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. MS / MRS / MR CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN FIRST MI TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE; ZIP CODE CAMPAIGN TREASURER Myle, TX 78640 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 10 /28/ THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS OR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. 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	avis Mitchell	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)	\$ 10,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 38.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,096.04
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,929.54
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
FOUR GRANDS DAY BUILDING TO SE	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
NOT	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEAL		ad.
Sworn to and subscribed	before me by	22nd day of January.
20 24 to certify to certification to certify to certification to certify to certification to certification to certification to certification to certification to cert	which, witness my hand and seal of office. Connifer Kirkland	22nd day of January, Notary Public Title of officer administering oath
The state of the s	Control of the second second of the second s	THE STATE OF THE S
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (County, State of, on theday of	state) (zip code) (country) , 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Travis Mitchell 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,530,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,096,04
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	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	ravis Mitchell	3 Filer ID (Ethics Commission Filers)
1301	5 Full name of contributor out-of-state PAC (ID#:) 5 FeVen J5 pars \$ 5 Rebella belonard 6 Contributor address; City; State; Zip Code AusAn TX 78723	7 Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Megan & Shannon	Amount of contribution (\$)
0/23/23	Contributor address; City; State; Zip Code Austin TX 787	300
Principal occupa	tion / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Robert Gass & Judith B Gass	Amount of contribution (\$)
23 /23	Contributor address; City; State; Zip Code Pallas TX 75 209	300
Principal occupa	tion / Job title (See Mstructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Terry Mitchell	Amount of contribution (\$)
23	Contributor address; City; State; Zip Code Au 3 Ain TX 76703	1,000
Principal occupa	tion / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

II the requested into	miation is not applicable, bo NOT include to	ilis page ili tile repo	14.
The Instructi	on Guide explains how to complete this form.	1 1	Total pages Schedule A1:
2 FILER NAME Travis V	h. thell	3 1	Filer ID (Ethics Commission Filers)
4 Date 5 Full	name of contributor out-of-state PAC (ID#: THS 2 Ford ributor address; City; State Aus/in)		Amount of contribution (\$)
Date Full Jok	name of contributor out-of-state PAC (ID#: a Donvet & Amy L Douvet tributor address; City; State	; Zip Code	Amount of contribution (\$)
	bb title (See Instructions) Em	ployer (See Instructions)	
Part	hame of contributor out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$)
Principal occupation / Ju	The state of the s	ployer (See Instructions)	
	name of contributor out-of-state PAC (ID#:	0	Amount of contribution (\$)
10 23 Con	tributor address; City; Stafe	Zip Code 	150
Principal occupation / Jo	bb title (See Instructions) Em	ployer (See Instructions)	

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	avis Mytchell	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) **Karen A Friese** 6 Contributor address; City; State; Zip Code **Austral TX 78731** Dation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 250 ions)
Date	Full name of contributor out-of-state PAC (ID#:) HBA Home PAC	Amount of contribution (\$)
10/20/23	Contributor address; City; State; Zip Code Aug Ain TX 78754	500
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/20/23	Contributor address; City; State; Zip Code Salt Lake City, WT 84	Z,500
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Page - Danson Engineers PAL	Amount of contribution (\$)
10/20/23	Pape-Dawson Engineers PAL Contributor address; City; State; Zip Code San Antonio, TX 76213	1,000
Principal occup	Employer (See Instructions)	tions)

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

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: 4 of 4
FILER NAME	Mitchell	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/30/23	6 Contributor address; City; State; Zip Code Austin TR 76768	1,000
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
10/31/23	Contributor address; City; State; Zip Code Hauston, TX 7704	250
Principal occup	pation / Job title (See Instructions) Employer (See Instru	
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Travis Mitchell		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/23	5 Payee name Walgreens		
6 Amount (\$) 84,18	7 Payee address; 6205 FM 2770 Kyle, TX	City: 78640	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Africe	Supplies TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/30/23	Payee name Dollar General		
Amount (\$) 138.45	Payee address; 850 Veterans Drive Ky	city: le, TX 790	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Event Su Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/30/23	Payee name Walarern 5		
Amount (\$) 46.82	Payee address; 6205 FM 2770 Kyle, 7	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T.	Description Office Si	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	CHEDULE AS NEED	DED

