		CEHOLDER CEREPORT	.,	FO COVER SH	RM C/OH EET PG 1
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	9
3 CANDIDATE/ OFFICEHOLDER NAME	Ms/MRs/MR Mr.	FIRST Larry	MI	OFFICE U	SE ONLY
INAIVIE	NICKNAME	Elizondo	SUFFIX	Date Received Date Fil	ed 7/15/202
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	48 Great La Corpus Chri		CITY; STATE; ZIP CODE	86	ang
Change of Address			April 6	Rebeco	ca Huerta
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	331-0302	EXTENSION	Date Hand@itydS	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	MRS	Gloria	SUFFIX	Date Processed	
	MONANE	Hicks	337111	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	48 Great La	(NO PO BOX PLEASE); APT / S kes Drive sti, Texas 78413	UITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 331-0302	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e	Former day Market	15th day after treasurer appo (Officeholder C	intment
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH 6	Day Year / 30 / 24	West of the second seco
11 ELECTION	Month Day	Year Primary 24 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	en and a second an	At-Large
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE MITHOUT THE CANE RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDE	R'\$ KNOWLEDGE OR
Additional Days	GENERAL	COMMITTEE ADDRESS	e de la composition della comp		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO	PAGE 2		

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Revised 1/1/2024



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

9, 1111, 711, 91	· · · · · · · · · · · · · · · · · · ·					
15 C/OH NAME Larry Elizondo		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTÉES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,894.13				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,95,51				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 15,939,62				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* O. 00				
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information				
	uired to be reported by me under Title 15, Election Code.					
	\vee \wedge τ					
	hu, l), 2	l'ale				
Signature of Candidate or Officeholder						
	·	•				
	Please complete either option below	7:				
	•					
(1) Affidavit						
(1) Alliauvic						
NOTARY STAMP/SEA	-					
Sworn to and subscribed	before me by this the	day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is	Great Littles Dr. Congrus Work	11/4/59 TA 1843 USA				
,		tate) (zip code) (country)				
Executed in <u>Mue</u>		1-1, 20 dy.				
		ty Control of Control				
	Signature of Candid	ate/Offigeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

ı	FILER NAME arry Elizondo	20 Filer ID (Ethics Cor	nmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	,		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,894.13
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 2			
	FILER NAME arry Elizo	ondo			3 Filer ID (Ethics Commission Filers)			
4	Date	SEE ATTACHED		(ID#:)	7 Amount of contribution (\$)			
			City;	State; Zip Code				
8	Principal ocou	pation / Job title (See Instructions)		9 Employer (See Instruo	tions)			
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
		Contributor address;		State; Zip Code				
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)			
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
		Contributor address;		State; Zip Code				
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruo	tions)			
	Date	Full name of contributor o	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
		Contributor address; C	Dity;	State; Zip Code				
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lions)			
	- Applying		······································		- Lander Control of the Control of t			
		ATTACH ADDITIONA		F THIS SCHEDULE AS N				

Contributor	Address	Eity	State	diZ	Date	Amount
Gloria Hicks	5226 Greenbriar	Corpus Christi	X	78415	4/10/24 \$	1,000.00
Iris Simmons	100 Lakeshore Orive	Corpus Christi	ĭ	78413	4/10/24 \$	100.00
Adler Family	101 Alta Plaza	Corpus Christi	ΧI	78411	6/25/24 \$	400.00
Theodore J. Casten	1124 Gatewood Circle	Shreveport	LA	71106	4/11/24 \$	500.00
Dan Leyendecker	15222 Gane harbor	Corpus Christi	Ϋ́	78418	4/17/24 \$	520.87
Moore Funds LLC	1601 Glenoak Drive	Corpus Christi	X	78418	4/10/24 \$	5,000.00
Rupak Patel	203 Terravista Trail	Victoria	XI	77904	4/20/24 \$	1,000.00
Charles Hicks	218 Lorraine Drive	Corpus Christi	ĭ	78414	4/10/24 \$	500.00
Salazar Investments	2434 Sacky Drive	Corpus Christi	ΧĮ	78415	4/10/24 \$	100.00
Larry & Sandra Clement	2546 Las Estrellas St.	Corpus Christi	ĭ	78414	4/11/24 \$	104.42
Billy Lerma	2922 Charles Drive	Corpus Christi	XI	78410	4/10/24 \$	200.00
Amador & Rosie Duran	3145 Crestwater Orive	Corpus Christi	ĭ	78415	4/10/24 \$	100.00
Debra Lopez	3150 China Berry Lane	Corpus Christi	ĭ	78415	4/10/24 \$	100.00
Victoria Rivas	3706 Wickersham Drive	Corpus Christi	ΣĽ	78415	4/10/24 \$	20.00
Rodd Village Development LLC	2434 Sacky Drive	Corpus Christi	ĭ	78415	4/10/24 \$	125.00
Philip Ramirez	3751 Alameda St	Corpus Christi	ĭ	78411	4/10/24 \$	200.00
David C. Loeb	3833 S. Staples	Corpus Christi	X	78411	4/10/24 \$	200.00
Carl Sams	3938 Surfside Boulevard	Corpus Christi	ĭ	78402	4/11/24 \$	104.42
Deven Bhakta	40 East Bar-Le-Doc Drive	Corpus Christí	×	78414	4/10/24 \$	200.00
Chase Carlisle	418 Cape Cod	Corpus Christi	×	78412	6/6/24 \$	1,000.00
Bhaskar & Minakshi Patel	4337 Lake Ontario Orive	Corpus Christi	×	78413	3/31/24 \$	200:00
Robert Quijas	453 Eldon Drive #1	Corpus Christi	X	78412	4/10/24 \$	20.00
Captain Steve Banta & Sarah Banta	4833 Wooldridge Road	Corpus Christi	X	78413	4/10/24 \$	200.00
Joe & Mary McComb	5323 St. Andrews	Corpus Christi	×	78413	4/10/24 \$	1,000.00
Tierra Motors LLC	2434 Sacky Drive	Corpus Christi	×	78415	4/10/24 \$	125.00
Louis & Denice Whetstone	5402 King Acres Drive	Corpus Christi	ĭ	78414	4/10/24 \$	200.00

