#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME HAYS COUNTY, TEXAS 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** 290, Bldg Hwy MAILING OCT 1 1 2022 **ADDRESS** Change of Address **EXTENSION** 5 CANDIDATE/ **OFFICEHOLDER** 891-6678 PHONE MS / MRS / MR CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CITY; ZIP CODE 7 CAMPAIGN 200 , Blds 600 TREASURER Hwy **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 1925-0096 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day COVERED 29 /2022 07 2002 **THROUGH** ELECTION TYPE 11 ELECTION ELECTION DATE Primary Runoff Month Day Description ★ General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if 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 TYPE COMMITTEE NAME Hays Courty COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 6000 W FM 150, Kyle Texas 78440

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	O'Bris	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)	\$ O °°
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,3250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 00
	4. TOTAL POLITICAL EXPENDITURES	\$ 827555
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	74
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	Please complete either option below	JOSE ABEL VELA JR. NOTARY PUBLIC ID# 133669038 State of Texas Comm. Exp. 03-25-2026
(1) Affidavit		
NOTARY STAMP/SEAL Sworn to and subscribed	before me by DANIER O'SUEN this the	11 day of October. Asst Court Adala
	which, witness my hand and seal of office.	And Co of Adole
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
	, , ,	state) (zip code) (country)
Executed in	County, State of, on theday of(month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Commission Filers			mmission Filers)	
	Pariel O'Brien				
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,395	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 8,275 55	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 63.04	
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 CONTRIBUT TO FILER	TIONS RETURNED	\$	

### SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
Pagel Ol Brig		3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributor out-of-state PAC IE  Ryun Ellis  6 Contributor address; City;  201 South Ceda Steet Ruda	State: Zip Code	7 Amount of contribution (\$)
Contributor's principal occupation	9 Contributor's job title Attorney	
The Lanier Law Firm	11 Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date  Full name of contributor   out-of-state PAC ID  Toe Malone  Contributor address; City;  1186 Toro Pags Winberle, t	State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Stevens & Malone PLLC	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date  Full name of contributor   out-of-state PAC ID  Taline Manessia  Contributor address; City:  2-60 South College Start Dripping	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title Special Course	
Attory Contributor's employer/law firm  Seoge Brothy Kingaja + Haden LLD	Law firm of contributor's	spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A(J)1

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

1	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
D.	miel O'Brien		
4 Date	5 Full name of contributor out-of-state PAC II		7 Amount of contribution (\$)
	C   out-of-state PAC	D#:)	Amount of contribution (p)
081211700)	George Clenet  6 Contributor address; City;	State; Zip Code	100,00
	360 Wirecon way fish to		
8 Contributor's	principal occupation	9 Contributor's job title	
Project	Margar		
Project 10 Contributor's	employer/law firm	11 Law firm of contributor's	s spouse (if any)
Intel			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date			Amount of contribution (\$)
	Full name of contributor Out-of-state PAC II	O#:	, , , , , , , , , , , , , , , , , , , ,
08/24/20n	Perise Forser		100.06
	Contributor address: City:	State; Zip Code	(00,00
	14415 Echo Bloff Austr	TV 78737	
Contributor's		Contributor's job title	
A .			
Reties			
Contributors	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
40.15	Rex Bahr		
08124120n			1,000.00
	Contributor address; City;	State: Zip Code	
	171 Berney Lave Drippy Spr	11 TX 7860	
Contributor's	principal occupation	Contributor's job title	
A Horn		Portre	
Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
Baker.	+ Roberten		
	s a child, law firm of parent(s) (if any)		