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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Amount (\$) Payee address; State; Zip Code 37.70 PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; Zip Code State: **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 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/Politica Credit Card Payment	Committee Legal Services Salarie The Instruction Guide explains how to	s/Wages/Contract Labor o complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Travis Mitchell		3 Filer ID (Ethics Commission Filers)
Date 11/2/23	5 Payee name Scale to Win, LLC		
454, 89	7 Payee address; 13742 Harper Street San	city: Na Ana, CA 9	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Awertsing Sypense (c) Check if travel outside of Texas. Complete Schedule T.	Advertising	ampaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/3/23	Myle's Daily Grind		
Amount (\$)	Payee address;	City;	State; Zip Code
4.36	607 W Center St ly	k, TX 7860	10
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedüle) Food Bryerage Expense Check if travel outside of Texas. Complete Schedule T.	Paral Bryra	age Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/3/23	Payee name Teneva Garza		
Amount (\$)	Payee address;	Kyle, Ti	State; Zip Code
PURPOSE OF EXPENDITURE	Donation by Caudidate	Description W	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	o, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/M The Instruction Guide explains how to c	lages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Travis Mitchell		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/23	5 Payee name Via 3/3		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
51.94	19230 5 1-35 Ste 300	Kyle, TX	78640
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Beverage GX DOUST	Tood Bryera	igr Expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/23	Batch Geo, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
99 00	113 Chem St # 15478 5	Seattle, WA	98104
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Dala Syru	ite Godense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/23	CJ Ceting		
Amount (\$)	Payee address;	City;	State; Zip Code
5000	106 Lakeview CT hyle,	TX 7864	0
DUEDOGE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract lapor	Book 7	Walking
	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 NEE	DED

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
Candidato/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/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 (actions a category not listed above)

Date Sof	Ethics Commission Filers)
5 Payee name 7 Tejas 6 Amount (\$) 7 Payee address. 8 City: State 8 Purpose 9 Category (See Categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 1 Payee name 1 Payee address: 1 Payee address: 1 Payee address: 1 Payee address: 1 City: State 1 Payee address: 1 City: State 1 Payee address: 1 City: State 1 Payee address: 1 Payee address: City: State 1 Payee address: Description 1 Purpose	
Amount (\$) 7 Payee address. City; State 18 920 S -35 Wyle, TX 78 640	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Foul Bruerage (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder expenditure to benefit C/OH Candidate / Officeholder name Office sought Payee name Toxas Ma, I house, Inc. Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description PURPOSE Category (See Categories listed at the top of this schedule) Description	Zip Code
PURPOSE OF EXPENDITURE	
Complete ONLY if direct expenditure to benefit C/OH Payee name 19/23 Totas Mai house, Inc. Amount (\$) Payee address; City; State 297 69 Category (See Categories listed at the top of this schedule) Description	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 19/23 Amount (\$) Payee address; City; State Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH City: State City: State Category (See Categories listed at the top of this schedule) Description	
Date Payee name 19/23 Totas Mailhouse, Inc. Amount (\$) Payee address; City; State 297 99 State Category (See Categories listed at the top of this schedule) Description	
19/23 Amount (\$) Payee address; City: State 297 69 State Category (See Categories listed at the top of this schedule) Description	Office held
Almouht (\$) Payee address; City; State 297 69	
297 69 \$606 Wall St Austin, TX 787-54 Category (See Categories listed at the top of this schedule) Description	
PURPOSE 0 1	; Zip Code
PURPOSE 0 1	
EXPENDITURE Printing Advertising Printing Advertis	ing
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 expenditure to benefit C/OH	Office held
Date Payee name	
11/a/23 Scale to Win	
Amount (\$) Payee address; City: State	; Zip Code
621 66 13742 Harper St Santa Ang, CA 9270	13
Category (See Categories listed at the top of this schedule) Description	
EXPENDITURE Advertising Expense Advertising Cam	paign
Check if traver outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH	Office held
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
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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 and listed shove)

