# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	1 Total pages filed:				
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	Andrea	Filer ID #			
	NICKNAME LAST SUFFIX				
	Cardenas	RECEIVED			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 E. Strauss Street, Apt. 1, Bellville, TX 77418	SEP 2 2 2023 AUSTIN COUNTY Date ELECTIONS.ed			
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount \$			
PHOME	( 979 )291-9504	Date Processed			
5 OFFICE HELD (If any)	County Clerk	Date Imaged			
6 OFFICE SOUGHT (if known)	County Clerk				
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME  Andrea Cardenas	LAST SUFFIX			
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; 401 E. Strauss Street, Apt. 1, Bellville, TX 77418	STATE; ZIP CODE			
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE	<b>(</b> 979 <b>)</b> 291-9504				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the To	exas Government Code.			
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
	I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations.	Code on contributions			
	andrea Cardenas 9-22-23				
	Signature of Candidate	Date Signed			
	GO TO PAGE 2				

11 CANDIDATE NAME	Andrea Cardenas
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only.   (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to which declaration applies  Marca Cardina Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDAT CAMPAIGN	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Anwea	MI	OFFICE USE ONLY
NAME	NICKNAME	Clindena	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		VILLETX 7748	JAN 16 2024
Change of Address	/			AUSTIN COUNTY ELECTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	291-9504	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		('ardenas	<b>)</b>	Date Imaged
7 CAMPAIGN		NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)	HOIES	strauss St.	Apti Bellville	TX 77418
8 CAMPAIGN TREASURER PHONE	AREA CODE (979) 20	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 2023	THROUGH 1	Day Year / 33
11 ELECTION	ELECTION DA  Month Day	TE Year Primary	ELECTION TYPI Runoff Other Description	E
	03/05/	General General	Special	-
12 OFFICE AUSTIN	OFFICE HELD (If any)	, Cterk	13 OFFICE SOUGHT (if know	vn)
14 NOTICE FROM POLITICAL				MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD . . . . . . . . . . . . . . . . **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL this the \_\_\_\_\_ day of \_ Sworn to and subscribed before me by \_\_\_ , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

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	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,840
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 6
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ons \$ 1477.60
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	utions \$ 8
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	s of C/OH \$ £
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$ #
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETOFILER	TURNED \$ &

### SCHEDULE A1

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

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	a Cardenas		3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
100006	Contributor address; City;	State; Zip Code	\$200.00
10,303	014 Plesshd. CatSprir	79/7X	
1 11 1	on / Job title (See Instructions)	9) Employer (See Instruc	tions)
hutired			
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
MOV	Totta Coorly 150	to tillingtee	41 END
9,2023	Contributor address; City;	State; Zip Code	41,500
10	353 Eburly Chappen Hill		
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruc	tions)
Consul	tant		
Date	S	; (ID#:)	Amount of contribution (\$)
Dec L	grenda Nava		4.10
10,2023	Contributor address; City;	State; Zip Code	<b>640</b>
-	1911 Meinecke Ballville	TX 77418	
Principal occupatio	n/ Job title (See Instructions)	Employer (See Instruc	tions)
Barber/	Hay Stylist	sert-cirup	1040
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
Dec 1	indy Bruant	••••	1100
23,2025	Contributor address; City;	State; Zip Code	4100
	AND POBIX 1027 Bellville	TX 77418	
Principal occupation	n / Job title (See Instructions)	Employer (See Instruc	
Uthun	Vanager	11- 16 1VII	y nown