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### SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILERNAME	el O Brig		3 Filer ID (Ethics Commission Filers)
4 Date OSIGNION	5 Full name of contributor 🗆 out-of-state PAC ID#:	ite; Zip Code	7 Amount of contribution (\$)
Fore	principal occupation 9 Co	entributor's job title	
10 Contributor's 6	Fon Vineyord s a child, law firm of parent(s) (if any)	w firm of contributor's	spouse (if any)
Date 0(1241212)	Full name of contributor out-of-state PAC ID#:  Code Lovelace  Contributor address; City; State  3314 5th Ave Fort Work tx 7	te; Zip Code	Amount of contribution (\$)
Contributor's p	orincipal occupation Co	ontributor's job title	
Lovelace		w firm of contributor's	spouse (if any)
Date Oldelnh	Full name of contributor out-of-state PAC ID#:  Stephy Sterred  Contributor address; City; State  2800 South 14-35 Suit 165 Arch TV	te: Zip Code	Amount of contribution (\$)
Contributor's principal occupation  Attan  Contributor's employer/law firm  Contributor's employer/law firm  Law firm of contributor's spouse (if any)			enouse (if any)
The Stewal	01.1.1	w iifm of contributors	spouse (ii ariy)

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### SCHEDULE A(J)1

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

			1 Total pages Schodule A/ N1:
Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	anel O'Bris		3 Filer ID (Ethics Commission Filers)
4 Date  OSI24 (20)	5 Full name of contributor out-of-state PAC   Kevin Mulling 6 Contributor address; City; 412 Sundan Trail Aledo T	State; Zip Code	7 Amount of contribution (\$)
4.4	principal occupation	9 Contributor's job title Senter Piecla of	Cochaul
1 lorages	employer/law firm		
Burlingh		11 Law firm of contributor's	s spouse (if any)
	a child, law firm of parent(s) (if any)		
Date Full name of contributor □ out-of-state PAC ID#:		D#:	Amount of contribution (\$)
661241200	Mak G1656, Contributor address; City; 526 Lushell La Nur Bruhl,	State; Zip Code	100.00
Contributor's principal occupation Contributor's job title			
Realter		Realh	
Contributor's e	mployer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08124/m2	Clinton Dennis		200.00
	Contributor address; City;	State: Zip Code	
Contributor's principal occupation  Contributor's job title			
AHony		Parti	
Contributor's e	mployer/law firm	Law firm of contributor's	spouse (if any)
	Peny PC		
if contributor is	a child, law firm of parent(s) (if any)		

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### SCHEDULE A(J)1

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

1	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Daniel C'Bry		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#:  Puffy Crane 6 Contributor address; City; State; Zip Code 1300 New Cref Circle Nriph Spring TX 78600		7 Amount of contribution (\$)	
8 Contributor's Execution	principal occupation	9 Contributor's job title	
10 Contributor's o		11 Law firm of contributor's	spouse (if any)
Date (02/07/2017)	Noncye Brite Contributor address; City;	State; Zip Code	Amount of contribution (\$)  50,00
Netrak	49 Wooderch Nr Winkle, TX principal occupation	Contributor's job title Retly 1	
	s a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
Date 69 102/202)	Full name of contributor out-of-state PAC I	D#:) State: Zip Code	Amount of contribution (\$)  250,00
Retail	27333 Siera Blue Sm A principal occupation	Contributor's job title Refal  Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
		240	

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### SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Daniel O'Brig		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC   Ron Sones	State; Zip Code	7 Amount of contribution (\$)
8 Contributor's p	principal occupation	9 Contributor's job title	
Sales		Accent Exic	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
ITuto a			
	a child, law firm of parent(s) (if any)		
Date  Full name of contributor out-of-state PAC ID#:  Out-of-state PAC ID#:  Lucy Haxe  Contributor address; City; State; Zip Code  185 Wyngg Now Dripm Spy TX 76636  Contributor's principal accuration.		Amount of contribution (\$)  50.00	
Contributor's p	inicipal occupation	CONTINUATION & JOD TITLE	
Phella Preka of Cami Seri		Sevis	
	mployer/law firm	Law firm of contributor's	
MSISM			
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor  ut-of-state PAC II	D#:	Amount of contribution (\$)
691031m	Tenne Gibsh  Contributor address; City;  75 Pin Cany Rud Saling	State: Zip Code	1,000.06
A	rincipal occupation	Contributor's job title	
Markety		Own	
r -	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