Def	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1/3/23	1 Total pages Schedule F1:	1/4 \ / / /		3 Filer ID (Ethics Commission Filers)
State Topic State Topi	4 Date	7.11.	•	
8 (a) Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Food Beverage September Check if Austin, TX, officeholder viring expense 9 Complete QNLY if direct expenditure to benefit C/OH Date Payee name Dark Skies Tavern Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held Payee name Office Description	11/13/23			TO THE PARTY OF TH
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	6 Amount (\$)	7 Payee address	City;	State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	3300	804 W Center St Ky	14TX 786	40
Septembriture Food Beverage Example Food Beverage Example Check if austin, TX, officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		2112	-11	/
9 Complete QNLY if direct expenditure to benefit C/OH Date Payee name Dark Skiles Tavern Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Candidate / Office hold Description PURPOSE OF EXPENDITURE Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Date Payee name W/2b/23 Amazon Amount (\$) Payee address: Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Office holder name Office sought Office sought Office hold Office hold Office sought Office sought Office hold Office sought Office sought Office hold Office sought Office sought Office hold Office hold Office hold Obscription Purpose Office hold Office hold Office hold Office hold Office hold Obscription Office hold Office hold Office hold Office hold Office hold Office hold Obscription Office hold Offi		Food Beverage Expense	tond/Bever	age Expense
Date Payee name Dark Skiles Tavern Amount (\$) Payee address; City: State: Zip Code 35 57 Woodcreek Cir Wimberley, TR F4 6 F6 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Taxas Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Amount (\$) Payee address; City: State: Zip Code 35 57 Woodcreek Cry Winderlay, TR 74 6 76 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 Candidate / Office holder name Office sought Office held Candidate / Officeholder name Office sought Office held Date Payee name 1/20/23 Amazon Amazon Amount (\$) Payee address; City: State: Zip Code Purpose Officeholder name Officeholder name Officeholder name Officeholder name Officeholder living expense Officeholder name Officeholder living expense Officeholder name Officeholder name Officeholder living expense Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code Purpose	Date	Payee name		
Category (See Categories listed at the top of this schedule) Description	11/13/23	Dark Skies Tavern		
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	35 57	1 Woodcreek Cir	Wimberley	,TX 78676
Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Payee name 11/26/23	OF	Food/ Beverage Exponse	Faced/Bevera	ge Expense
Date Payee name 11/20/23		Check if traver outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code 4/0 Terry Ave N Scattle, WA 98109 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Citeck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE City; State; Zip Code ### Purpose Of Expenditure Category (See Categories listed at the top of this schedule) ### Purpose Of Expenditure City; State; Zip Code ### Payee address; City; State; Zip Code ### Payee address; City; State; Zip Code	Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE City; State; Zip Code Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description City; State; Zip Code Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description City; State; Zip Code	11/20/23	Amazon		
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description Office Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE Printing 4 xpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	63 87	410 Terry Ave N Ses	Hk, WA	98109
OF EXPENDITURE **Crieck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE 10		0 . 1	000 /	
	The state of the s	Trinting 9-XDENSE	Office Su	1001.45
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

