#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 21 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** W Travis NAME Date Received LAST SUFFIX NICKNAME Mitchell 10/11/2013-9K 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** Kyle, TX 78640 MAILING **ADDRESS** ✓ Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST М 6 CAMPAIGN MS / MRS / MR **TREASURER** W Travis **Date Processed** NAME NICKNAME LAST SLIFFIX Date Imaged Mitchell STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE Kyle, TX 78640 **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 07/16/23 10 / 08 /23 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Primary Other Month Day Year General Special 11 / 07 /23 OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 12 OFFICE Mayor, City of Kyle Mayor, City of Kyle THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER 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 THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,6000
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,192,96
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	\$ 11,192,96 STDAY \$ 21,567 58
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	Signature of Ca	Additional and indicate or Officeholder
	Please complete either option below	r:
(1) Affidavit	JENNIFER KIRKLAND MY COMMISSION EXPIRES 02/17/2025 NOTARY ID: 126805359	
NOTARY STAMP/SEAL		with Andrha
	before me by this the	day of Ulabor,
Signature of officer administe	cland Jennifer Kirkland ring oath Printed name of officer administering oath	notary fublic  Title of officer administering oath
oignaphe orpineer duministe	OR	The of onger authinistering out
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
	, , , , , , , , , , , , , , , , , , , ,	state) (zip code) (country)
Executed in	County, State of, on theday of(month	), 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,600						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$						
4.	SCHEDULE E: LOANS	\$						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,192.96						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	1 \$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$						

### SCHEDULE A1

Dete   S Full name of contributor   out-of-state PAC (ID#   7 Amount of contribution (\$)	Dete 5 Full name of contributor   out-of-state PAC (IDF:   Janiel Europh   South   Sou	Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
14/23   BORENA Box Inn Enrich & Daniel Eurith   State; Zip Code   So	Principal occupation / Job title (See Instructions)   State; Zip Code   So	FILER NAMI	E	3 Filer ID (Ethics Commission Filers)
Wynette Barton   City: State: Zip Code   SO	Wynette Barton   Contributor address; City: State: Zip Code   SO	Date    14/23	Bozena Barton Eurich & Daniel Eurich 6 Contributor address; City; State; Zip Code  Dallas TY 75229	50
Contributor address;   City;   State; Zip Code   SO   Contributor address;   City;   State; Zip Code   SO   Contributor   Contributor   City;   State; Zip Code   Contributor   City;   City;   Code   Contributor   City;   Code   Contributor   City;   Ci	Contributor address;  City; State; Zip Code    Code	Date		Amount of contribution (\$)
Date  Full name of contributor   out-of-state PAC (IDII:	Date Full name of contributor out-of-state PAC (IDIF:	, .,	Contributor address; City: State; Zip Code  Ryle, TX 781e40	50
13/23   Contributor address; City; State; Zip Code Buda, TX 78 & 10     Principal occupation / Job title (See Instructions)   Employer (See Instructions)     Date   Full name of contributor   out-of-state PAC (IDII:	13/23   Contributor address; City; State; Zip Code Buda, TX 78 & 10     Principal occupation / Job title (See Instructions)   Employer (See Instructions)     Date   Full name of contributor   out-of-state PAC (IDIF:	Date	2 . 2	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (IDIF: Amount of contribution (\$)  Lucy Johnson  Contributor address; City: State: Zip Code  San Marws, TX 78666	Date Full name of contributor out-of-state PAC (IDIF: Amount of contribution (\$)  Lucy Johnson Contributor address; City: State; Zip Code  San Marcos, TX 78666	13/23	Contributor address; City; State; Zip Code Buda, TX	50
1/21/23 Contributor address; City: State; Zip Code 500  San Marcos, TX 78666	1/21/23 Contributor address; City: State; Zip Code 500  San Marcos, TX 78666	Principal occ	upation / Job title (See Instructions) Employer (See Instruc	tions)
San Marcos, TX 78666	San Marcos, TX 78666	1 1	Lucy Johnson	
		1-7	San Marcos, TX 78666	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