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### SCHEDULE A(J)1

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

Th	e Instruction Guide explains how to complete this for	m.	Total pages Schedule A(J)1:
2 FILER NAME	Poniel O'Brin		3 Filer ID (Ethics Commission Filers)
0910312022	5 Full name of contributor out-of-state PAC IDA  Anthony, Blazi 6 Contributor address; City;  201 Woodlak, Oul, Tri Budatt 7	State; Zip Code	Amount of contribution (\$)
8 Contributor's pr		Contributor's job title	
10 Contributor's en		11 Law firm of contributor's s	spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 69/07/503)	Full name of contributor out-of-state PAC ID# Portrice, Buns Contributor address; City; 143 Yucca Love Ach TX 7	State; Zip Code	Amount of contribution (\$)
Contributor's pr	incipal occupation	Contributor's job title Reflac	
Contributor's en	nployer/law firm	Law firm of contributor's 8	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 640717m	Full name of contributor out-of-state PAC ID#  Tennih Coche Geen  Contributor address; City;  13870 Puis, Circle Aush TX	State: Zip Code	Amount of contribution (\$)
Contributor's pr	incipal occupation	Contributor's job title	
Contributor's en		Law firm of contributor's s	spouse (if any)

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### SCHEDULE A(J)1

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

1	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Dariel O'Brig		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Payl A Educks 6 Contributor address; City; 4 Law Hill St Ard, TX	State; Zip Code	7 Amount of contribution (\$)
8 Contributor's 1	orincipal occupation	9 Contributor's job title	
O Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
2 If contributor is	s a child, law firm of parent(s) (if any)		
Date 64/12/200	Full name of contributor out-of-state PAC I  Article Page  Contributor address; City;  4800 Sterr Raci Blod And 53	State; Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title HR BUISHS Par	de.
Contributor's e	employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date )9/17/202	Full name of contributor out-of-state PAC I  Kelvin Mulin  Contributor address; City;  412 Sudy Trail Aldo To 76	State: Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation  Excum	Contributor's job title Sun Onh of	Carstructu
Contributor's e	mployer/law firm	Law firm of contributor's	
If contributor is	s a child, law firm of parent(s) (if any)		

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### SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILERNAME			3 Filer ID (Ethics Commission Filers)
	Daniel O'Bris		
4 Date			7 Amount of contribution (\$)
	5 Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
04/18/2000	Minbeley Grahm		
04/18/0000	Kinbeley Grahm  6 Contributor address; City;	State; Zip Code	25.00
	5170 Cho-dona, Pr Coral Sp	My FL 33067	
8 Contributor's p	principal occupation	9 Contributor's job title	
Nuc	Direla	Plade of Ope	at
10 Contributor's	employer/law firm	11 Law firm of contributor	
	crees Healh	II Law IIIII Di Contributor	s spouse (ii ally)
12 if contributor is	s a child, law firm of parent(s) (if any)		
5.			
Date	Full name of contributor  out-of-state PAC	D#:)	Amount of contribution (\$)
64.4	Bell Ban		
04/18/m	Contributor address; City:		50.00
	And 305 3001 Och Pr Hollyrow	Fl 33019	
Contributor's principal occupation Contributor's job title			
Atom Sr Associ Counsi			
Sr Associ Count Count  Contributor's employer/law firm  Law firm of contributor's spouse (if any)			
Brund	1		
	s a child, law firm of parent(s) (if any)		
Dete			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
66.00	Robet Russia		1000
69120114	Contributor address; City;	State: Zip Code	William atto
	C-C1 1 10 1		500,00
	581 Asp Pr Auch 7+ 78	787	300,00
Contributor's p	principal occupation	Contributor's job title	
Rect Esta Pevela			
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
Cadry	Desalvad		
	s a child, law firm of parent(s) (if any)		