7 of 1 4 Date 11/21/23 6 Amount (b) 4403.61 8 PURPOSE OF	The Instruction Guide explains 2 FILER NAME Travis Mitchell 5 Payee name Apple Inc 7 Payee address; One Apple Park Way (a) Category (See Categories listed at the top of the second comments)	s how to complete this form.	ler ID (Ethics Commission Filers) State; Zip Code
1 Total pages Schedule F1: 7 of 4 Date 1 2 23 6 Amount (s) 4403.61 8 PURPOSE OF	2 FILER NAME Travis Mitchell 5 Payee name Apple, Inc 7 Payee address; One Apple Park Way	3 Fi	
7 of 1 4 Date 11/21/23 6 Amount (s) 4403.61 8 PURPOSE OF	Travis Mitchell 5 Payee name Apple, Inc 7 Payee address; One Apple Park Way		
11/21/23 6 Amount (6) 4403.61 8 PURPOSE OF	Apple, Inc 7 Payee address; One Apple Park Way	City; Cupertino, CA 9	State; Zip Code
4403.61 8 PURPOSE OF	One Apple Park Way	Cupertho, CA 9	State; Zip Code
4403.61 8 PURPOSE OF	One Apple Park Way	Cupertho, CA 9	State; Zip Code
4403.61 8 PURPOSE OF	One Apple Park Way	Cupertino, CA 9	· · · · · · · · · · · · · · · · · · ·
8 PURPOSE OF	One Apple Park Way (a) Category (See Categories listed at the top of the se	Cupertino, CA 9	110011
PURPOSE OF	(a) Category (See Categories listed at the top of the		9024
OF		chedule) (b) Description	,
OF			
EVDENDITUDE	Oll	6	1. 1
EXPENDITURE	Office	Campaign Z	supment
	(C) Check if travel outside of Texas. Complete Sch	hedule T. Check if Austin, TX,	officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1 1			
11/21/23	Amazon, Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
3,286.45	410 Terry 1 10 11	Scattle WA 99	109
37 00.13	Category (See Categories listed at the top of this sol		
PURPOSE			
OF	MIL	1	1 -
EXPENDITURE	Other	Campaign 2	gaipment
	Check if travel outside of Texas. Complete Sch	hedule 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		
		- Waster	
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sch	neduleT. Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEEDED	

Revised 1/1/2024

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

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

if Austin, TX, officeholder living expense

Office sought

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 Grift/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

9 of 11	FILER NAME		2 Files ID (Ethies Commission Files
	Travis Mitchell		3 Filer ID (Ethics Commission Filers
Date 12/1/23	Ama zon		
Amount (\$) 7	Payee address;	City;	State; Zip Code
264.08	410 Terry Lane Ave N 3	reaftle, WA	98109
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Supplies	Printing	Expense
(C) 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		
12/4/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
177.53	410 Terry Lane Ave N	Seattle, WA	99109
PURPOSE OF EXPENDITURE	Office Supplies	Politing	expense
	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		
2/4/23	Batch Geo, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
9900	113 Chemy St # 15478 Category (See Categories listed at the top of this schedule)	Seattle 1	NA 98104
PURPOSE OF	aller	Not Co	.1
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	NAVA Jelv	Ty officebolder living success
Complete CAILY if direct	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH	Canadate / Onicerone Harre	Onice sought	Office field

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 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/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to describe the committee of the com	vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Travis Mitchell		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/23	5 Payee name Whataburger		
6 Amount (s) 20.71	7 Payee address; 5401 Fm 1621, Ste 500 Kv	le TX 786	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Tood Beverage Exposse (c) Check if travel outside of Texas. Complete Schedule T.	Faed Bevera	ge Expense TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/12/23	Juck Altens		
Amount (\$)	Payee address;	City;	State; Zip Code
63.04	3010 WAnderson LN St	eD Austin,	TX 78757
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Find Beverage Expanse	Fact Bevela	ge Expense
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/22/23	Z Tejas		
Amount (\$)	Payee address,	City;	State; Zip Code
44.59	1892051-35 hyle,		e40
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Technology See Categories listed at the top of this schedule Check if travel outside of Texas. Complete Schedule T.	Description Food Beverag	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 NEED	DED

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 Food/Beverage Expense Gifl/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Circle (erricle a category frontisted above)
1 Total pages Schedule F1:	2 FILER NAME Travis Mitchell		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/23	5 Payee name Cynthia Hinojasa		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,000 00	2309 Berkley Ave # 1620	fustily TX	78745
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	/ 12	1	
EXPENDITURE	Consulting	Cansultin	4
	(c) 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		
1/2/24	Casa Garcias		
Amount (\$)	Payee address;	City;	State; Zip Code
9500	5401 FM 1626 Kryle, J	X 78640	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/ Beverage Expense	Faced/Berera	ge Expense
	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		
1/4/24	Batch Goo, UC		
Amount (\$)	Payee address;	City;	State; Zip Code
9900	113 Cherry Stat 15478	caftle, W,	4 98104
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Data Servi	Les
	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 NEE	DED