lansing Dr.	/ TNJ/17	10 7871)	
. 1 1 -	ation / Job title (See Instructions	)	Employer (See Instruct	ions)
Not Em	floyer		1001 Emplo	jes
Date	Full name of contributor	Out-of-state PAG	C (ID#)	Amount of contribution (\$)
1 1	Ansela Pires	31134		4 . 00
8/77/202	Contributor address; City; State; Zip Code		$\mathfrak{A}(\mathcal{S})$ .	
0/01/	1107 Olive St.	A. Y.	TX 71702	41
			11 16100	
-1-	ation / Job title (See Instructions	(	Employer (See Instruct	V
tilm to	liter		Self-Employ	
			U	
	ATTACH ADDI		OF THIS SCHEDULE AS Nuction guide for additional r	

# SCHEDULE A1

The Instruction Guide explains how to complete this form. ∧	1 _TotaLpages Schedule A1:			
2 FILER NAME INLINE Con tales	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)			
8/15/2022 Jaime Gazeia 6 Contributor address; City, State; Zip Code 10401 Tree Duck Dr. Augh TX 78748	. \$\frac{1}{50}.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)			
Coungles ALSIS				
Date Full name of contributor	Amount of contribution (\$)			
8/27/2022 Hiky Koberty  Contributor address; City; State: Zip Code  8589 Skamline Civ Analym TX 78745	\$ 50.00			
/ / / / / / / / / / / / / / / / / / /				
Principal occupation / Job title (See Instructions)  Not Employer (See Instructions)  Not Employer	tidhs)			
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
8/28/2022 Contributor address; City: State: Zip Code 33/16/16 Vista C.V. Byle TX 78670	\$ 25.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Stylu	tions)			
Date Full name of contributor	Amount of contribution (\$)			
8/28/222 Rebecca Miñot Contributor address; City; State; Zip Code	H 100 00			
8 0 Contributor address; City; State; Zip Code	$\mathcal{J}/\mathcal{U}$ .			
30 Miselfoe Lane Kyle TX 78640	ā, s			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Nut Employer				
	and the second of the second o			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N				

# SCHEDULE A1

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

		mo page III (III	е героп.
The Instruction Guide expla	nins how to complete th	is form.	1 Total pages Schedule A1
2 FILER NAME	/		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contribute 8/24/222	tor out-of-state P/	AC (ID#)	7 Amount of contribution (\$)
6 Contributor address;	College Station	State; Zip Code TX 78745	\$ 25.00
Principal occupation / Job title (See Instr	uctions)	9 Employer (See Instruction Not Employer)	//
Date Full name of contribut		C (ID#	Amount of contribution (\$)
Contributor address: 3354 Keeler Loop	o College Stephan	State; Zip Code	\$ 25.00
Principal occupation / Job title (See Instru	ctions)	Employer (See Instruct Not Employed	ions)
Date Full name of contributo		0	Amount of contribution (\$)
12/2022 Lawerce Con 20 Contributor address; 1039 Pole 11 St.	1.7	State: Zip Code TY 78640	\$ 300.00
Principal occupation / Job title (See Instruc	ctions)	Employer (See Instructi	ons)
Date Full name of contributor	Out-of-state PAC	(10#)	Amount of contribution (\$)
17/2022 Ceah Melly Contributor address; 137 World Lagely	1.7	State; Zip Code	\$100.00
Principal occupation / Job title (See Instruct	Myrchua lions)	Employer (See Instruction	ne)
		The state of the s	
		÷	
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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 this form.	1 Total pages Schedule A1:
2 FILER NAME July Conzule)	3 Filer ID (Ethics Commission Filers)
4 Date  6 Full name of contributor   out-of-state PAC (ID#)  9/23/22   Gentributor address;   City; State; Zip Code    8/00 Shiloh Cf   Arship TX 78745	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  AISO	tions)
Date Full name of contributor   out-of-state PAC (ID#)    Aura leages   City; State; Zip Code     Sol W 33 rd St. And TX 78765	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Notemployed  None	tions)
Date Full name of contributor out-of-state PAC (ID#)  9/2/2022 Sq.rah Mchenna  Contributor address; City; State; Zip Code  7501 Rowing Sprays Rd. Awtin TX 78736	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct Non-Profit Managment Meals on Whe	els
Date Full name of contributor out-of-state PAC (ID#  7/3/2022 Contributor address; City: State; Zip Code  5109 Greenhearf Dr. Awfu TX 78745	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct Phamacist Texas Oncolog	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