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### SCHEDULE A(J)1

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 A(J)1:
2 FILERNAME Daniel O'Brien	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC  Willin Revel Hum Tr  6 Contributor address; City;  2234 Gant Cf Sm Mac	
8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/law firm    Contributor's employer/law firm    Contributor's employer/law firm   C	11 Law firm of contributor's spouse (if any)
12 h 1 1/2 h	Amount of contribution (\$)
Contributor address; City; 4716 N Skil Itu 123 Sun M Contributor's principal occupation	State; Zip Code  A TARGUL  Contributor's job title
Contributor's employer/law firm  Law firm of contributor's spouse (if any)  If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor out-of-state PAC  Christor Johs,  Contributor address; City;  POB of 1444 Prinn Sp	Amount of contribution (\$)  State: Zip Code  TX 784 2
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm  Liter S COND  If contributor is a child/ law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEEDED

### SCHEDULE A(J)1

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

1	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Daiel O'Bry		3 Filer ID (Ethics Commission Filers)
4 Date	6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
Judge	orincipal occupation	9 Contributor's job title	
10 Contributor's Hays  12 If contributor is		11 Law firm of contributor's	spouse (if any)
Date 04/4/303	Full name of contributor   out-of-state PAC    Patrick G Rehnet Contributor address; City; POBX 1916 Winterly TX Drincipal occupation	State; Zip Code	Amount of contribution (\$)
AHorne	principal occupation  proprincipal occupation  proprincipal occupation	Contributor's job title  A Hara-  Law firm of contributor's	spouse (if any)
S C   If contributor is	a child, law firm of parent(s) (if any)		
Date 09/14/100	Full name of contributor out-of-state PAC II  Billy McNall  Contributor address; City;  144 E Sm Alun, St Sm M		Amount of contribution (\$)
Contributor's principal occupation  Atom  Contributor's job title  Atom  Contributor's employer/law firm  Law firm of contributor  Self			spouse (if any)
	a child, law firm of parent(s) (if any)		

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

### SCHEDULE A(J)1

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 A(J)1:	
2 FILER NAME	viel O'Biry		3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PAC ID#:  SUSUM P Kimball  6 Contributor address;  5215 Bull Springs Rd Digning R Bb2s		7 Amount of contribution (\$)		
8 Contributor's princip	al occupation	9 Contributor's job title		
Non Profit		President		
10 Contributor's employ	/er/law firm	11 Law firm of contributor's	spouse (if any)	
Pripp 1 Spri	, Chambe of Connece			
	ild, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC II	O#: )	Amount of contribution (\$)	
Contributor address; City; State; Zip Code  104 Poe Trail Tupik, FL 33458		1,000		
Contributor's princip		Contributor's job title		
14R		UP People Open.	1100	
Contributor's employ		Law firm of contributor's		
.^ .				
If contributor is a chi	id law firm of parent(s) (if any)			
Date F	Full name of contributor  ut-of-state PAC II	D#:)	Amount of contribution (\$)	
Minton Bussett Flows + Carsey, P.C.  Contributor address; City; State: Zip Code  1100 Gyadalune Steet Austrati 18701		2,500.00		
Contributor's principal occupation  Contributor's job title				
Contributor's employer/law firm  Mn/n Bascal Flus + Care, P.C.  Law firm of contributor			spouse (if any)	
If contributor is a chi	ld, law firm of parent(s) (if any)			