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 Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor			Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains h	now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Cardenas	3	3 Filer ID (Ethics Commission Filers)		
4 Date 15-23	5 Raysee name A. Why State	e Bank			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
°40.36	H36 S Front S.	Bellville	TXO 77418		
8	(a) Category (See Categories listed at the top of this sch	edute) (b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	2 Checks			
	(c) Check if travel øutside of Texas, Complete Schee	ote T. Check If Aust	ln, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-20-23	Austin County Propulsi	ican Partu			
Amount (\$)	Payee address;	City;	State; Zip Code		
<b>₹750</b>	856 W Main St	Bellville	TX 77418		
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Fees				
	Check if travel outside of Texas. Complete Scheo	dute T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held		
Date 11-26-23	M.S. Post DAC				
Amount (\$)	Payee address;	City;	State; Zip Code		
105.00	229E-Palm St.	Berlville	TX 77418		
	Category (See Categories listed at the top of this sche	dule) Description	00		
PURPOSE OF EXPENDITURE	Other	POST 0	Hice Box		
	Check if travel outside of Texas. Complete Scheo	dule T. Check If Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	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 CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food y Gift/	d Expense /Beverage Expense Awards/Memorials Expense Il Services	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Dist	Ilpment & Related Expense
Credit Card Payment	Th	e Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	a Cardena	25		3 Filer ID (Eth	ics Commission Filers)
4 Date 12-1-23	5 Payee name	T'S		•		
6 Amount (\$)	7 Payee address	s;		City;	Slate;	Zip Code
986.60	1851	Holland:	<del>St</del>	Bellville	TX	77418
8	(a) Category (See	Categories listed at the top of th	ls schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advert	ising		shirts		
	(c) Check	if travel outside of Texas, Complete	Schedule T.	Check if Austl	n, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name		Office sought		Office held
Date	Payee name					
12-2-23	Herre	cas				
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
4101.61	1701 H	wy 90W S	ite. P	Sealy	TX	77474
	Category (See	Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Exent	- Expense	ر 	Sealy Fo	Intasy c	of Lights
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				ing expense	
Complete ONLY if direct	Candidate /	Officeholder name		Office sought		Office held
expenditure to benefit C/Oi	Н					
Date	Payee name	Λ	<b>`</b>			
12-8-23	Hustir	1 County	noti	ing	Chatas	Zip Code
Amount (\$)	Payee addres	s; <i>J</i>		/ City;	State;	Zip Code
9394.03	6 N hu	uneyst.		sellville	TX	17418
	Category (See	Categories listed at the top of thi	s schedule)	Description		1
PURPOSE OF EXPENDITURE	Advert	ising		Campaigr	n Cards,	Car magnet
	Check	if travel outside of Texas. Complete	Schedule T.	Check If Austi	n, TX, officeholder liv	ing expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		Officeholder name		Office sought		Office held
	ATTACI	H ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEI	DED	

#### **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. CANDIDATE / MS / MRS / MR МІ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE: **OFFICEHOLDER** FEB 05 2024 **MAILING ADDRESS** AUSTIN COUNTY Change of Address EXTENSION AREA CODE PHONE NUMBER CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR Μŧ TREASURER **Date Processed** NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); STATE; ZIP CODE CAMPAIGN **TREASURER** uss Street Apt. 1 Bellville, TX 77418 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year Month Year COVERED THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Other Month Year Dav Description General Special OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE **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	ndrea (	ardena	S	16 Filer ID (Et	hics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES	NITEMIZED POLITICAL S, LOANS, OR GUARAN BUTIONS MADE ELECT		\$	Ø
		OLITICAL CONTRIB HAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$ (	G97.00
EXPENDITURE TOTALS	3. TOTAL UN	NITEMIZED POLITICAL	EXPENDITURE.	\$	Ø
,	4. TOTAL P	OLITICAL EXPENDIT	TURES	\$	383.19
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTION RTING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY \$	473.81
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF OF THE REPORTING	ALL OUTSTANDING LOANS AS O PERIOD	FTHE \$	0
18 SIGNATURE   s	wear, or affirm, under	penalty of perjury, that	at the accompanying report is tru	e and correct a	nd includes all information
rec	quired to be reported by	y me under Title 15, Ele	ection Code.	$\wedge$	
			andrea	Card	lnas
			Signature of Ca	andidate or Offic	ceholder
		Please comple	ete either option belov	v:	
		•	· ·		
(1) Affidavit					
NOTARY STAMP/SEAL	L.				
Sworn to and subscribed	before me by		this the	day	of,
20, to certify			(III) (III)		VI,
	willen, withess my hari	u ariu seal of office.			
Signature of officer administe	ring oath	Printed name of office	er administering oath	Title o	f officer administering oath
			OR		
(2) Unsworn Declaration	on				
My name is	rea Caro	denas St. Aptl	and my date of birth is	05/10	0/1972 HB USA
M. C.	(stree	- 10C	(city)	state) (zip co	de) (country)
Executed in MUST	County, Sta	ite of ICXU	, on the 5th day of Febr	uary , 20	year)
			Signature of Candi	date/Officeholds	r (Daclarant)
I			orginature or Cantil	aato: Oniconoide	, Appointmently

