

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST: Sylvia A. TRYON OLIVER MI NICKNAME: LAST: SUFFIX:	OFFICE USE ONLY Date Received Date Filed 7/15/2024 [Signature] Rebecca Huerta City Secretary	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2814 Rogers St. Corpus Christi, TX 78405		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address AREA CODE PHONE NUMBER EXTENSION (361) 877-3634	Date Filed (if different than above)	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Eddie Jackson-Mathis	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4721 Angela Dr Corpus Christi, TX 78416	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION (361) 726-7580		
8 CAMPAIGN TREASURER PHONE	REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	PERIOD COVERED Month Day Year THROUGH Month Day Year 04 / 22 / 2024 THROUGH 06 / 30 / 2024		
10 PERIOD COVERED	ELECTION DATE Month Day Year 04 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 ELECTION	OFFICE HELD (if any)	OFFICE SOUGHT (if known) Council At Large	
12 OFFICE	NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
13 NOTICE FROM POLITICAL COMMITTEE(S)	<input type="checkbox"/> Additional Pages <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME Sylvia Tryon Committee To Elect COMMITTEE ADDRESS P.O. Box 71544 Corpus Christi, TX 78467 COMMITTEE CAMPAIGN TREASURER NAME Ms. Eddie Jackson Mathis COMMITTEE CAMPAIGN TREASURER ADDRESS 4721 Angela Dr Corpus Christi, TX 78416	

GO TO PAGE 2

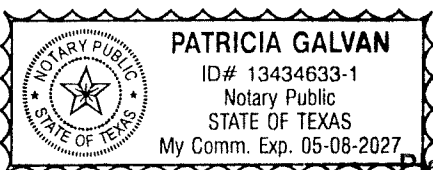
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Sylvia A. Tyson Oliver</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6523⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>1204⁰⁰</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5009⁰⁰</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2409⁰⁰</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sylvia A. Tyson Oliver
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Sylvia A. Tyson Oliver* this the *15th* day of *July*, 20*24*, to-wit, to certify which, witness my hand and seal of office.
Patricia Galvan *notary public*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6523 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 205 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 1430 ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5009 ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1204 ⁰⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 105

MONETARY POLITICAL CONTRIBUTIONS

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: 21
2 FILER NAME Sylvia Tyson		3 Filer ID (Ethics Commission Filers)
4 Date April 30, 24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Hawkins	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date June 1, 24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Presella Cambone	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code cc TX 78405		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Clark	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Elias	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6/1/2024	Clara Hamilton	100.00
6 Contributor address; City; State; Zip Code		
[Redacted] CTX 78416		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/1/2024	Jennifer Jackson	20.00
Contributor address; City; State; Zip Code		
[Redacted] CTX 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/1/2024	Eddie Jackson-Maxhis	20.00
Contributor address; City; State; Zip Code		
[Redacted] CA TX 78416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/1/24	Coby Russell	20.00
Contributor address; City; State; Zip Code		
[Redacted] 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Elec Specialist	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Sims	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Varner	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldie Wooten	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code [REDACTED] CCTX 78405		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Jackson	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [Redacted] CTX 78412		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Bell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] CTX 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Jackson Mathis	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] CTX 78416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Jackson Mathis	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code [Redacted] CTX 78416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/15/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Sims</i>	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/15/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G. Taylor</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>New Jersey</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Perry</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Tonksley</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>Houston, TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/15/24	5 Full name of contributor Anon ymous <i>Anonymous</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/24	Full name of contributor Liza Wisner <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/21/24	Full name of contributor Sandra Polk <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/24	Full name of contributor Henry Locke <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] LLTX 78401	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/20/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rachel Vargas</i>	7 Amount of contribution (\$) <i>100.02</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>OC TX 78401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>6/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Verner</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>6/21/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Sims</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>6/21/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria Hamilton</i>	Amount of contribution (\$) <i>200.03</i>
Contributor address; City; State; Zip Code [Redacted] <i>OC TX 78416</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$)
6/21/24 Anonymous 20.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date Full name of contributor 6 Contributor address; City; State; Zip Code Amount of contribution (\$)
6/21/24 N. A. A. C.P. 200.00
CC TX 78466

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor 6 Contributor address; City; State; Zip Code Amount of contribution (\$)
6/21/24 Carolyn Shaw 20.00
CC TX 78416

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor 6 Contributor address; City; State; Zip Code Amount of contribution (\$)
6/22/24 Hat Feet 40.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Blank section for additional contributions.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor [] out-of-state PAC (ID#: _____) 7 Amount of contribution (\$)
6/22/24 D. Frances 10.00
6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date Full name of contributor [] out-of-state PAC (ID#: _____) Amount of contribution (\$)
6/22/24 Mike + Vicky Tryon 100.00
Contributor address; City; State; Zip Code
Houston TX