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### SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Filling E	Wages/Contract Labor	Travel Out Of District Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Donlei O'Bos		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
07/01/2022	GT Strategies LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,230.40	604 W 13th Street	Austin	ΤX	78701
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	( 111 =			
OF EXPENDITURE	Consulting Expense	Compaign	Consultat	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/14/2002	Squarepare, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
40.00	225 Varick Street, 12	th floor New	YO-K, NY	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advetisky Expense	Website	Mostry	
	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			
07/22/202	Squarspac, Inc			
Amount (\$) 32. 87	Payee address;	City;	State;	Zip Code
ichonon	225 Varich Street, 12th floor	New York	NY 10014	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adverting Exprec	Websik	Hosting	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Tilliang Ex	repense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Pariel O'Bry	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
07/24/2022	Broadway Bush	
6 Amount (\$)	7 Payee address!	City; State; Zip Code
4.00	1177 NE LOOP 410	San Antonio TX 78209
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Accounting / Banking	Monthly Bunk Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/10/2002	Super Cheap Signs	
Amount (\$)	Payee address;	City; State; Zip Code
771.82	9200 Waterford Certre	Blva #100, Austm TX 76758
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advatisty Expuse	Campaign Signs
	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	
08/15/2682	Facebook	
Amount (\$)	Payee address;	City; State; Zip Code
0.00	I Hacke Way, Merlo Pa	rk, CA 94025
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advatising Experce	Digital Advetising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to committee	Vages/Contract Labor Other (enter a category not listed above)
4 7 11 1 1 51		
1 Total pages Schedule F1:	Pariel O'Bira	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
08/15/2087	tacebook	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
10.00	1 Hacks Way, Merlo Po	ch, CA 94005
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advoton Expuse	Distal Advalising
EX ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
0811512002	GT Strategies LLK	
Amount (\$)	Payee address;	City; State; Zip Code
2,000.00	604 W 13th Street	Arsty TX 78701
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting Expuse	Campais Consultat
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
28/11/3092	Facebook	
Amount (\$)	Payee address;	City; State; Zip Code
[0.00	I Hacke Way Merlo Park	, CA 94005
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advetising Expunce	Digital Advertising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag  The Instruction Guide explains how to com	ges/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	Panel O'Brin	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2022	5 Payee name Facebook	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
15.00	1 Hack Way, Merlo Pak	, CA 94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advetisy Expuse	Digital Advatsis
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/18/2007	Facebook	
Amount (\$)	Payee address;	City; State; Zip Code
15.60	1 Hacke Way Merlo Part	1 CA 94005
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Exprice	Description Disilal Advetising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
0812212022	Facebook	
Amount (\$)	Payee address;	City; State; Zip Code
25.00	I Hack Way, Mule Park	, CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Exmise	Discription Discription Advediscy
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (entier a category not listed above)
1 Total pages Schedule F1	Pariel O'Bris		3 Filer ID (Ethics Commission Filers)
4 Date 07/05/2002	5 Payee name Anedot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
4.30	1340 Poydras Street S	1770 N	er Orbes LA 70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Credit (	ad Fer
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
07/201000	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
10.30	1340 Payda Street Suil	k 1770 New	Orly 14 70112
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Credit Car	d Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
08/211202	Aredot		
Amount (\$)	Payee address;	City;	State; Zip Code
4.30	1340 Poytos Stut Svile 1770	New Only LA	70119
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fus	Creas 0	and the
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEL	nen .

