# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS) MRS / MR S I FIRST	A.	OFFICE USE ONLY
NAME	NICKNAME LAST	J- () VER I	ate Filed 1/15/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	28/4 Rugers S	CITY: STATE; ZIP CODE	Rebecca Huerta
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) \$77-3634	EXTENSION	City Secretary Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST  Eddie Jack  NICKNAME LAST	Pou- Mathis	Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE#; CITY;  DR CC TX	STATE; ZIP CODE
(Residence or Business)	AREA CODE PHONE NUMBER	EXTENSION	(2/10
8 CAMPAIGN TREASURER PHONE	(361) 786-7580		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10/27/24	THROUGH / 2	131 /24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  11 / 5 / 2 4 General	Runoff Other Description Special	, , , , , , , , , , , , , , , , , , ,
12 OFFICE	OFFICE HELD (if any)	COUNCIL A	+ hange
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE REEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OK
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
ia Unioni	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
,	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	ANS) \$ 440.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0
*	4. TOTAL POLITICAL EXPENDITURES	\$ 2111-21
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY \$ 966.31
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
Case California Market and Market and California	swear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	of Candidate or Officeholder
	Please complete either option b	elow:
\sightarrow\rightarrow	MARY ANN PENA  D# 12816380-5	ž.
(1) Affidavit	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026	- ñ
NOTARY STAMP/SEA	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026	1-11
NOTARY STAMP/SEA	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  Defore me by Sylvia A. Tryan - Oliver this	1-11
NOTARY STAMP/SEA	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  before me by Sylvia A. Tryan - Oliver this which, witness my hand and seal of office.	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	before me by Sylvia A. Tryon - Oliver this which, witness my hand and seal of office.  Macy Ann Rena	1-11
NOTARY STAMP/SEA  Sworn to and subscribed  20 25 , to certify  May and for	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  L  before me by Sylvia A. Tryan - Oliver this which, witness my hand and seal of office.  Macy Ann Pena	the 15th day of ganuary.  Motary Public
NOTARY STAMP/SEA  Sworn to and subscribed  20 25 , to certify  May and for	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  before me by Sylvia A. Tryon - Oliver this which, witness my hand and seal of office.  Macy Ann Rena ering oath  Printed name of officer administering oath	the 15th day of ganuary.  Motary Public
NOTARY STAMP/SEA  Sworn to and subscribed  20 25 , to certify  May and for  Signature of officer administer  (2) Unsworn Declaration	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  before me by Sylvia A. Tryon - Oliver this which, witness my hand and seal of office.  Macy Ann Rena ering oath  Printed name of officer administering oath	the 15th day of Ganuary,  Molany Public  Title of officer administering oath
NOTARY STAMP/SEA  Sworn to and subscribed  20	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  before me by Sylvia A. Tryan - Oliver this which, witness my hand and seal of office.  Macy Ann Pena ering oath Printed name of officer administering oath  OR  and my date of b	the 15th day of Ganuary,  Notary Public  Title of officer administering oath
NOTARY STAMP/SEA  Sworn to and subscribed  20 25, to certify  Many and for  Signature or officer administe  (2) Unsworn Declarati  My name is  My address is	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  before me by Sylvia A. Tryon - Oliver this which, witness my hand and seal of office.  Macy Ann Rena ering oath  Printed name of officer administering oath  OR  (street)  (city)	the 15th day of Ganuary,  Molary Public  Title of officer administering oath  rth is
NOTARY STAMP/SEA  Sworn to and subscribed  20 25, to certify  Many and for  Signature or officer administe  (2) Unsworn Declarati  My name is  My address is	Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  before me by Sylvia A. Tryan - Oliver this which, witness my hand and seal of office.  Macy Ann Pena ering oath Printed name of officer administering oath  OR  and my date of b	the 15th day of Ganuary,  Molary Public  Title of officer administering oath  rth is

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 440 ce
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
4.	SCHEDULE E: LOANS	\$ 6
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1877.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 160.08
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 73.65
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 6
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6