Jose Cavazos	5425 Whitemarsh Orive	Corpus Christi	≚	78413	4/10/24 \$	40.00
Rob Leon	555 N. Carancahua Ste 1750	Corpus Christi	×	78401	B/27/24 \$	200.00
Wayne Squires	5642 Aransas Street	Corpus Christi	X	78411	4/10/24 \$	200.00
David & Cindy Cantu	5714 Waterford Drive	Corpus Christi	×	78414	4/12/24 \$	100.001
Rudy & Nora Rubio	5822 Aava Drive	Corpus Christi	X	78414	4/10/24 \$	200.00
Ronnie Guzman	6129 Hastings Drive	Corpus Christi	X	78414	3/19/24 \$	200.00
Jeremy Goleman	7510 Cedar Brush Orive	Corpus Christi	ĭ	78414	4/14/24 \$	200:00
Manuel & Bianca Munoz	7705 Krypton	Corpus Christi	×	78414	4/10/24 \$	100.00
Christopher Clark	820 Mcbride Lane	Carpus Christi	XI	78408	6/11/24 \$	2,000.00
Dave Resendez	8817 Marauder Orive	Corpus Christi	X	78414	6/26/24 \$	500.00
Rudy Garza	901 N. Upper Broadway #204	Corpus Christi	X	78401	4/10/24 \$	200.00
Priscilla Munaz	P.O. Box 451067	Laredo	ΧI	78045	4/10/24 \$	200.002
Reaction Fitness	P.O. Box 60267	Corpus Christi	Σ	78466	4/10/24 \$	1,000.00
Plumbers Local Union No. 68 PAC Fund	P.O. Box 8746	Houston	×	77249	4/10/24 \$	1,000.00
Greg Knupp	615 N Upper Broadway Ste 910	Corpus Christi	×	78401	8/21/24 \$	104.42
Steve Barrera	6646 Mountain Wood Drive	Corpus Christi	¥	78413	6/27/24 \$	100.00
Michael Reeves	6833 Meadowbreeze Parkway	Corpus Christi	ΣĽ	78416	4/10/24 \$	101.00
Ed Cantu	7122 S. Staples Ste. C	Corpus Christi	ĸ	78413	4/10/24 \$	100.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:		
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)		
Larry Eliz	ondo					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor)		9 In-kind contribution		
	Theo Dimopoulis - Katz 21		Contribution \$	description		
04/10/2024	***************************************	Zip Code	3,000.00	Announcement Event space & food		
	5702 Spohn Drive, Corpus Christi, T	•		,		
				de of Texas. Complete Schedule T.		
· ·	upation / Job title (FOR NON-JUDICIAL)(See Instructions) Katz 21 Steak & Spirits	11 Employe Self	er (FOR NON-JUDICIA	AL)(See instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JU	DICIAL) (See Instructions)		
· · · · · · · · · · · · · · · · · · ·	,	.0				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsion	de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (If any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			7,10		
	ATTACH ADDITIONAL CODICS OF T	UIC CCUED!	II E AR NEEDED			
1	ATTACH ADDITIONAL COPIES OF T			requirements		

PLEDGED CONTRIBUTIONS

SCHEDULE B

•				-	
The	Instruction Guide explair	ns how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME Larry Elizo	ondo			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLED	GES	J	\$	
5 Date	6 Full name of pledgor			8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; Ste	ate; Zip Code		
				Check if travel outs	I. ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instru	ictions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Sta	ate; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;		ate; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
, in the second		ADDITIONAL COPIES			
lf (contributor is out-of-state	e PAC, please see insti	ruction guide for a	additional reporting	requirements.