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W  The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	Parcl O'Bria	3 Filer ID (Ethics Commission Filers)
4 Date 05(2(/30))	5 Payee name Archot	
6 Amount (\$) 4,30	7 Payee address; 1340 Payeles Sheet Suit 1770	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fus	Credyl Cord Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
081741200	Anelit	
Amount (\$)	Payee address;	City; State; Zip Code
4.30	1340 Paylos Steel Svite 1	770 New Orleans LA 70117
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Codi Cui Fu
	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	
Oblocim	Aredot	
Amount (\$)	Payee address;	City; State; Zip Code
40.30	1340 Paydes Stud Sork 17	70 New Only Lit 70113
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Peus	Colf and Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	Legal Services Salaries/W  The Instruction Guide explains how to G	ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	Ponel OBM	3 Filer ID (Ethics Commission Filers)
68124 (207)	5 Payee name Audit	
6 Amount (\$)	7 Payee address; 1340 Partas Sheet Svite 1	770 New Orlay LA 70112
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fus	Credil Cod Fee
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
(10614612O)	Arehol	
Amount (\$)	Payee address;	City; State; Zip Code
8.30	1340 Payday Steet Site 1771	s Non Orlas LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Coch Cool Fice
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
081261200	Aredot	
Amount (\$)	Payee address;	City; State; Zip Code
20.36	1340 Payda Stud Suit 1776.	Now Only LA 7016
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  (Kul Cul Free
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Kontract Lahor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M  The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above)
4 =		
1 Total pages Schedule F1:	Pariel O'Bre	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
081241200	Arelot	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
4,30	1340 Poyers Street Such	1770 New Orly 14 7012
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	Cril Can Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
081241207	Andreh	
Amount (\$)	Payee address;	City; State; Zip Code
4.30	1344 Parka Steel Such 1770	New orly LA 70112
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Trus	Ced, ) Card fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
081241202	Aredol	
Amount (\$)	Payee address;	City; State; Zip Code
8 30	1340 Payte Stul Sul 177	10 Me Only LA 7016
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	T-ex	Cren, Carl Free
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W  The Instruction Guide explains how to committee	ages/Contract Labor Other (e	anter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Parel O'para	3 File	r ID (Ethics Commission Filers)
4 Date ()(1)(1)(1)	5 Payee name Autot		
6 Amount (\$) 4,36	7 Payee address; 1340 Poyder Steel Suth 1770	Ner alex LA	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  (rd, f Cond	
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	Office held
O81271902	Payee name  An edut		
Amount (\$)  2.30	Payee address; VSUG Purlas Steel Suite 1776	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  ( rey ) Car	Fex
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name .		
041031302	Andret		
Amount (\$)	Payee address;	City;	State; Zip Code
10.30	13 40 Payde Stut Suit 17	770, New Only LA	7011)
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Creat Con [	-us
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Daniel O' Prita		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
Od 102 12002	Anedal		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
4,30	1340 Payor, Steel Suite 1770	New Orley L.	4 70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Cred, (	fad fre
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04108120	Aredis		
Amount (\$)	Payee address;	City;	State; Zip Code
2,30	1340 Poyda Steel Suil 1771	alex Och	LA 70112
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	te .	( ) (	1 5
OF EXPENDITURE	tus	Creat Con	rtee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0410317023	Ardet		
Amount (\$)	Payee address;	City;	State; Zip Code
40.30	1340 Pays, Stess wite 1771	O New Only	LA 7011)
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Tres	Creal Can	(rues
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category omplete this form.	not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics (	Commission Filers)
MOFBI	Pariel O'Bire		
4 Date	5 Payee name		
6910312000	Arebet		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
4.30	1340 Paydes Shall Suite 1776	New Orlay LA 10112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees Fees	Credit Carl Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought O	ffice held
Date	Payee name		
69/07/2002	Aredot		
Amount (\$)	Payee address;	City; State;	Zip Code
40.30	1340 Poyde Sheet Suik 17	70 Nr Orla LA 7014	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fus	( red; + Con Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought O	ffice held
Date	Payee name		
09107/202	And		
Amount (\$)	Payee address;	City; State;	Zip Code
4.30	1346 Pays Shel Suit 1776	Me at LA 7011	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	<u>-્યડ</u>	Credit Cal Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought C	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
Credit Card Payment

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

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 co	mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
12 of 1017	Pariel O'Bron		
4 Date	5 Payee name		
00107	Andel		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 30	1340 Pays Steel Soil 17	10 Ner ale	LA 7011)
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Credit (	C. A. F.
OF	Fus	Crevit	car fee
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
64/10/2012	Aredul		
Amount (\$)	Payee address;	City;	State; Zip Code
1,30	1346 Porte Stal Suit 1776	, Ne Orli	LA 70172
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			8
OF	Fecc	Credi Cas	(u
EXPENDITURE			
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/17/200	A . i \		
0 1(1(311)	1700		
Amount (\$)	Payee address;	City;	State; Zip Code
20.30	1340 Payda Stud Such 17	70 New Only	LA 7010
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	F	1 11 0	1 0
OF EXPENDITURE	1-46	(redi) Ga	n re
LAI LIMITOIL			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTAOLI ADDITIONAL AGRICA STERRA	AUFAILE AGAIT	-DED
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SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor  omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Vantel C'Bry 5 Payee name		3 Filer ID (Ethics Commission Filers)
09/18/2000	Audit		
6 Amount (\$)	7 Payee address; 1340 Payon Stud Such 1770	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	(me
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/18/20	Aut		
Amount (\$)	Payee address;	City;	State; Zip Code
7.30	1340 Parple Street Suit 1770	, No of L	1 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  CMI CM	(u
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04(31(21)	Payee name  Available		
Amount (\$)	Payee address;	City;	State; Zip Code
20.30	1340 Pung Stel Svil 1770	Mr Culy	21 Tolh
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	tec	Crohi Co	A Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
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