### SCHEDULE A1

if the reques	ted information is not applicable, DO NOT include this page in the	героп.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Dete 7/28/23	5 Full name of contributor out-of-state PAC (ID#:)  Michael D Murphy 6 Contributor address; City; State; Zip Code  Kyle, TX 7864	7 Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  9 Émployer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
7/31/23	Ochra Stratton Contributor address; City; State; Zip Code  Buda, TX 7861	0 100
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Patrick MRose & Anna Carbajal Rose	Amount of contribution (\$)
8/28/23	Contributor address; City; State; Zip Code  San Marcos TX 78666	2,500
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (10#:)  Teff Barton & Cynthia Slovak Barton	Amount of contribution (\$)
1/13	Contributor address; City; State; Zip Code  Buda, TX 7860	50
Principal occup	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/23	5 Full name of contributor out-of-state PAC (ID#:)  Timothy Timmer man  6 Contributor address; City; State; Zip Code  Anstin, TX  78746	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (IDF:)  Stacy Klaus	Amount of contribution (\$)
8/1/23	Contributor address; City; State; Zip Code  Kyle, TX 78640	100
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)  Brad Growt  Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/26/23	Contributor address; City; State; Zip Code  Kyle, TX 78640	100
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Dete	Full name of contributor	Amount of contribution (\$)
9/26/23	Matthew Tepper  Contributor address; City; State; Zip Code  Austin TX 78752	350
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional r	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
9/27/23	Georgetown TX 784	300
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
9/24/23	Contributor address; City, State; Zip Code  Resnd Fock IX	78465
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	al reporting requirements.

#### SCHEDULE F1

		EXPENDITURE C	ATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Dist	upment & Related Expense
Credit Card Payment		The Instruction Guide en	cplains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Eth	ics Commission Filers)
4 Date 7/24/23	5 Payee na	lies Grill &	Kehou	se		
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zip Code
131.79	190	200 I-35		Kyle	TX	78640
8	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/8	Beverage Expens	ke	Food/Beve	rage Exp	ense
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check If Aus	tin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ıme				
7/25/23	Vate	's at Buda 1	My1 \$ C	arain		
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
90.00	30	06 5 Mai	n	Buda, Ti	78610	0
	Category	(See Categories listed at the top of	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ford/	Beverage Exp	ense	Ford/Bev	erage Ex	pense
		Check if travel outside of Texas. Com	plete Schedule T.	Check If Aus	tin, TX, officeholder live	ng expense
Complete ONLY if direct expenditure to benefit C/OI-	-	ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
7/31/23	First	Lockhart No	tional	Bank		
Amount (\$)	Payee at	idress;		City;	State;	Zip Code
10,00	90	OWFMI	50	Kyle, Ti	7864	0
	Category	(See Categories listed at the top of	of this schedule)	Description		
PURPOSE OF EXPENDITURE	F	215		Fees		
		Check If travel outside of Texas. Com	plete Schedule T.	Check If Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED	

### SCHEDULE F1

		EXPENDITURE CATE	GORIES FOR BOX	(8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraleting Expense Transportation Equipment & Related Expe Travel in District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The instruction Guide explai	ns how to complete th	is form.		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Eth	ics Commission Filers)
4 Date 8/7/23	5 Payeen	chy's Kyle				
6 Amount (\$)	7 Payee a	100 I-35	K	vle, TX	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule) (b) Desc	cription		
PURPOSE OF EXPENDITURE	Food/	Beverage Expense	Food	1/Bever	age Ex	penso
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Austin,	, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name	Office	sought		Office held
Date	Payee n	ame				
8/7/23	hyle	Law Enforceme	nt Associ	ation		
Amount (\$)	Payee a	ddress;	(	City;	State;	Zip Code
1,50400			Kyt	e T.	7 78	040
	Categor	y (See Catagories listed at the top of this	schedule) Desc	cription		
PURPOSE OF EXPENDITURE	Adve	rtishy Expense	- Spor	usorsh	P	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office	sought		Office held
Date ,	Payee n	ame				
8/9/23	N	ate's at Buda ,	Mill & Gai	h		
Amount (\$)	Payee a	ddress;	(	City;	State;	Zip Code
3600	31	16 5 Main	Buc	la T	7X 7	3640
	Category	y (See Categories listed at the top of this	schedule) Desc	ription		
PURPOSE OF EXPENDITURE	Food	Beverage Expe	ense Food	Bei	rerage	Expense
		Check if travel outside of Texas. Complete 5	Schedule T.	Check If Austin,	TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office	e sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEE	DED	