LOANS SCHEDULE E

·	* • • • • • • • • • • • • • • • • • • •		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Larry Elizond	0		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form

	The instruction Guide explains now to c	.omplete this form.	·	
1 Total pages Schedule F1:	2 FILER NAME Larry Elizondo		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
	SEE ATTACHED			
6 Amount (\$)	7 Payee address;	Cíty;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		<u> </u>	
Amount (\$)	Payee address;	City;	State;	Zip Code
		т		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	I	-		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

Contributor	Address	City	State	Zip 1	Jate .	Amount	Type
Joseph Ramirez	400 Mann Ste 1006	Corpus Christi	X	78401	5/2/24	\$ (500.00)	78401 5/2/24 \$ (500.00) Event Expense
Joseph Ramirez	400 Mann Ste 1006	Corpus Christi	ΧL	78401	5/2/24	\$ (349.07)	Printing
Milestone Collaborative System	3522 S Alameda	Corpus Christi	ΧL	78411	5/16/24	\$ (1,500.00)	Consulting
Milestone Collaborative System	3522 S Alameda	Corpus Christi	XI	78411	6/13/24	(1,500.00)	Consulting
Steve Ray Associate:	Box 742	Corpus Christi	X	78403	6/21/24	\$ (1,800.00)	Consulting
Donorbox Platform Fee	HO - 5 3rd Street	San Francisco	СĀ	94103	6/28/24	\$ (II3.49) Pr	Processing Fees
Stripe Processing Fee	HO - 354 Oyster Point Blvı	South San Francisco	GA	94080	6/28/24	\$ (191.95)	Processing Fees
	,						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: Larry Elizondo 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; State: Zip Code City; TYPE OF Non-Political EXPENDITURE Political Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

ii the reques	ted information is not applicable, DO NOT include this page if	n tne	e repo	rt.			
Т	he Instruction Guide explains how to complete this form.	1	Total pa	iges Sc	hedule F3	3;	
2 FILER NAME Larry Eli	zondo	3	Filer ID	(Ethics	Commiss	sion Filers)	
4 Date	5 Name of person from whom investment is purchased	-					
	6 Address of person from whom investment is purchased; Cit				State;	Zip Cod	de
:	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased	A				114	
	Address of person from whom investment is purchased; City	, , , , , , , , , , , , , , , , , , ,	******		State;	Zip Cod	e
	Description of investment				1000		
	Amount of investment (\$)						
						A la	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS I	VEEDE	D			

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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Ву		rage Expense s/Memorials Expense ices	Polling E Printing B Salaries/			Travel In District Travel Out Of District Other (enter a categor	y not listed above)
The Instruction	Guide explains h	low to co	mplete this form.		USE A NEW PAG	3E FOR E	ACH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4;	2 FILER NAME Larry Elizo	ondo					3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARG	GED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financi	al instituti	ion	- Ny Andrews				
6 PAYMENT	(a) Amount Charg	ged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	Card Issue	er Paid	
7 PAYEE	(a) Payee name	hap to recover and		(b) Payee add	dress;	City	y, State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (see	Categories list	ited at the top of this sched	ule)	(b) Description		Personal Communication (1997)	
Political Non-Political	(c) Check i	f travel outs	side of Texas. Complete	Schedule T.	Che	eck if Austin,	, TX, officeholder living	expanse
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Office holder name Office Sought			ice Sought		Office Held	4	
PAYMENT	(a) Amount Charg	ged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	Card Issue	er Paid	<i>3</i> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
PAYEE	(a) Payee name			(b) Payee add	dress;	City	y, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (see (Categories list	ted at the top of this sched	ula)	(b) Description			rateman qui de la companya de la co
Non-Political	(c) Check if	f travel outs	side of Texas. Complete	Schedule T.	Ch	eck if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Offic	eholder n	iame	Offi	ice Sought		Office Held	
PAYMENT	(a) Amount Charg	ged	(b) Date Expenditu	e Charged	(c) Date(s) Credit	Card Issue	r Paid	***
PAYEE	(a) Payee name			(b) Payee add	lress;	City	y, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See C	Categories list	ted at the top of this schedu	ile)	(b) Description	- Angelog Melineran Angelog Me		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Schedule T.	C	heck if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<u> </u>			Offi	ce Sought		Office Held	
	ATTACH	I ADDIT	IONAL COPIES	OF THIS	SCHEDULE A	SNEED	ED	1 915