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor [] out-of-state PAC (ID#: _____) Amount of contribution (\$)
6/22/24 Jo Bell 100.00
Contributor address; City; State; Zip Code
CCR 78415

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor [] out-of-state PAC (ID#: _____) Amount of contribution (\$)
6/22/24 MONNA Lytle 40.00
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

[Empty section for additional contributions]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Willie Woodson</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Caretta Graham</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Estrada</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eunice Sharkey</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam Trahan</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Williams</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Helen Brown</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>CC TX 78405</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harry Williams</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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MONETARY POLITICAL CONTRIBUTIONS

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:
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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
--------------	---------------------------------------

4 Date <i>6/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Korey Hardeman</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Flea Cain</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nikela Pradier</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>alberto Carrillo</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date <i>6/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reyes Torres</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donald Leavell</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kat Clark</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>6/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Elizondo</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] CCTx 7813</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Williams</i>	7 Amount of contribution (\$) <i>180.00</i>
<i>6/22/24</i>	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rabbie Richard</i>	Amount of contribution (\$) <i>50.00</i>
<i>6/22/24</i>	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doris Gilmore</i>	Amount of contribution (\$) <i>100.00</i>
<i>6/22/24</i>	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mella Smith</i>	Amount of contribution (\$) <i>20.00</i>
<i>6/22/24</i>	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6/25/2024	Sandra Tryon Contributor address; City; State; Zip Code Houston TX	100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/25/2024	Deanne Taylor Contributor address; City; State; Zip Code	43.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/25/2024	Leroy Bunch Contributor address; City; State; Zip Code	50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/25/2024	Brenda Flores Contributor address; City; State; Zip Code	200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/25/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lora Lista</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/27/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shirley Rhodes</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/27/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Rhodes</i>	Amount of contribution (\$) <i>180.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/27/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eleanor Kais</i>	Amount of contribution (\$) <i>240.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] CC TX 78411</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

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:
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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 6/27/24	5 Full name of contributor B. Guter <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 6/27/24	Full name of contributor Willie B Spears <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 6/27/24	Full name of contributor E. Sharkey <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 6/27/24	Full name of contributor Curtis Clark <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6/27/24	J Klein	40.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/27/24	Lisa Bonner	40.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/27/24	A. J.	60.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/27/24	Carolyn Shaw	20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/27/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deanna King</i>	7 Amount of contribution (\$) <i>40.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/27/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>B. Jackson</i>	Amount of contribution (\$) <i>60.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/27/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harry Williams</i>	Amount of contribution (\$) <i>40.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/27/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jackie Walker</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONNA LYTTIE	7 Amount of contribution (\$) 40-
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmie + Bertha Tryon	Amount of contribution (\$) 100. ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] CCTx 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie L.	Amount of contribution (\$) 20. ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Plummer	Amount of contribution (\$) 20. ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] CCTx 78405		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6/27/24	Raquel Ibarra	40.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/27/24	Jo Bell	180.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6/27/24	ANONYMOUS	80.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Sylvia Trayon</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>205.00</u>	
5 Date <u>6/29/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bell Family</u>	8 Amount of Contribution \$ <u>50.00</u>	9 In-kind contribution description <u>Campaign</u> <u>Supplies for BBQ fundraiser</u>
7 Contributor address; City; State; Zip Code <u>3605 SAMBLAS CE TX 78415</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>6/29/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jackson Family</u>	Amount of Contribution \$ <u>155.00</u>	In-kind contribution description <u>Campaign</u> <u>Items for BBQ fundraiser</u>
Contributor address; City; State; Zip Code <u>4617 Angela Dr CCTx 78416</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			
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LOANS

SCHEDULE E

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 E: <u>1</u>
2 FILER NAME <u>Sylvia Tryon</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>1430⁰⁰</u>
5 Date of loan <u>6/21/24</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Priscilla Cambria</u>	9 Loan Amount (\$) <u>1,430.00</u>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <u>2814 Rogers Ct TX 78405</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>N/A</u>
12 Principal occupation / Job title (See Instructions) <u>Retired</u>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <u>Tryon Campaign</u>	19 Amount Guaranteed (\$) <u>1,430.00</u>
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 4		2 FILER NAME Sylvia Taylor		3 Filer ID (Ethics Commission Filers)	
4 Date 6/22/24		5 Payee name Christian Smalls - Texas Techs			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 517 Everhart Dr Corpus Christi, TX 78411			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description D.J. for event Christian Smalls		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Taylor		Office sought Council At Large	
Date 6/24/24		Payee name Priscilla Canham			
Amount (\$) 1430.00		Payee address; City; State; Zip Code 2814 Rogers Ctr 78405			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Repayment to Loan		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Taylor		Office sought Council At Large	
Date 6/27/24		Payee name Foil Creations + Printing			
Amount (\$) 492.54		Payee address; City; State; Zip Code 4531 Ayers St # 221 Corpus Christi, TX 78415			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description Foil Creation + Printing Materials for Campaign		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Taylor		Office sought Council At Large	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sylvia Taylor</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/5/24</i>	5 Payee name
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6 Amount (\$) <i>41.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	(b) Description <i>Credit Card Payment</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Taylor</i>	Office sought <i>Council At Large</i>	Office held
---	---	--	-------------