	this page in the	e report.
	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.
2 FILER NAME	Adra Contales	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2022	G Contributor address, City. State, Zip Code 4603 Arapahoe Trail Awan TX 78745	7 Amount of contribution (\$)
	pation / Job title (See Instructions)  9 Employer (See Instructions)  A costa NS Sal	
9 / 11 /7027	Full name of contributor   out-of-state PAC (ID#)  Jessie   Zae   tuel    Contributor address; City; State: Zin Code	Amount of contribution (\$)
	PO Box 684 Manchaen TX 78652	\$ 50.00
	ation / Job title (See Instructions)  Employer (See Instruct  Full / tumanif	1
17.7.0	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) \$\int 25,  \text{D}
W .	To Director Employer (See Instructions)  Employer (See Instructions)  Replayer (See Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#)  Tem for Villiams Panch  Contributor address; City; State; Zip Code  717 Marc Taylor Ann TX 78745	Amount of contribution (\$)
	ion / Job title (See Instructions)  Employer (See Instructions)  Self-Employe	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME July Contales	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (IDH  9/2022 6 Contributor addresse: City: State; Zip Code  10228 / Murst Aushn TX 78747	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Work	tions)			
Date  Full name of contributor out-of-state PAC (ID#)  Mariso   Ybarra  Contributor address; City; State; Zip Code  13003 Vingad Dr. Manchaca TX 78652	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Texas Associ				
Pate Full name of contributor out-of-state PAC (ID#)  9/23/2022 Suppose City; State: Zip Code  3008 Lombow; Way Celai Pa/R TX 78613	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Style  Styl	ions)			
Date Full name of contributor out-of-state PAC (ID#)  177/2022 Contributor address; City; State; Zip Code  1905 Aggic Lave Away TX 78757	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  From Game	Texas			
ATTAQUADDITIONAL CODICO OF THE BOUEDING AS AN	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 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 JUN Contales	3 Filer ID (Ethics Commission Filers)
4 Date 6 Full name of contributor Out-of-state PAC (ID#)	7 Amount of contribution (\$)
9/28/2022 Arnutokoliguet  6 Contributor address: A City: State; Zip Code	\$ 50.00
2647 Yandal Dr. Anshn TX 78748	17
8 Principal occupation / Job title (See Instructions)  Not Employed  Not Employed	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
9/29/2022 Quinn Markhodale  Contributor address; City: State: Zip Code  8450 Anjes Drive Anson TX 78759	\$ 1000.00
8950 Antes Drive Anstru TX 78759	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Right Slack	
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
9/30/2022 Damian Pantoja Contributor address; City; State; Zip Code	\$ 50,00
2301 Grove Blud. Aushin TX 78741	10
Principal occupation / Job title (See Instructions)  Community Engagement Specialist  Self Employer	tions
Date   Full parme of contributor   out-of-state PAC (ID#)	Amount of contribution (\$)
9/30/2022 No an Cost	\$ 75.00
1521 Reagan Hill Dr. Anshir TX 78752	n
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Marsh	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
is a still state in a state DAC places and instruction guide for additional	reporting requirements

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

### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1			
2 FILER NAME INLINE JONZELES	3 Filer ID (Ethics Commission Filers)			
4 Date	7 Amount of contribution (\$)			
9/30/2002 Doe Raminet  6 Contributor address; City; State; Zip Code  1200 Barton Hills Oc. 4317 Awah TX 78704	\$ 100.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Not Employed Not Employ	d			
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (5)			
9/13/2022 Nicholas F. Kraj Contributor address: City: State: Zip Code 1220 Colorado F. Suklio Awtin TX 78701	\$ 100.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions) I a			
Internation Requised Information	2			
Date  9/4/2022 Pathica Hams  Contributor address; City: State; Zip Code  8607 Swansun Ln. Aushn 72 78748	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Retrict  Not Employer (See Instructions)	0			
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
9/22/2022 Education Austh  Contributor address: City, State; Zip Code  8716 Molac Expy. Awn TX 78759	\$ 10,000			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	1 Total pages Schedule A2:	
2 FILER NAME Andrew Conzeles	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ 4,000		
6 Full name of contributor   out-of-state PAC (ID#	Zip Code  8 Amount of Sold In-kind contribution to description  Zip Code  Check if travel outside of Texas. Complete Sche	usign	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instruction	ns)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDIC	AL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Zip Code Check if travel outside of Texas. Complete Scher	И	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instruction	s)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICI	AL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	2		
ATTACH ADDITIONAL COPIES OF T  If contributor is out-of-state PAC, please see Instructi			