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Cendidete/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services The Instruction Guide expial	Office Over Polling Exp Printing Exp Salaries/Wi	pense ages/Contract Labor	Transports Travel in D Travel Out	VFundraising Expense tion Equipment & Rela listrict Of District er a category not listed	ted Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer II	D (Ethics Commissi	on Filers)
4 Date 8/9/23	5 Payee na		cehous	e			
6 Amount (\$)	7 Payee a	ddress;		City;	S	tate; Zip Co	de
3800	19	200 I-35	>	lhyte	TX	78640	
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Ford/	Beverage Expe	nse	Food / Beve	rage	Expense	2
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	tin, TX, officeho	older living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office hel	d
Date	Payee na	ame					
8/11/23	Fru Payee a	tti Lab Kyle	e	City;		tate; Zip Co	-de
8 39	1101 B	unton Creek #	320	Kyle.	TX 7	78640	
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food/B	everage Expens	e	Fand/Bever	age to	Expense	2
		Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	tin, TX, officeho	older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	-	ate / Officeholder name		Office sought		Office hel	d
Date	Payee n	ame					
8/11/23	Go	Fund Me					
Amount (\$)	Payee a	idress;		City;	S	tate; Zip Co	de
20000			R	edward 4	ty 1	CA	
230707842	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Donatio	ms Mude by Office	ehdder	Dak Grove	e Fire	victem	support
		Check if travel outside of Texas. Complete :	Schedule T.		in, TX, officeho	older living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office he	Ad
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

### SCHEDULE F1

		EXPENDITURE CAT	EGORIES I	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Exp Printing Ex Salaries/M	pense /ages/Contract Labor	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 F1:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)		
4 Date 8/14/23	5 Payee na	Vagueros Ca	fe & C	mil			
6 Amofunt (\$) 7 Payee address; City; State; Zip Code							
41.43 804 W Center Kyke, TX 78640							
8	(a) Categor	y (See Categories listed at the top of to	his schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food /E	Beienge Expe	use	Fred/Beve	evage Expense		
	(c)	Check if travel outside of Texas. Complet	a Schedule T.	Check If Aust	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held		
Date	Payee na	me					
\$/16/23	Crac	Ker Barrel 7	\$ 595				
Amount (\$) 73,24	Payee ad	Idress;		City;	State; Zip Code		
73:34	550	Old San Ant	Lonjo	Buda 7	TX 78610		
And the second second	Category	(See Categories listed at the top of the	is schedule)	Description			
PURPOSE OF EXPENDITURE	Food/B	everage Expens	e	Food/Bever	rage Expense		
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held		
Date	Payee na	ame					
8/21/23	Kyk	e VFW					
Amount (\$)	Payee ad	idress;		City;	State; Zip Code		
100 00	10	7 Veteran	s Dr	Kyle	TX 78640		
PURPOSE	Category	(See Categories listed at the top of thi	s schedule)	Support -	g Day Prive		
OF EXPENDITURE	Donatio	7	ler	Donation	by Office holder		
		Check If travel outside of Texas. Complete	Schedule T.		In, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held		
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEI	EDED		

