CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					a	Mad .
The C/OH Instruction Gu	ide explains how to	complete this form.	1 Filer ID (Eth	ics Commission Filens)	2 Total pages f	iled.
CANDIDATE/	MS / MRS - MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER	Dot.	Ed			Date Received	700 - 5 4 00
NAME	NICKNAME	LAST		SUFFIX		
		Corra			Received via	
CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STA	TE; ZIP CODE	011 0/ 1772 4 G	ι 4.07 pm
OFFICEHOLDER MAILING	1903 W	. Magnolla				
ADDRESS	<	ntonio, TX -	78701			
Change of Address				ENSION		- Data Bastmarked
GENDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	_	Enoion	Date Hand-deliver	ed or Date Postmarked
PHONE	(210)	355-8565)		Receipt #	Amount \$
6 CAMPAIGN	MS / MRS : MR	FIRST	**************************************	MI	9394.57 13	
TREASURER NAME	Ms	Gracie			Date Processed	
NAIVIE.	NICKNAME	LAST	-	SUFFIX	Date Imaged	-
		Villarice	_			
7 CAMPAIGN	The state of the s	O PO BOX PLEASE); APT		CITY;	STATE	ZIP CODE
TREASURER ADDRESS	3715	Sunshite R	anch			
(Residence or Business)	Sun 1	intono, Tx	78228			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EX	TENSION		
TREASURER PHONE	(4 .)	0111 110	(0			
	(210)	834 - 49	V O			
9 REPORT TYPE	January 15	30th day before	re election	Runelf	treasure	r after campaign r appointment older Only)
	July 15	8th day before	e election	Exceeded Modified Reporting Limit	Final Re	port (Atlach C/OH - FR)
10 PERIOD	Manth	Day Year		Month	Day Y	/ear
COVERED	7	01 13	THROUG	H 12	31 2	3
11 ELECTION	ELECTION DAT	<u> </u>		ELECTION TYP	E	
TI ELECTION	Month Day	Year Prima	ary Runoff	Other Description	-	1
	Monat Day	Gene	eral Specia	1 <u>S</u> 6	hool Bo	ard
	53	25				
12 OFFICE	OFFICE HELD (if any)		13 o	FFICE SOUGHT (if know	ATT)	
	San Anton	io ISD Trusk	ceD.7	Same		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITION AND OFFICEHOLDERS ARE RE	ONS ACCEPTED OR PO	LITICAL EXPENDITURES MADE WITHOUT THE CA IS INFORMATION ONLY	MADE BY POLITICAL INDIDATE'S OR OFFICE F THEY RECEIVE NOTIC	COMMITTEES TO SUPPOR HOLDER'S KNOWLEDGE OF SUCH EXPENDITURE
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	GENERAL					
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDR	RESS		
			#1 (<u></u>			
		CO 1	TO PAGE 2			
ľ		GO 1	J . AUL 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,221.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 270.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 4, 812, 13
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	(_
		1)
	0:	()
	Signature of Car	ndidate or Officeholder
	Please complete either option below	•
	i lease complete entire option below	•
(A) A PET 1 14		
(1) Affidavit		
NOTARY STAMP/SEA	L	
	-	
Sworn to and subscribed	before me by this the _	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
(2) Olisworii Deciatau	ы	
My name is	ANA and my date of birth is	1-30-69
921 201		X 78201
my dudices is		
2.	(street) (city) (st	ate) (zip code) (country)
Executed in	County, State of, on theday of	, 20 <u>27</u> - (year)
		J
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME	20 Filer ID (Ethics Commission Filers)
Eo Can-ua	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,560.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	\$ 4,812,73
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS \$ 5,221.8
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 FU	NDS \$ 1,884.90
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	CARUA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC		7 Amount of contribution (\$)
7-14-23	Matthew Sterr 6 Contributor address; City; 753 Y Blanco Rd. Sunt	State: Zip Code h howo, TK 78216	1,000.00
	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
PR	UPEREN ALANACOTMENT	SELF	
Date	Full name of contributor		Amount of contribution (\$)
7-15-23	Clermont Hepath Contributor address; City: 7334 Blunco Rd. Sunt	State: Zip Code	2,500.00
Λ.	ation / Job title (See Instructions) PERTY WANAGEMENT	Employer (See Instruction PARTNERS)	HPUL
Date		(10#)	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