#### 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 Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage 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 6 Amount (\$) Zip Code State; 7 Payee address: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Date Payee name City; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name City: Description PURPOSE Food/Beverage Expense 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

#### 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 Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Git/Awards/Memonals Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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) 4 Date 6 Payee name 7 Payee address; State: Zip Code 8 (a) Category (See Categories listed at the lop of this schedule) (b) Description PURPOSE 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 Date Pavee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH City; Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gft/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinting Expense Salaries/Wages/ContractLabor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (on the content of the content o

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ones femora car	egory not insied above,
1 Total pages Schedule F1:	2 FILER NAME Alm Gantaly		3 Filer ID (Ell	nics Commission Filers)
8/31/2022	6 Payee name Mailchimp			
6 Amount (\$)	7 Payee address; /	City:	State;	Zip Code
\$ 11.73	675 Para Pelein Ave. NE Ste. S	OUD Affunta	6A	30308
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	, , , , , , , ,	(
PURPOSE OF EXPENDITURE	Advetising Expense	E-mil N	lewsle H.	e C
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin	n, TX, officeholder livi	ing expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/1/2022	Square			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$17.81	1455 Market St. Ste. 600	San Francisco	CA	94103
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Solicitation/tudraising Expense	August Si	ervice te	e
	Check if travel outside of Texas Complete Schedule T.	Check if Austin	TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 9/2/2022	Worley Printing Co., Inc			
Amount (\$)	Payee address;	( City;	State;	Zip Code
\$ 1,166.99	SZITNOHL ZH 33	Austin	TX	78722
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description		
	Check if travel outside of Texas Complete Schedule T	Check if Austin.	TX, officeholder livin	ng 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
Credt Card Payment

Event Expense Foes Food/Beverage Expense Gft/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 (option extension and listed above)

Credit Card Payment	The Instruction Guide explains how t	es/Wages/Contract Labor to complete this form.	Other (enter a cat	tegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME CONTales		3 Filer ID (Elf	hics Commission Filers)
4 Date 9/3/2022	Check Mark Typesetting			
\$ Z, 178, 44	7 Payee address: 07 0 3217 N.JH35	Austin	State;	Zip Code 78722
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (c) Check if travel outside of Texas Complete Schedule T.			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	n, TX, officeholder livi	Office held
9/20/2022	Webflow Com			
Amount (\$) \$121.32	Payee address;	Sin Francisco	CA State;	Zip Code 94103
PURPOSE OF EXPENDITURE	Advertising Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 9/21/2022	Mia Goldstein			
Amount (\$) \$\\ 550.00	Payee address; 505 W. 37th St. #D	Austin	State;	78705
PURPOSE OF EXPENDITURE	Salarics / Wages / Contract Lahor	Con tract	Labor	
	Check if travel cutside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder livin	
Complete <u>ONLY</u> 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
Gft/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 o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CONTALO,		3 Filer ID (Ethi	cs Commission Filers)
4 Date 9/21/2022	Brissa Solis			
6 Amount (\$)	7 Payee address,	City:	State;	Zip Code
\$ 800.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	11	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract	-Luber	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austir	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/28/2022	Frost Bank			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$ 21.55	111 W. Howton St. Ste. 100	Sun/thtonio	/χ	78205
	Category (See Categories listed at the top of this schedule)	Description	IT	
PURPOSE OF EXPENDITURE	Accounty / Banking	Check Pa	May Fee	
	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 (17/17/17)	Payee name			
9/30/1000	Mailchimp			
Amount (\$)	Payee address;	Can Pity:	State,	Zip Code
\$ 10.05	675 Porce Deleon AVE. NESK. S	TTKINTA	6A	30.08
	Category (See Categories listed at the top of this schedule)	Description	Vewsletter	
PURPOSE OF EXPENDITURE	Advertising texpense	K-mail 1	VEWS1E 1/CI	/
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	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 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 Grit/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online)

Candidate/Officeholder/Politica CreditCard Payment		anes/Wages/Contract Labor C	ravel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Liver Contales		Filer ID (Ethics Commission Filers)
4 Date 9/30/2022	Act Blue		
\$ 502.00	Payee address;	Some ville	State; Zip Code MA 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Slichation/Fundai) XXXIII	(b) Description  Sevice Fo	- 36
	(C) Check if travel outside of Texas. Complete Scheduli	eT Check if Austin, TX	K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas Complete Schedule	T Check if Austin, TX	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX,	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D