#### SYLVIA TRYON OLIVER

# 10/27/24--12/31/24

# PAGE F1 \$ 1,877.48 CAMPAIGN FUNDS F4 \$ 160.08 CREDIT CARD G \$ 73.65 PERSONAL FUNDS \$ 2,111.21 TOTAL EXPENDITURES

	\$ 440.00	TOTAL INCOME	
A1	\$ 340.00	CHECKS	
<b>PAGE</b>	\$ 100.00	CASHAPP	

## MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

Y ,	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Sylvia Tryos Oliven	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor   out-of-state PAC (ID#:)  PRISCILLA AMBRIC 6 Contributor address; City; State; Zip Code  CCTX 78405	7 Amount of contribution (\$)  7 200.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/1/24 DIMMIE / MOD Contributor address; City; State; Zip Code CC T47 14/11	\$ 140.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
10/26/24 Deborat Univer City; State; Zip Code CC TX	8 100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributorout-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
	41

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**ENDING BAL 12/31/24** 

966.31

10/27/24--12/31/24

TOTAL INCOME

CASHAPP \$ 100.00

CHECKS \$ 340.00

\$ 440.00

PAGE A1

MONETARY POLITICAL CONTRIBUTIONS

CASHAPP		
DEBORAH VARNER	\$ 100.00	26-Oct

TOTAL \$ 100.00

	DATE	
\$	140.00	7-Nov
\$	200.00	7-Nov
	4	

TOTAL \$ 340.00

# 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
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 Poilling Expense Printing Expense Salaries/Waces/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/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 SYLVIA A. TRYON-OLIVER	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/24	5 Payee name	<u> </u>
6 Amount (\$)	7 Payee address;	City; State; Zip Code
475.00	4601 Corounda	ec Tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Adlicitations/ fundaming	Room Restal for Fundameran 16/25
EXPENDITURE	Exped	turansisen 10/25
10.0	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	SYLVIA A TRYON-OLIVER	COUNCIL AT LARGE
Date	Payee name Really/e	
10/10/24	PARIO BOOKH Photoga	note CCTX
Amount (\$)	Payee address;	City; State; Zip Code
102.50		CCTX
PURPOSE	Solicitates of fundaments	Photo Bookh Jewice for
OF EXPENDITURE	SHOW	trendusiger 10/25
, * ·	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/OF	SYLVIA A TRYON-OLIVER	COUNCIL AT LARGE
Date	Payee name	
10/30/24	Waluant	
Amount (\$)	Payee address;	City; State; Zip Code
9.72	1821 SPI)	QC TX
***	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	POLLING EXP	Dolling I ites
	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 Sylvia A, Tryos 0/	Office sought Office held
- W	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	T	Legal Services			s/Contract Labor	Other (enter a cate	gory not listed above)
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8	(a) Category	(See Categories listed	at the top of this schede	ule) (k	o) Description		
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O Complete Chilly is also at	Candida	te / Officeholder r	ame	100	Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			400 Ol	LV &	10	wal AT	large
Date	Payee nan	ne	0 /				4
11/7/24	Mo	wIt	Sturag	e		-	
Amount (\$)	Payee add	lress;		, 124	City;	State;	Zip Code
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car canonics states a tendescentration of Printers		Check if travel outside of 1	exas. Complete Schedule	е Т.	Check if Austi	in, TX, officeholder livi	ng expense
Oranitate ONIVY disease	Candida	te / Officeholder n	ame		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	D.	4 Tre	1	ven	1	scell.	hauge
Date	Payee nar	ne					1
11/6/24	Pros	ser Car	d				
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	Category (	See Categories listed a	it the top of this schedul	le)	Description		
PURPOSE OF EXPENDITURE	CREA	at can	e payre	ent	Credit	card,	payuest
		heck if travel outside of T	exas. Complete Schedule	э Т.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	1 /4/11	te / Officeholder	1/1/11	en	Office sought	e Aflo	Office held
	ATT	7		гніѕ ѕс	HEDULE AS NEE	EDED	<del>U</del>
							200 TO 20 DOMESTIC 2002

# 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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Payee name 4 Date 7 Payee address; City Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State: Zip Code Amount (\$) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zip Code Amount (\$) Payee address; City; State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