Forms provided by Texas Ethics Com

Reset Form

Reset Page

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Revised 1/1/2024

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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	AWages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule G:	² FILER NAME Larry Elizondo		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursøment from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin,	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSÉ OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Gfft/Awards/Memortals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed above)

Solicitation/Fundralsing Expense

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Gifl/Awards/Memorials Expense Legal Services The Instruction Guide expla		Wages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
1 Total pages Schedule H:	2 FILER N		anna daga ka aribi ati tana a mana a man		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;	y	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	(Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
EM EMBITORE		heck if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	C	Office held
Date	Business	name				
Amount (\$)	Business	address;	***************************************	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
EVI FUDITORE		heck if travel outside of Texas. Complete So	chédule T.	Check if Austin	, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C		ite / Officeholder name		Office sought	C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME Larry Elizondo		3 Filer ID (Ethics Co	ornmission Filers)
4 Date	5 Payee name		<u> </u>	Aplana
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type of	Information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	Information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	Information
Date	Payee name			- Charles - Char
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	Information
Age	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	Advantage

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	c Commission Filers)
Larry Elizoi	ndo		o outside the second
4 Date	5 Name of person from whom amount is received	<u> </u>	8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	ite; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

							,	
The Instru	ction Guide	explains h	ow to complete	this fo	orm.	1 Tot	al pages Schedule T	:
2 FILER NAME Larry Elizondo						3 FI	ler ID (Ethics Comm	nission Filers)
4 Name of Contributor /	Corporation	or Labor Orga	anization / Pledg	jor / Play	/ee			
5 Contribution / Expendit	ure reported	d on:		,,,,,,,				
g ^{maj} -anaga	province.	· ·				Promoter		amount part
Schedule A2	Sch	edule B	Schedule B(J) [Schedule C2	2	Schedule D	Schedule F1
Schedule F2	Sch	edule F4	Schedule G		Schedule H		Schedule COH-UC	Sohedule B-SS
6 Dates of travel	7 Name o	f person(s) tra	aveling					
	8 Departu	re city or nam	e of departure lo	cation	····	······································	***************************************	The second secon
	9 Destinat	tion city or nar	me of destination	n locatio	n			
15		Lat						
10 Means of transportation								
Name of Contributor /	Corporation	or Labor Orga	anization / Pledg	or / Pay	/ee			
Contribution/ Expendit	ure reported	d on:						
Schedule A2	Sche	edule B	Schedule B(n [Schedule C2		Schedule D	Schedule F1
· ·	pro-	posesso.	·	-)			•	procession"
Schedule F2	Sch	edule F4	Schedule G		Schedule H		Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	f person(s) tra	ıveling					
	Departu	re city or nam	e of departure lo	ocation				
	Destinat	ion city or nar	ne of destination	n locatio	n			
Means of transportation	on .	Purpose	of travel (includi	Ing nam	e of conference	e, seminar,	or other event)	NAME OF THE OWNER OWNER OF THE OWNER OWNE
Name of Contributor / 0	Corporation	or Labor Orga	anization / Pledge	or / Pay	ee	~	region and the second	
Contribution / Expendit	uro roportos	· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••				***************************************	
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Schedule A2	Schedu		Schedule B(J)	8	Schedule C2		hedule D	Schedule F1
Scheduje F2	Schedu	ıle F4	Schedule G	s	Schedule H	Sc	hedule COH-UC	Schedule B-SS
Dates of travel	Name of	f person(s) tra	veling.					
	Departu	re city or name	e of departure lo	cation				
	Destinat	ion city or nan	ne of destination	locatio	n		**************************************	**************************************
Means of transportatio	n	Purpose	of travel (including	ng name	e of conference	, seminar,	or other event)	
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	TA	TACH ADDI	TIONAL COPIE	SOFT	HIS SCHEDU	LE AS NE	EDED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	' '.
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the _	day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is	•
My address is		
		ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (vear)
		ate/Officeholder (Declarant)

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 Gifl/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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (S)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T.	Check if Auslin, 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
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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide ex	cplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF EXPENDITURE			
,	(c) Check if travel outside of Texas. Com	plete Schedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	f this schedule) Description	
	Check if travel outside of Texas, Comp	plete Schedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of	(this schedule) Description	
	Check if travel outside of Texas. Comp	olete Schedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	EDED

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
Others (select expenses and tisted shows)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (S)	7 Payee address;	Clty; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Annual control of the	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 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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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

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