LOANS

SCHEDULE E

The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
FILER NAME	ED GARZA		3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	ITEMIZED LOANS		\$ 4,812.13
Date of loan	7 Name of lender out-of-state F Edward P. Gard	PAC (ID#:)	9 Loan Amount (S) 2 927.
Is lender a financial Institution?	8 Lender address; City; 1902 W. Magholi	State: Zip Code	10 Interest rate
Y N	San Antonio TR	1820\ 13 Employer (See Instructions)	4/30/24
CON	surant	SELF	
14 Description of Colla	teral .	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
6 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state of Edward D- Gura		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; 1903 W. Magnol		Interest rate
YN	Sun Antonio TX	78201	12/31/24
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	<u>I</u>
		ES OF THIS SCHEDULE AS NEI	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATED	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	13	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 (enter a category not listed above)
O DUROSO TRANSPE	The Instruction Guide explain	s how to complete this form,	
1 Total pages Schedule F1:	2 FILER NAME ED CALLA		3 Filer ID (Ethics Commission Filers)
4 Date 1-1-23 1/3	5 Payee name LONE STAR N	ATIONAL BANK	
6 Amount (\$)	7 Payee address; 1954 Frederics	by Rd 18229	State; Zip Code
	(a) Category (See Categories listed at the top of this:	(L) Description	
8	(a) Category (see Categories listed at the top of this	(b) Description	4 SIC LSN13
PURPOSE	T C	//(0//74/	9 010
OF EXPENDITURE	Tees	She ha th	y SIC LSN13 m December
	(C) Check if travel outside of Texas. Complete Sc		in, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-1-23	Starbucks		
Amount (\$)	Payee address;	City;	State; Zip Code
125.00	2202 Frederic	,,,,,,	
	Category (See Categories listed at the top of this se		
PURPOSE			
OF	· Franchia	Co	11.00 (1 +
EXPENDITURE	1000 bollense	_ \	my chai
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, 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		
8-1-25	Pizza Roma		
Amount (\$)	Pavee address:	City;	State; Zip Code
20.22	5137 Frederick San Antonic	18229	
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE	C 1	Ω I	C
OF EXPENDITURE	FOOD & Rpense	Plani	y Session
	Check if travel outside of Texas, Complete Sc	check if Austi	in, TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES FUR BOX 8(a)		
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Feet Foor y Gift/ I Committee Lega	d/Bevarage Expense Awards/Memorials Expense al Services	Loan Repayment/Reimburseme Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	t & Related Expense
,	Th	e Instruction Guide expla	ins how to complete this form	٠.	
1 Total pages Schedule F1:	2 FILER NAME	GARNA		3 Filer ID (Ethics Co	mmission Filers)
4 Date 8 12-23	5 Payee name	achucks			
6 Amount (\$)	7 Pavee addres	s:	City;	State;	Zip Code
155.58	2202 Sun	ا به سد	shy Rd 1 x 78201		
8	(a) Category (See	e Categories listed at the top of th		1	
(**SE)	(= 12)				
PURPOSE OF EXPENDITURE	FOOL	Expense	Col	LECE OHA	ゴ
	(C) Check	if travel outside of Texas. Complete	Schedule T. Check	f Austin, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office soug	ht Offi	ice held
Date	Payee name				
8-13-23	To	va. t			
	14	., 801	Cib	Ctata	7:- C-d-
Amount (\$)	Payee addres	- 1000 PM - 100 PM	City;	State;	Zip Code
184.84	4527 Sun	2 trederick Antonio	by Rel TX 78201		
	Category (See	Categories listed at the top of this	schedule) Description	1	
PURPOSE OF EXPENDITURE	Eve	nt Bapara	Su	une Canu	P
	Check	if travel outside of Texas. Complete	Schedule T. Check	f Austin, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office soug	ht Offi	ice held
Date	Payee name				<i>-</i>
8-14-23	Sta	arhudes			
Amount (\$)	Payee addres		City;	State;	Zip Code
160.00	220°	2 Frederic	15 hy Rd 1x 78201		
	Category (See	Categories listed at the top of this	schedule) Description		
PURPOSE OF EXPENDITURE	Four	EXD EN ST		UEGE CHA	T
	Checi	if travel outside of Texas, Complete	Schedule T. Check	f Austm, TX, officeholder living expo	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sou	ght Of	fice held
	ATTAC	H ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED	
		100000	7 97 7		po programa

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	s how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ED GARZA		3 Filer ID (Ethics Commission Filers)		
4 Date 8 -11-23	5 Payee name AMAZON				
6 Amount (\$)	7 Payee address; Online Purcha.	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Event Experie	Samo	es Carp		
	(C) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1-18-23	Edward D. G	arra			
Amount (\$)	Payee address; POZ W. Mash	City:	State; Zip Code		
7	Category (See Categories listed at the top of this so				
PURPOSE OF EXPENDITURE	Partral Loan Repaym	to the	6/30/23 balence		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, 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 lop of this so	hedule) Description			
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