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 F	FILERNAME Andrea Cardenas	20 Filer ID (Ethics Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 997
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	·s.3,815,2
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ \$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$ 383, 19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$ \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	ps \$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH \$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS \$ \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

#### 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: 3
2 FILER NAME Andrea Cardenas	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:)  On ishe whitesides  6 Contributor address; City; State; ZIp Code  715 Texas Bellville TX 77418	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Austin Low	tions) Ly Clerk's Office
Date Full name of contributor	Amount of contribution (\$)
15/24 MICHEL CASTANEAA  Contributor address; City; State; ZIp Code 5943 HWY 159W BELLVILLE TX 77418	\$250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Self-employer	lions) OULA
Date Full name of contributor out-of-state PAC (ID#:)  ALTONSO CATALOUS, JV  Contributor address; City; State; Zip Code  40/E STYRUS ST. Apt 1. Bellville TX 72418	Amount of contribution (\$)
Principal occupation / Job tille (See Instructions)  CUSTOMEY ASSCRICTE WALGICE	tions) N'S
Date   Full name of contributor   out-of-state PAC (ID#:)   15124   Cuancy Pennison   City; State; Zip Code   312W Glenn Bellville TX 77418	Amount of contribution (\$)
Rrincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  MauriceS	lions)

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.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Andrea Cardenas	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor  out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Austin Con	enty Clerk's Office
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
18/24 Patricia Knapp contributor address; City; State; ZIP Cod 146 54 St. Beally TX 77474	* 100.00
Principal occupation / Job title (See Instructions)  Employer (See What What What I was a second with the company of the compa	en of the World
Date   Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See	I Instructions)
Dale  Full name of contributor  Out-of-state PAC (ID#:	77426

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.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME ANDREA CARDENAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Rence Ederly  6 Contributor address; City; State; Zip Code	\$100.00
10430 Eberly hanch Chappell Hill TXT	1426
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$100.00
Eberytanich Chappell Hill IX 774	lle
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)  1	Amount of contribution (\$)
Contributor address; City; State; Zip Code	19100.00
14975 FM 109 New Ulm TX 78950	
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/2/2/ Mary Cooper	\$10.00
Contributor Address; City; State; Zip Code  (6/9 W Main St. HOY Belly HETX TI H	8
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAMI	Andrea Cardenas		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	10353 Eberly Ranched Chappell Hi	TX 774	8 Amount of Solid Internation (Contribution Solid Internation Soli
7.5	supation / Job title (FOR'NON-JUDICIAL) (See Instructions)	11 Employe	ir (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		10.270	
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ILE 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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries∕ The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Andrea Carde	enas	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/24	5 Payee name Newman's Bakery		
6 Amount (\$) \$ U, 29	7 Payee address; 0 504 Emain St. R	bellville	State; Zip Code TV 77418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOR BEVERAGE EXPLISE	(b) Description  MCT WIT  CAMP	h voter to discuss cuign
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
15/24	Las Flores Mexican	hestaurar	+
Amount (\$)	Payee address;	City;	State; Zip Code
*22.67	5903 Commerce St.	· Wallis	TX 77485
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEV EVAGL EXPLYSE	Set up r	neet 3 Greet
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 118124	Payee name Brenda Nava		
Amount (\$)	Payee address;	City;	State; Zip Code
425.00	419 Meinecke St.	Bellville	TX 77418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Hair Styl	red for Candidate um
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	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 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)