Date <i>6/8/2024</i>	Payee name <i>Coby Russell - One Stop Services</i>
-------------------------	---

Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>4318 Kirkwood Dr Corpus Christi, TX 78411</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Deposit for Supplies - Campaign BBQ fundraiser on 6/29</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Taylor</i>	Office sought <i>Council At Large</i>	Office held
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Date <i>6/21/24</i>	Payee name <i>Holiday INN - Corpus Christi Conference Ctr</i>
------------------------	--

Amount (\$) <i>2380.75</i>	Payee address; City; State; Zip Code <i>Holiday INN Airport, TX 78408 5549 Loop West</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraiser expense</i>	Description <i>Balance for fundraiser / Campaign Reception on 6/22/24</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Taylor</i>	Office sought <i>Council At Large</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 6/28/24	5 Payee name Walmart	
6 Amount (\$) 7.35	7 Payee address; 1821 S. Padre Island Dr Corpus Christi, TX	City; State; Zip Code 78416
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage expense	(b) Description BBQ fundraiser supplies for Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Taylor Council At Large	Office sought Office held
Date 6/28/24	Payee name Sam's Club	
Amount (\$) 62.58	Payee address; 4833 J. Padre Island Dr Corpus Christi, TX	City; State; Zip Code 78411
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage expense	Description BBQ fundraiser supplies for Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Taylor Council At Large	Office sought Office held
Date 6/28/24	Payee name Sam's Club	
Amount (\$) 24.03	Payee address; 4833 S. Padre Island Dr Corpus Christi, TX	City; State; Zip Code 78411
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage expense	Description BBQ fundraiser supplies for Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Taylor Council At Large	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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:	2 FILER NAME <i>Sylvia Taylor</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/28/24</i>	5 Payee name <i>Starie Club</i>
--------------------------	------------------------------------