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES FOR BOX 8(a	)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursen Office Overhead/Rental Expe Poiling Expense Printing Expense Salaries/Wages/Contract Lab	Transportation Travel In Distr Travel Out Of	
Credit Card Payment		The Instruction Guide explai	ns how to complete this fo	rm.	
1 Total pages Schedule F1:	2 FILER N	IAME		3 Filer ID (	Ethics Commission Filers)
4 Date \$/23/23	5 Payeen	er Cheap S	gns		
2,863.16	9200	Waterford (	entre Aus)	stati	78758
PURPOSE OF EXPENDITURE	Adver	tising Expense	0.1	on se Signs	
	(c)	Check if travel outside of Texas. Complete	Schedule T. Chec	k If Austin, TX, officeholds	r living expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name	Office sou	ight	Office held
Date	Payee n	ame			
8/24/23	Cyl	thia Hinojo	sa		
Z, 400°0	230°	9 Berkeley f	City;	D Austin	zip Code
PURPOSE OF EXPENDITURE	Cons	sulting Expens	e Consu	Hing Exp	ense
		Check if travel outside of Texas. Complete	Schedule T. Chec	k If Austin, TX, officeholde	r living expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office sou	ght	Office held
Date	Payee n	ame			
8/20/23	Cy	inthia Hinojos	5a		
Amount (\$)	Payee a	ddress;	City;	Stat	e; Zip Code
47000	2300	Berkeley Ave	Apt 1020	Austin	TX 78745
PURPOSE OF EXPENDITURE	Categor	Sulting Expens Check if travel outside of Texas. Complete:	se Subs	criptian  K Austin, TX, officeholde	r living expense
Complete ONLY If discret	Candi	late / Officeholder name	Office so		Office held
Complete ONLY if direct expenditure to benefit C/O	1	TACH ADDITIONAL COPIES			Since (lote

#### SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Loan Repsyment/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	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/23	5 Payee name First Lockhart Nati	onal Bank	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1000	800 W FM 150	Kyle	TX 78640
8	(m) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE			
OF EXPENDITURE	Fees	Bank Fr	205
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check If Aust	In, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/8/23	Los Vaqueros Cat	E	
Amount (\$)	Payee address;	City;	State; Zip Code
44,29	804 W Cente	r Kyle 7	X 78640
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Food/ Beverage Expense	e Food/Bever	age Expense
	Check if travel outside of Texas. Complete Sci	hedule T. Check If Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		The state of the s
9/11/23	Hyles Daily Gr	ind	
Amount (\$)	Payee address;	City;	State; Zip Code
644	607 W Center	Hyle T	X 78640
	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE OF EXPENDITURE	Ford/ Beverage Expens	e Food/Beve	rage Expense
	Check If travel outside of Texas. Complete Sch	nedule T. Check If Austi	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

#### SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donetions Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense l Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense					
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
4 Date 9/12/23	5 Payee name Ryan Hetzer						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
13000	5502 Hartson	hyle	TX 78640				
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense Event sponsorship						
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check If Aust	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	100					
9/18/23	Kyle's Paily Gnry	/					
Amount (\$)	Payee address;	City;	State; Zlp Code				
4.44	607 W Center	Kyle 7	X 78640				
	Category (See Categories listed at the top of this sch	dedule) Description					
PURPOSE	-1	-1/2					
EXPENDITURE	Food / Beverage Expense	Took / Beverage Expense Food/ Beverage Expense					
	Check If travel outside of Texas. Complete Sch	edule T. Check If Aust	In, TX, officeholder living expense				
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 1	Payee name						
9/18/23	Walmart# 4130						
Amount (\$)	Payee address;	City;	State; Zip Code				
17,82	5754 Kyle Parkwa	y lhyle	TX 78640				
DUDDOOR	Category (See Categories listed at the top of this ach	obule) Description					
PURPOSE OF EXPENDITURE	Advertising Printing Expor-	se Office Si	phies				
	Check if travel outside of Texas. Complete Sche	edule T. Check If Austi	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED				