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Andrea Carder	vas	3 Filer ID (Ethics Commission Filers)	
4 Date 1 20 24	5 Payee name Cherry Expre	<u>155</u>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
*30.06	6110 HWY3LEN BellVI	ille, TX	77418	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment 3 Prelated Expense	Puttingi	orut signs	
	(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/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
1/20/24	Linsuisen's Feed 3 Su			
Amount (\$)	Pavee address:	City;	State; Zip Code	
\$34.62	551 W Main Belly	ille TX	71418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment 3 helated Expense	Description Ziptic	2S	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/20/24	Hometown Hardu	sare		
Amount (\$)	Payee address;	City;	State; Zlp Code	
\$71.07	513 Emain St. Belly	ille TX	77418	
Category (See Categories listed at the top of this schedule)  Description				
PURPOSE OF EXPENDITURE	Transportation Equipment 3 Related Expense	Tposts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austh	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date I 7 Payee address: 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State: Amount (\$) Payee address; ransportation Equipment 3 for putting outsigns PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH and-It Graphix Zip Code Payee address; Amount (\$) or Brenham Description Category (See Categories listed at the top of this schedule) Advertising E **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	ulde explains how	to complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	Arrea		MI	OFFICE	USE ONLY
NAME	NICKNAME	Cardena	13	SUFFIX	Date Received	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	enty; state; WILETX-	7748	FEB	26 <b>2024</b>
Change of Address						COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	291-950	EXTENS	ION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	AMrea		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST COOL O		SUFFIX	Date Imaged	
7. CAMPAICM	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #: CITY		STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	401ES	Strauss S		_	le TX	17418
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON		
9 REPORT TYPE	January 15	30th day before e	<b></b>		15th day at treasurer a (Officeholds	
	July 15	8th day before ele	ection Exc Rep	eeded Modified ording Limit	Final Repo	ri (Attach C/OH - FR)
10 PERIOD COVERED	Month O	126/2024	THROUGH	Month  A	24 /20	
11 ELECTION	ELECTION DA Month Day	TE Year Primary	Runoff	ELECTION TYPE Other Description		
	03/05/	2024 General	Special			
12 OFFICE	OFFICE HELD (If any)	y Clerk	13 OFFICE	SOUGHT (IF KNOW!	ierk	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEL(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \( \int \)
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,600
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,084.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 152 - 12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
4	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	andrea 1	ardenas
	Signature of Ca	indidate or Officeholder
	Please complete either option below	<i>v</i> :
'		
/A\ A ## 1 1/2		
(1) Affidavit		
NOTARY STAMP/SE/	AL.	
Sworn to and subscribed	t before me by this the	day of,
20, to certif	y which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name isMy address isM	ULA COMENAS, and my date of birth is	$\frac{05/10/1972}{2}$
M	(street) (city)	state) (zip code) (country)
Executed in <u>HUS</u>	County, State of , on the 20th day of FCK (month	1 1/4 1/4 20 24.
	Signature of Candid	date/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILERNAME, 20 FILER ID (Ethics Col	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	* 2, Le00
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	\$2,084.50
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 Instruction Guide explains how to complete this form.  2 FILER NAME AND YEAR CARDERS  4 Date   S Full name of contributor				
## Date   5 Full name of contributor	The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
Bruce Nonishie   State; Zip Code   Ploo   Ploo   Ploo   Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date   Full name of contributor   Out-of-state PAC (IDE:	2 FILER NAME	Andrea Cardenas		3 Filer ID (Ethics Commission Filers)
Date   Full name of contributor   out-of-state PAC (ID#:	4 Date 2/3/24	Bruce Novishie		
Amount of contribution (\$)  2/6/24 May 36 N Bellville TX 7748  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code (\$100.00)  BOTE MAINST BELLVILLE TX 77418  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code (\$100.00)  Contributor address; City; State; Zip Code (\$100.00)	8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	llons)
Date Full name of contributor   out-of-state PAC (ID#:	2/6/24	Maurice Newman  Contributor address; City; St 2645 Hwy 36 N Bellville T	ate; Zip Code	Amount of contribution (\$)
2/6/24 Lube Station  Contributor address; City; State; Zip Code  807 E Mun St Bellville TX 77418  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution out-of-state PAC (ID#: Amount of contribution (\$)  TV ISTAN Coff y  Contributor address; City; State; Zip Code  1553 Bell Cales Dr Bellville TX 77418	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Tristan Coff cy.  Contributor address; City; State; Zip Code \$ 100.00  1553 Bell Oaks. Dr Bell Ville Tx 77418	2/6/24	Lube Station  Contributor address; City; St  807 EMUNST Bellville	ate; Zlp Code X 77418	\$100.00