F1								
MONTH	EXPENSES	DESCRIPTION	CATEGORY	Področena podrava				
25-Oct	\$ 475.00	YWCA/ROOM RENTAL FOR FUNDRAISER 10/25	SOLICITATION/FUNDRAISING EXPN	DEBIT/5243				
		YWCA 4601 CORONA						
28-Oct	\$ 102.50	PHOTO BOOTH/FUNDRAISER 10/25	SOLICITATION/FUNDRAISING EXPN	CHK/1028				
		REEL LIFE PHOTO BOOTH CC TX						
30-Oct	\$ 9.72	FOLDING CHAIR/FOR POLLING SITES	CAMPAIGN EXPENSE	DEBIT/5243				
		WALMART 1821 SPID						
6-Nov	\$ 500.00	CREDIT CARD PAYMENT	CREDIT CARD PAYMENT	DEBIT/5243				
12-Nov	\$ 100.00	DOT FILLMORE/REMOVAL OF SIGNS	CAMPAIGN EXPENSE	CHK/1032				
		1921 ARCHDALE						
7-Nov	\$ 119.26	MOVE IT STORAGE/FOR SIGNS AND MATERIALS	CAMPAIGN EXPENSE	DEBIT/5243				
		4902 AYERS						
10-Dec	\$ 500.00	CREDIT CARD PAYMENT	CREDIT CARD PAYMENT	DEBIT/5243				
13-Dec	\$ 71.00	MOVE IT STORAGE/FOR SIGNS AND MATERIALS	CAMPAIGN EXPENSE	DEBIT/5243				
		4902 AYERS MONTHLY RENTAL						
	\$ 1,877.48							

# **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 By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services			xpense Expense Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
The Instruction	Guide explains	how to co	mplete this form.		USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	IVIA	Tryon	Oli	Ven	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHA	RGED TO A	CREDIT CARD			\$
5 CREDIT CARD ISSUER	PROSP	//	1 Anketol	nee /	pasty 1 Con	menty Book
6 PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	suer Paid
25,00		00	11/1/24			18°
7 PAYEE	(a) Payee name	1 ,		(b) Payee ad	dress;	City, State, Zip Code
,	UROL	eK		4101	Greenwoo	d CUTX 78416
8 PURPOSE OF EXPENDITURE	(a) Category (se	e Categories lis	ted at the top of this sched	iule)	(b) Description	1
Political	CAMO	PIDN	Zxperssi	2	Cosdins,	Travel
Non-Political	(c) Check	if travel out:	side of Texas. Complete	e Schedule T.	Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Of	ficehold <u>er</u> r	name /	/ Off	ice Sought	Office Held
expenditure to benefit C/OH	84/0	10/	Ryon UI	IVer	(punce	M Lange
PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	suer Paid
68.41	\$ 68.4	4	11/1/20	f		
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Political	Campai	AN EX	peule		Tern Mbn	Mechus
Non-Political	(c) Check	if travel outs	side of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Of	ficeholder p	parme 0/	Off	ice Sought	Office Held
expenditure to benefit C/OH	Sulvi	1 Ta	you lie	1er	Conval 1	IT have
PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	suer Paid
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PAYEE	(a) Payee name			(b) Payee ad	dress;	City, State, Zip Code
	Mille.	RS BO	BA	660	1 Webes	Ad COTY 78413
PURPOSE OF	(a) Category (se	e Categories lis	ted at the top of this sched	lule)	(b) Description	
Political	(ano	as W	CYPENSE	_	Dens Mok	Mhly Mts.
Non-Political	(c) Check	if travel outs	side of Texas. Complete	E VI N to the		oustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Off	iceholder n	name ()	Off	ice Sought	Office Held
expenditure to benefit C/OH	Sylvi	n Ti	eyos Uli	Um 1	Conval M.	harge
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested inforn	nation is not applicab	ile, DO NOT in	clude this	page in the re	port.		
	EXP	ENDITURE CAT	regories	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	rage Expense s/Memorials Expense	Office O Polling E Printing	payment/Reimburseme verhead/Rental Expens Expense Expense Wages/Contract Labor	se Transpo Travel I Travel C	n District Out Of District	Expense ant & Related Expense not listed above)
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4:	2 FILETINAME	TRYON	Oliv	ln	3 FILE	R ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	1 u 6					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Ca	ard Issuer Paid		
7 PAYEE	(a) Payee name	nb	(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	Expense	dule)	(b) Description  Basolin	V/TR	AUR +	o sifes
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check	if Austin, TX, offic	eholder living e	kpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate Officeholder r	111		ice Sought	It han	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ıre Charged	(c) Date(s) Credit Ca	ard Issuer Paid (	)	
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Check	k if Austin, TX, offi	ceholder living e	xpense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder n	iame	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Ca	rd Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sched	fule)	(b) Description			
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.	Che	ck if Austin, TX, of	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought		Office Held	
	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS	NEEDED		

F4	EXPENDITURES MADE BY CREDIT CARD				
MONTH	EXPENSES	DESCRIPTION	CATEGORY		
1-Nov	\$ 25.00	GASOLINE/TRAVEL TO POLLING SITES	CAMPAIGN EXPENSE	CR CRD/7279	
		CIRCLE K 4101 GREENWOOD			
8-Nov	\$ 52.27	GASOLINE/TRAVEL TO POLLING SITES	CAMPAIGN EXPENSE	CR CRD/SAMS	
		SAMS CLUB 4833 SPID			
1-Nov	\$ 68.41	CAMPAIGN TEAM MEETING/	CAMPAIGN EXPENSE	CR CRD/7279	
		HIBACHI GRILL SUPREMESTAPLES ST			
13-Nov	\$ 14.40	MONTHLY DEMS MEETING/	CAMPAIGN EXPENSE	CR CRD/7279	
		MILLERS BBQ WEBER RD			
	\$ 160.08		-		

#### PERSONAL CREDIT CARDS USED

SAMS CLUB 4833 5/7279-PROSPER CARD-POBOX 650078 DALLAS, TX / 5243-RFB CU S STAPLES CC TX/

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic				
1 Total pages Schedule G:	2 FIDER NAME  3 Filer ID (Ethics Commission Filers)			
4 Date 10/31/24	5 Payeehame Whatabanesn			
Reimbursement from political contributions intended	7 Payee address; State; Zip Code 2402 SPID COTX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  DOBLO  FOUR BEVERAGE EXPL  FOOD BEV - FINITY TO JIES  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Sylvin Tryor Office sought Office held Sylvin Tryor Office Sought Office held Langue			
10/30/24	Payee name Subway			
Amount (\$)  14.  Reimbursement from political contributions intended	Payee address; State; Zip Code 26215, Punt CITY			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FULL Bernge Expl  Check if travel outside of Texas. Complete Schedule T.  Description  Description  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Sylvin Tryor Chiver Convail Al Large			
1429/24	Wieneschiftel			
Amount (\$) 12,83  Kelmbursement from political contributions intended	Payee address; 2401 Ayens St. City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Sud Biuthse Expr Sud Be V - form velly to 5, to  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	Sylvin Tryon Ollvin Christ Mhange			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

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

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

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Reimbursement from political contributions intended

Payee address;

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Event Expense
Fees
Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

egal Services Salaries/Wages/Contract Labor
The Instruction Guide explains how to complete this form.

City;

Description

Office sought

State;

Check if Austin, TX, officeholder living expense

Zip Code

Office held

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
7	Sylvin Iryon Chi	ver		
4 Date / /	5 Payee name			
11/2/24	McDonalds			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	2021 Mongas	CCTX		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		ande lind
OF	Food Beverage Expr	Food/Ber	10 40 4	to sites
EXPENDITURE	(c) Check if travel outside of Texas-Complete Schedule T.		TX, officeholder living exp	· · · · · · · · · · · · · · · · · · ·
9	· ·			Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sought		mice neiu
expenditure to benefit C/OH	29/VIA LAYON Cliver	Couscil A	It barge	
Date	Раусеупате		9	
10/28/24	Grele K			
Amount (\$) 30,12	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	3033 S. Pont	CCTX	78405	
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CAMPAIDS EXPENSE	GASOLING	Travelisuto	Pites
	Check if travel outside of Texas. Complete Schedule T.	,	, TX, officeholder living exp	ense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	0	Office held
expenditure to benefit C/OH Sylvia Inyon Clive Council Af Lange				je
Date	Payee name			4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## G EXPENDITURES MADE BY PERSONAL FUNDS

MONTH	EXPENSES	DESCRIPTION	CATEGORY	
31-Oct	\$ 6.81	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS	FOOD/BEVERAGE EXPENSE	CASH
		WHATABURGER 2402 SPID		
30-Oct	\$ 14.81	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS	FOOD/BEVERAGE EXPENSE	CASH
		SUBWAY 2621 S PORT		
29-Oct	\$ 12.83	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS	FOOD/BEVERAGE EXPENSE	CASH
		WIERNERSCHNITZEL 2401 AYERS		
2-Nov	\$ 9.08	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS	FOOD/BEVERAGE EXPENSE	CASH
		MCDONALDS 2021 MORGAN		
28-Oct	\$ 30.12	GASOLINE/TRAVEL TO POLLING SITES	CAMPAIGN EXPENSE	7075
		CIRCLE K 3033 S PORT AVE		
	\$ 73.65	·		

PERSONAL CREDIT CARDS USED

7075-TX BRIDGE C HOLLY RD. CC TX