SCHEDULE G

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME D GANZA		3 Filter ID (Ethics Commission Filers)
4 Date	5 Payee name AT 4T		
6 Amount (\$) O O O Reimbursement from political contributions intended	7 Payee address; ONLINE Paym	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this OFFICE OVELLEAF (c) Check if travel outside of Texas. Complete	> Phow/Intern	through the Occumber of the office of the of
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
9-10-23	Payee name Ray's Dizza		
Amount (\$) 24.44 Reimbulsement from political contributions intended	Payee address: 5252 Frederick Sun Antonio	ing Rd. TX 7940	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Acinn	. HEC Session n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
9-27-23	has Palapas		
Amount (\$) 18 Reimbursement from political contributions intended	Payee address: 8005 Callaylan San Anton	~ Rl city;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Found Expense)	s schedule) Description	ship Bildy
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Candidate / Officeholder name	Schedule T. Check if Austin Office sought	n, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment						
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
4 Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 Payee name VIA 313					
6 Amount (\$) 28.69 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8435 Wurzfah Pul San Antonio TX 70235					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD SEADENSE College Chart					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office held Office sought Office held					
Date 10-11-23	Payee name Ray's Pizza					
Amount (\$) Definition of the contributions intended	Sun Antonio IX 18130					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Food Explays E Radus Plann Lessen					
	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/	Candidate / Officeholder name Office sought Office held OH					
Date	Payee name					
10-21-23	Volare					
Amount (\$) 90.39 Reimbursement from political contributions intended	Payee address; State; Zip Code 3907 McCulloyh San Antonio, TX 7076					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Food Byger L Check if travel outside of Texas. Complete Schedule T. Description Description Approxity Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

		EXPENDITURE CATI	EGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fe Fo By Git al Committee Le	od/Beverage Expense NAwards/Memorials Expense gal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising I Transportation Equipment Travet In District Travel Out Of District Other (enter a category r	nt & Related Expense
	1	he Instruction Guide expla	ins how to complete this form,		
1 Total pages Schedule G:	2 FILER NAME	CARIA		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name	. u isl	_		
11-19-05	<u> </u>	is Muand			
6 Amount (\$) #5.39 Deimbursement from political contributions intended	7 Payee addres	Blanco R - Antony	el TX 78212	State;	Zip Code
8 PURPOSE	(a) Category (Se	e Categories listed at the top of this	s schedule) (b) Description	ot 1	
OF EXPENDITURE	Food	Experse	رفاار	e that	
	(c) Chec	k if travel outside of Texas. Complete:	Schedule T. Check if Aust	in, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	Office sought	0	ffice held
Date 11-16-23	Payee name	adena Jir	nenez		
Amount (\$) 12.69 Reimbursement from political contributions intended	Payee addres	Frederik	5 by PU TX 76201	State;	Zip Code
	Category (Se	ee Categories listed at the top of thi			
PURPOSE OF EXPENDITURE	160C	Expres	_ JYBC	e leeptr	or
	Chec	k if travel outside of Texas. Complete	Schedule T. Check If Aus	tin, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/		/ Officeholder name	Office sought	C	office held
Date	Payee name				
11-30-23	Vola	re			
Amount (\$)	Payee addre	S Mc Cull	osh city;	State;	Zip Code
political contributions intended	Sun	Antonio, TV	(78216		
PURPOSE OF EXPENDITURE	Category (Se	De Categories listed at the lop of thi	s schedule) Description	Appreciat	0~
	1	ck if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living exp	ensc
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	: / Officeholder name	Office sought	C	Office held
	ATTACH	HADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fee Foo By Gift al Committee Leg	int Exponso s d/Beverage Expense (Awards/Memorials Expense ial Services he Instruction Guide expla	Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/ContractLabor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	A = 11 =				3 5 4 45 45 45	\\
1 Total pages Schedule G:	5 Payee name	ALIA			3 Filer ID (Ethics C	commission Filers)
12-11-12	ayee name	Contino	1			
6 Amount (\$)	7 Payee address	, 		City;	State;	Zip Code
Reimbursement from political contributions	2714	Mc Cullay	122			
intended	(a) Category (San	Categories listed at the topof this	, , , , ,	3212 (b) Description		
8 PURPOSE				\bigcirc \bigcirc	λ Λ	A 2
OF EXPENDITURE		Expense			Apprecial	vi
	(c) Check	if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living exp	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought	(Office held
Date	Payee name					
12-13-23	VLΔ	313				
Amount (\$)	Payee address		or 1999	City;	State;	Zip Code
Reimbursement from political contributions intended	8439 Si	" Wurzback	<u> </u>	730		
PURPOSE	Category (See	: Categories listed at the top of thi		Description		
PURPOSE OF EXPENDITURE	FOUD	Buserse	E (S. STANDONEN CO.	heady	Muth	
	Check	of travel outside of Texas. Complete	Schedule T.	Check if Austin	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		/ Officeholder name		Office sought	(Office held
Date	Payee name					
12-2823	A	lamo				
Amount (\$)	Payee addres	200 Page 1	. A	City;	State;	Zip Code
Reimbursement from	8559	Airport 181	lid	- 10		
political contributions intended	Ser	Antonio,	+11	2116		
PURPOSE OF EXPENDITURE	Category (See	categories listed at the top of this	is schedule)	Description U	o vist	-
	Check	if fravel outside of Texas, Complete	Schedule T.	Check if Austii	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	