#### SCHEDULE F1

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 Gitt/wards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraleing Expense Transportation Equipment & Related Exper Travel in District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment  The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID	(Ethics Commission Filers)		
4 Date 9/18/23	5 Payeens	Vagueros Late	\$ 6	041				
100 ©0	S04	W Center		Kyle	Stat	78640		
8	(a) Categor	y (See Categories listed at the top of t	his schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Evai	t Expense		givenwa	8			
	(c)	Check If travel outside of Texas. Complet	e Schedule T.	Check If Aus	tin, TX, officeholds	or living expense		
9 Complete ONLY if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
9/18/23	Moon	alight Graph	ix					
Amount (\$)	Payee a	idress;		City;	Stat	e; Zip Code		
140.73	60	3 W Got	both	Buda	TX	78610		
PURPOSE OF EXPENDITURE	Advi	r (See Categories listed at the top of the	s schedule)	Literatur	e			
	Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought	in, 12, vincemon	Office held		
Date .	Payee n	arne						
9/18/23	_	thia Hinoips	ia					
Amount (\$)	Payee ad	ddress;		City;	Stat	e; Zip Code		
1,8000	230	09 Berkeley	Avest	1020 Ac	istin	TX 78745		
PURPOSE OF EXPENDITURE	Cons	a 1 ting Expens		Consulfing	Expa	use		
		Check if travel outside of Texas. Complete	e Schedule T.	Check If Aust	in, TX, officeholds	r living expense		
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED			

#### SCHEDULE F1

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Foot/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Solicitation/Fundraleing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N		ins now to co	omprete this form.	3 Filer ID (Et	hics Commission Filers)	
4 Date 9/21/23	5 Payeens		Print	Tring			
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code	
194,40	117	Poplar	Me	(b) Description	ty, TX		
8 PURPOSE	(a) Categor	y (See Cafegories listed at the top of the	is schedule)	(b) Description	U		
OF EXPENDITURE	Adver	tising Expense		promotion	d mates	nal	
	(c) [	Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	in, TX, officeholder life	ving expense	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
9/18/23	Sum	mer Moon					
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code	
	421	7 Benner		Kyle	77	78640	
PURPOSE	Category	(See Categories listed at the top of this	s schedule)	Description			
OF EXPENDITURE	Ford / B	Beverage Expens	se	Faul/Beve	rage &	pense	
		Check if travel outside of Texas. Complete	Schedule T.		in, TX, officeholder lit		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee no	ame					
9/21/23	Ju	miter Ramos				= 1-1	
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code	
65000	190	Durten J	ive of	139 Aust	inTX	7874/	
PURPOSE OF EXPENDITURE	Adv	(See Categories listed at the top of this	Scredule)	Exap hic	- Design	1	
		Check if travel outside of Texas. Complete	Schedule T.		In, TX, officeholder th		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		

#### SCHEDULE F1

		<b>EXPENDITURE CATE</b>	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Travel in District Travel Out Of Dis	ulpment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Et	nics Commission Filers)
4 Date 9/24/23	5 Payeen	wokey Mos Bl	36			
6 Amount (\$)' 41, 79	7 Payee a	00 FM 162	26	Kyle "	State; 78	Zip Code
8 PURPOSE OF EXPENDITURE	Fad/	Beverage Expens Check if travel outside of Texas. Complete	e	(b) Description  Facil Bever	arge Exp	CMSC.
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
9/28/23 Amount (\$)	Payee no	Daddy		City;	State;	Zip Code
3.37	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	rtising Expense	Schedule T.	Check If Aus	tin, TX, officeholder in	ring expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
9/29/23	Payee n	t luckhart	Nat	ional B	ank	
Amount (\$)	Payee a	ddress; WFM 15	0	Kyle, 7	State;	Zip Code
PURPOSE OF EXPENDITURE	Fers	/ (See Categories listed at the top of this  Check if travel outside of Texas. Complete 5		-	FeS	ing expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	