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/Wage  The Instruction Guide explains how to com	Other (enter a category not listed above)  plete this form.
1 Total pages Schedule F1:	Ponc O'Arin	3 Filer ID (Ethics Commission Filers)
4 Date 08/22/2022	5 Payee name Facebook	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
35.00	I Hacker Way, Merlo Park	CA 94025
8	(a) Category (See Categories listed at the top of this schedule) (I	D) Description
PURPOSE OF EXPENDITURE	Advatish, Expesse	Digital Advetsin
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/24/2002	Facebook	
Amount (\$)	Payee address;	City; State; Zip Code
50.00	I Hacke Way Merlo Park	CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expace	Pigital Advetising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
0812412022	Mailchinp	
Amount (\$)	Payee address;	City; State; Zip Code
18.12	675 Porce de Leur Ave NE	Suite Sooo Atlanta, GA 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Adverts: Exprese	Carpany, News le the
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Filliang	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Parel O'Bris 5 Payee name	3 Filer ID (Ethics Commission Filers)	
08/20/2027	Fuce book		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
75.00	1 Hacke Way Merlo	Pah, CA 94025	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advetising Expure	Disitel Advetising	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
0813112002	Broadway Bank		
Amount (\$)	Payee address;	City; State; Zip Code	
4.00	1177 NE Loop 410	Sun Antonio TX 78269	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounts, / Banky	Martiny Bush Fec	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09/07/2002	Facebook		
Amount (\$)	Payee address;	City; State; Zip Code	
75.00	I Hack Way Malo Pa	h, CA 94005	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advets, Expire	Disital Advatis	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politics Credit Card Payment	Legal Services Salaries/Wage  The Instruction Guide explains how to com	es/Contract Labor plete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME  Poriel Ol Bro		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/12/2002	Facebook		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
125.00	1 Hacke Way Malo Park	, CA 9	4075
8	(a) Category (See Categories listed at the top of this schedule) (the category (See Categories listed at the top of this schedule)	b) Description	
PURPOSE OF EXPENDITURE	Advetising Expan	Nigila1	Advetsing
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/10/2002	GT Strategies LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
2000.00	604 W 13th Street Austr	TX 78	701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consul Fin, Etme	Conpus	Consul tut
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/13/12022	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
8.35	1 Hacke Wa, Male Pak	, CA au	7005
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advetish Expure	Pisitul	Advalish
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 170 F 17 17 17 17 17 17 17 17 17 17 17 17 17	2 FILER NAME  Duich O'Bray  5 Payee name  Super Chap Styris	ers)
6 Amount (\$) 1,042.82	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd \$100 Austin # 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Canpus Signs  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held	
Date 041031200	Payee name Face book	
Amount (\$)	Payee address; City; State; Zip Code	
175.60	I Hack Way Malo Park, CA 94005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Wish Advetiss  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 641761707	Payee name  Mail Chin	
Amount (\$)	Payee address: City: State: Zip Code 675 Pance de Leon Ave NE Suik 5000 Atlata, GA 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Carpun Newsle He	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	fice Overhead/Rental Expense Transpor Olling Expense Travel In inting Expense Travel On Illaries/Wages/Contract Labor Other (en	n/Fundraising Expense lation Equipment & Related Expense District ut Of District ter a category not listed above)	
1 Total pages Schedule G:	Ponel O'Brig	3 Filer	ID (Ethics Commission Filers)	
4 Date	5 Payee name			
09/238072	Home Nepo+			
6 Amount (\$)  (3,04  Reimbursement from political contributions intended	7 Payee address;  Elithing 290 260	Dappy Spring TX	State; Zip Code	
8 PURPOSE OF EXPENDITURE	OF Agriculty Etner			
	(c) Check if travel outside of Texas. Complete Scheduk			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description		
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austin, TX, officeh	older living expense	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeho	older living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED		