

6 mo.

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 MS / MRS / MR FIRST <i>Leigh ANN</i> NICKNAME LAST <i>Rowlands</i> MI SUFFIX <i>MRS</i>			OFFICE USE ONLY Date Received <i>4-4-24</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>922 ENCLAVE TRL</i> <i>NEWBRAUNFELS, TX</i> <i>78130</i>			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(989) 708-6652</i>				
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST <i>JUDITH</i> NICKNAME LAST <i>JUDY</i> MI E SUFFIX <i>MRS</i>				
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>54 MISSION DR</i> <i>NEWBRAUNFELS TX</i> <i>78130</i>				
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(830) 708-1841</i>				
9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month Day Year THROUGH Month Day Year <i>2 / 6 / 24</i> THROUGH <i>3 / 31 / 24</i>				
11 ELECTION ELECTION DATE Month Day Year <i>5 / 4 / 24</i>			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>LOCAL</i>	
12 OFFICE OFFICE HELD (if any) <i>- N/A</i>			13 OFFICE SOUGHT (if known) <i>CITY COUNCIL</i>	
14 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.				
COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS <i>N/A</i> COMMITTEE CAMPAIGN TREASURER NAME <i>N/A</i> COMMITTEE CAMPAIGN TREASURER ADDRESS <i>N/A</i>				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME <i>Leigh Ann Rowlands CAMPAIGN</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>20.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5010.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>-0-</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,566.06</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2463.94</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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.

Judy Rotheel
Signature of Candidate 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 which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My address is 54 MISSION DR NEW BRAUNFELS, TX 78132. U.S.
(street) (city) (state) (zip code) (country)

Executed in Comal County, State of TX, on the 4 day of April, 2024.
(street) (City) (State) (zip code)

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	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME <i>Judy ROTHELL</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>2-6-24</i></p>	<p>5 Full name of contributor <i>JUDY ROTHELL</i></p> <p>6 Contributor address: [REDACTED]</p> <p>City: <i>NEW BRAUNFELS, TX</i> State: <i>78130</i></p>			<p>7 Amount of contribution (\$) <i>\$200.00</i></p>
<p>8 Principal occupation / Job title (See Instructions) <i>RETIRED</i></p>			<p>9 Employer (See Instructions)</p>	
<p>Date <i>2-6-24</i></p>	<p>Full name of contributor <i>J. CRAIG Rowlands</i></p> <p>Contributor address: [REDACTED]</p> <p>City: <i>N.B.</i> State: <i>TX</i> Zip Code <i>78132</i></p>			<p>Amount of contribution (\$) <i>\$500.00</i></p>
<p>Principal occupation / Job title (See Instructions) <i>TOxicologist</i></p>			<p>Employer (See Instructions) <i>UL</i></p>	
<p>Date <i>2-6-24</i></p>	<p>Full name of contributor <i>DEBBIE LEIMBACH</i></p> <p>Contributor address: [REDACTED]</p> <p>City: <i>NB, TX</i> Zip Code <i>78132</i></p>			<p>Amount of contribution (\$) <i>\$100.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <i>2-8-24</i></p>	<p>Full name of contributor <i>J CRAIG Rowlands</i></p> <p>Contributor address: [REDACTED]</p> <p>City: <i></i> State: <i></i> Zip Code <i></i></p>			<p>Amount of contribution (\$) <i>\$500.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<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

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME</p> <p>JUDY ROTHEN</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p>2-9-24</p>	<p>5 Full name of contributor</p> <p>MARTY HILES</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$)</p> <p>\$200.00</p>
	<p>6 Contributor address;</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS State: TX Zip Code 78130</p>	
<p>8 Principal occupation / Job title (See Instructions)</p> <p>RETIRED</p>		<p>9 Employer (See Instructions)</p> <p>—</p>	
<p>Date</p> <p>2-9-24</p>	<p>Full name of contributor</p> <p>PATTY KIRK-TRIMBLE</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p>\$20.00</p>
	<p>Contributor address;</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS State: TX Zip Code 78130</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p>RETIRED</p>		<p>Employer (See Instructions)</p> <p>—</p>	
<p>Date</p> <p>2-13-24</p>	<p>Full name of contributor</p> <p>PAUL VANHELDEN</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p>\$100.00</p>
	<p>Contributor address;</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS TX 78130</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p>RETIRED</p>		<p>Employer (See Instructions)</p> <p>—</p>	
<p>Date</p> <p>2-27-24</p>	<p>Full name of contributor</p> <p>MARTY HILES</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p>\$100.00</p>
	<p>Contributor address;</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS TX 78130</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<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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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME <i>Judy ROTHELL</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>2-27-24</i></p>	<p>5 Full name of contributor <i>SUSAN HUMPHRIES</i></p>			<p>6 Contributor address; City: State: Zip Code <i>[REDACTED] NEWBRAUNFELS, TX 78130</i></p>
				<p>7 Amount of contribution (\$) <i>\$50.00</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date <i>3-11-24</i></p>	<p>Full name of contributor <i>MICHAEL MURPHY</i></p>			<p>Amount of contribution (\$) <i>\$500.00</i></p>
<p>Contributor address; City: State: Zip Code</p>				
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <i>3-15-24</i></p>	<p>Full name of contributor <i>SUE PINER</i></p>			<p>Amount of contribution (\$) <i>\$500.00</i></p>
<p>Contributor address; City: State: Zip Code <i>[REDACTED] NEWBRAUNFELS, TX 78130</i></p>				
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <i>3-19-24</i></p>	<p>Full name of contributor <i>Albert HighFIELD</i></p>			<p>Amount of contribution (\$) <i>\$100.00</i></p>
<p>Contributor address; City: State: Zip Code <i>[REDACTED] CANYON LAKE TX 78133-5029</i></p>				
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<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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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>	
<p>2 FILER NAME</p> <p>Judy ROTHELL</p>				<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 Date</p> <p>3-19-24</p>	<p>5 Full name of contributor</p> <p>DR CATHY LHAUER</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$)</p> <p>\$100.00</p>		
<p>6 Contributor address:</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS State: TX Zip Code 78132</p>				
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>			
<p>Date</p> <p>3-19-24</p>	<p>Full name of contributor</p> <p>ALLEN & ROBIN HARRINGTON</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p>\$100.00</p>		
<p>Contributor address:</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS State: TX Zip Code 78132</p>				
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>			
<p>Date</p> <p>3-22-24</p>	<p>Full name of contributor</p> <p>RICHARD KELSHEIMER</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p>\$300.00</p>		
<p>Contributor address:</p> <p>[REDACTED]</p>	<p>City: NB State: TX Zip Code 78130</p>				
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>			
<p>Date</p> <p>3-26-24</p>	<p>Full name of contributor</p> <p>THOMAS BROCKLES</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p>\$250.00</p>		
<p>Contributor address:</p> <p>[REDACTED]</p>	<p>City: NEW BRAUNFELS State: TX Zip Code 78132</p>				
<p>Principal occupation / Job title (See Instructions)</p> <p>CPA</p>		<p>Employer (See Instructions)</p> <p>SELF</p>			
<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

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 <i>JUDY ROTHELL</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>3-28-24</i>	5 Full name of contributor <i>EDWARD M. WYENSCHE</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; [REDACTED]	City; State; Zip Code <i>NEW BRAUNFELS, TX 78130</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3-28-24</i>	Full name of contributor <i>J CRAIG ROWLANDS</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; [REDACTED]		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-28-24</i>	Full name of contributor <i>BARRETT HARRISON</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>NEW BRAUNFELS, TX 78132-5000</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-15-24</i>	Full name of contributor <i>PATTI KIRK TRIMBLE</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>NEW BRAUNFELS, TX 78132</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.			

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>Judy ROTHELL</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>2-7-24</i>	5 Payee name <i>UZ MARKETING</i>			
6 Amount (\$) <i>\$817.56</i>	7 Payee address; <i>#5900 Bingle Rd.</i>	City; <i>HOUSTON</i>	State; <i>TX</i>	Zip Code <i>77092</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>YARD SIGNS</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date <i>2-12-24</i>	Payee name <i>SUNDANCE PRINTERS</i>			
Amount (\$) <i>\$290.61</i>	Payee address; <i>651 BUSINESS LOOP</i>	City; <i>NEWBRAUNFELS</i>	State; <i>TX</i>	Zip Code <i>78130</i>
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	Description <i>POSTCARDS</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <i>2-15-24</i>	Payee name <i>SUNDANCE PRINTERS</i>			
Amount (\$) <i>\$14.06</i>	Payee address;	City;	State;	Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	Description <i>MAP</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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 <i>JUDY ROTHELL</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-9-24</i>	5 Payee name <i>SUNDANCE PRINTERS</i>		
6 Amount (\$) <i>#70.31</i>	7 Payee address; <i>651 N. BUS. LOOP 1H-35</i>	City; State; Zip Code <i>NEW BRAUNFELS, TX 78130</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	(b) Description <i>BUSINESS POSTCARDS</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>3-19-24</i>	Payee name <i>SUNDANCE PRINTERS</i>		
Amount (\$) <i>#290.61</i>	Payee address;	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>POST CARDS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3-22-24</i>	Payee name <i>UZ MARKETING</i>		
Amount (\$) <i>#538.96</i>	Payee address;	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>YARD SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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	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	
	ADVERTISING EXPENSE	NEWS PAPER AD	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-12-24	Frost Bank	NEW BRAUNFELS TX 78130	
Amount (\$)	Payee address:	City:	State: Zip Code
8.00	315 LANDA ST		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	BB BANKING	BANK CHARGE	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			