	1/29/24	Tristan Coff cy  Contributor address; City; St  1553 Bell Oaks Dr Bell Ville 7	ate; Zip Code	\$100.00
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.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	Andrea Cardenas		3 Filer ID (Ethics Commission Filers)		
4 Date 2/21/24	BILL BULCY 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)		
8 Principal occu	·	9 Employer (See Instruct	tions)		
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### 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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ardrea Cardenas	3 Filer ID (Ethics Con	nmission Filers)
4 Date 1 29 24	Dollar General		
6 Amount (\$)	7 Payee address;	City; State; Z	ip Code
4.33	327 Fow Kes St. 26	aly 1 1 7741	4
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Balloon for table d	ecor
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expe	nse
9 Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Offic	ce held
Date	Payee name		
2/5/24	ElJimador		
Amount (\$)	Payee address;	City;           State; Z	Ip Code
21.91	Blet EHIIST.	Walles TX 7	1485
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Beverages for Meet	3Greet
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officeholder living expe	กรอ
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office	ce held
Date	Payee name		
2/9/24	Shell		
Amount (\$)	Payee address;	<b>(A)</b>	Zip Code
25.03	800 w main 5+	Bellille TX 7	7418
	Category (See Categories listed at the top of this schedule)	/ Description	
PURPOSE OF EXPENDITURE	Other	Gas to put up sign	5
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Offi	ice 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/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 AND CA Card	enas 3 Filer ID (Ethics Commission Filers)		
4 Date 2/12/24	5 Payee name BUVILLE TIMES			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Ad		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expanditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
2/17/24	Tony's Prestaurar	1+ Chan		
Amount (\$)	Payee address;	City Ully State; Zip Code		
210.70	1629 Meyer St.	BCHVITTE 1X 77474		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOUNDERVEY COLUMN EXPENSE	Lunch for Door Knocking Ford for Meet & Greet		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought Office held		
2/19/24	Slaly News			
Amount (\$)	Payee address;	City; State; Zip Code		
406.00	327 Fowlkes St	Sealy TX 77474		
	Calegory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Ad		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought 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 Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M  The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)  complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Andrea Card	3 Filer ID (Ethics Commission Filers)	
4 Date 2/10/24	5 Payee name Dollar Genera	l	
6 Amount (\$) 6.50	7 Payee address; USI EMUN SH	Bellville TX 77418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPLISE	Decer for Mect 3 Greet	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/10/24	Las Flores Mexican	Restaurant	
Amount (\$)	Payee address;	City; State; Zip Code	
100.00	5903 Commerce St	Wallis TX 77485	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPLNSE	p Food for Meet 3 Givee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
2/12/24	Sealy News		
Amount (\$)	Payee address; 527 Fow (8) 37	State; Zip Code	
340.00	1800 W Mainst	Bellville TX 77418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description A	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought 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 GifVAwards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)	
Cleok Cald Fayment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ANOREA CARDENAS	3 Filer ID (Ethics Commission Filers)	
4 Date 2/19/24	5 Payee name Bellville Time	S	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
175,50	104 E Palm St	Bellville TX 77418	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name I	Office sought Office held	
Date 0 1	Payee name		
2/21/24	Brand - IT Graphi,	X	
Amount (\$)	Payee address;	City; State; Zlp Code	
Le6-03	2507 BUCKWIDY	Brenham TR 77833	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Ad Printing Expense	Flyers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/23/24	Bellville Times		
Amount (\$)	Payee address:	City; State; Zip Code	
175.50	106 E Palm St.	Bellville TX 77418	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
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/Office-holder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/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 ANORCA CAVALL	nas	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/24	5 Payee name Stally News		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
406.00	Sealy 327 Fow K	esst Stal	4 TX 77474
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	1 dicercia	h	
OF EXPENDITURE	MUNUMISING	1 /tal	
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	<b></b>		
	Check if travel outside of Texas. Complete Schedule 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
exponditure to belieff of or	•		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
		•	
	Category (See Categories listed at the top of this schedule)	Description	
DIIDDOSE		Deacription	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
AT IACTIADDITIONAL COFTES OF THIS SCHEDULE AS NEEDED			