6 Amount (\$) <i>37.96</i>	7 Payee address; <i>4833 S Padre Island Dr</i>	City; <i>Corpus Christi, Tx</i>	State; <i>78411</i>	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food + Beverage Expense</i>	(b) Description <i>BBQ Fundraiser Supplies for Campaign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Taylor</i>	Office sought <i>Council At Large</i>	Office held
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Date <i>6/29/2024</i>	Payee name <i>Colby Russell - One Stop Services</i>
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Amount (\$) <i>82.80</i>	Payee address; <i>4318 Kirkwood Dr</i>	City; <i>Corpus Christi, Tx</i>	State; <i>78411</i>	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food + Beverage expense</i>	Description <i>Balance for supplies BBQ fundraiser - Campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Taylor</i>	Office sought <i>Council At Large</i>	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 04	2 FILER NAME: Sylvia Trayon	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1209⁰⁰
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5 CREDIT CARD ISSUER: Prosper	Name of financial institution: Coastal Community Bank
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6 PAYMENT: 74.01	(a) Amount Charged: \$ 74.01	(b) Date Expenditure Charged: 5/14/24	(c) Date(s) Credit Card Issuer Paid: 5/14/24
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7 PAYEE: Custom Buttons	(a) Payee name: CustomTattoosNOW	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule): Solicitation/Fundraising Exp	(b) Description: Campaign Buttons for Team
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Sylvia Trayon	Office Sought: Council At Large	Office Held:
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PAYMENT: 78.45	(a) Amount Charged: \$ 78.45	(b) Date Expenditure Charged: 5/24/24	(c) Date(s) Credit Card Issuer Paid: 5/24/24
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PAYEE: Hibachi Grill	(a) Payee name: Hibachi Grill	(b) Payee address; City, State, Zip Code: 5274 S Staples Ct TX 78911
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule): Food/Beverage Exp	(b) Description: Campaign Team Mtg
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Sylvia Trayon	Office Sought: Council At Large	Office Held:
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PAYMENT: 50⁰⁰	(a) Amount Charged: \$ 50⁰⁰	(b) Date Expenditure Charged: 5/29/24	(c) Date(s) Credit Card Issuer Paid: 5/29/24
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PAYEE: YWCA	(a) Payee name: YWCA-Corpus Christi	(b) Payee address; City, State, Zip Code: 4601 Corona Dr TX 78411
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: Campaign Event Deposit for Conf room
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Sylvia Trayon	Office Sought: Council At Large	Office Held:
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Sylvia Trayon	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER Prosper	Name of financial institution Coastal Community Bank
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6 PAYMENT 40.04	(a) Amount Charged \$ 40.04	(b) Date Expenditure Charged 5/30/24	(c) Date(s) Credit Card Issuer Paid 5/30/24
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7 PAYEE Office Depot	(a) Payee name Office Depot #70	(b) Payee address; City, State, Zip Code 5425 S. Padre Island Dr. TX 78411
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Trayon	Office Sought Council At Large	Office Held
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PAYMENT 25.08	(a) Amount Charged \$ 25.08	(b) Date Expenditure Charged 5/30/24	(c) Date(s) Credit Card Issuer Paid 5/30/24
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PAYEE Walmart	(a) Payee name Walmart #5858	(b) Payee address; City, State, Zip Code 1821 S. Padre Island Dr. TX 78416
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Trayon	Office Sought Council At Large	Office Held
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PAYMENT 93.68	(a) Amount Charged \$ 93.68	(b) Date Expenditure Charged 5/30/24	(c) Date(s) Credit Card Issuer Paid 5/30/24
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PAYEE Luby's	(a) Payee name Luby's Catereria	(b) Payee address; City, State, Zip Code 5730 Sanchez Blvd. TX 78414
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Trayon	Office Sought Council At Large	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Sylvia Tryon	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER Dropsen Coastal Community Bank	Name of financial institution
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6 PAYMENT 111.17	(a) Amount Charged \$ 111.17	(b) Date Expenditure Charged 6/4/24	(c) Date(s) Credit Card Issuer Paid 6/4/24
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7 PAYEE Cricket	(a) Payee name Cricket Wireless Inc	(b) Payee address; City, State, Zip Code 1926 Huron Rd El TX 78416
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead/rental exp	(b) Description Campaign phone
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Tryon	Office Sought Council At Large	Office Held
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PAYMENT 54.11	(a) Amount Charged \$ 54.11	(b) Date Expenditure Charged 6/5/24	(c) Date(s) Credit Card Issuer Paid 6/5/24
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PAYEE Evite, Inc	(a) Payee name Evite, Inc	(b) Payee address; City, State, Zip Code Los Angeles, CA
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising exp	(b) Description Campaign Digital Invitations
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT 166.67	(a) Amount Charged \$ 166.67	(b) Date Expenditure Charged 6/28/24	(c) Date(s) Credit Card Issuer Paid 6/28/24
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PAYEE Office Depot	(a) Payee name Office Depot #70	(b) Payee address; City, State, Zip Code 5425 S. Padre Island Dr El TX 78411
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising exp	(b) Description Campaign Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Tryon	Office Sought Council At Large	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Sylvia Tryon</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER <i>Prosper Coastal Community Bank</i>	Name of financial institution
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6 PAYMENT <i>91.00</i>	(a) Amount Charged <i>\$ 91.00</i>	(b) Date Expenditure Charged <i>6/7/24</i>	(c) Date(s) Credit Card Issuer Paid <i>6/7/24</i>
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7 PAYEE <i>USPS</i>	(a) Payee name <i>United States Postal Service</i>	(b) Payee address; City, State, Zip Code <i>4213rd Puff Ave 78415</i>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead/Rental Exp.</i>	(b) Description <i>Campaign Post Office Box</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Tryon</i>	Office Sought <i>Council At Large</i>	Office Held
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PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
--------------	----------------	--

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:		2 FILER NAME	3 FILER ID (Ethics Commission Filers)
		Sylvia Tryon	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 49.04		
5 CREDIT CARD ISSUER	Name of financial institution		
SAM'S Club	Synchrong Bank		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
49.04	\$ 49.04	5/31/24	5/31/24
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
SAM'S Club	SAM'S Club	4833 S. Palm Island Dr 78411	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Food/Beverage Expense		Refreshments for Campaign Mtg
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
	Sylvia Tryon		Council At Large
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
1	Sylvia Tryon	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 371.00
5 CREDIT CARD ISSUER	Name of financial institution	
Prosper	Coastal Community Bank	
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged
371.00	\$ 371.00	6/3/24
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
	Holiday Inn Airport CC Conference Center	5549 Leopard St de TX 78408
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	Solicitation/Fundraising Exp	Deposit for conference room - campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought
	Sylvia Tryon	Council At Large
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged
	\$	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged
	\$	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	NAACP - National Association of the Advancement of Colored People		
2 POSITION HELD	Board Member		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Nueces County Hospital District Board		
POSITION HELD	Board Member		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	St Paul United Methodist Church		
POSITION HELD	Secretary		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY