

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4-2-2025
4:43pm

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

1701 CORDELL DR. SAN ANGELO
TX 76901

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 300-7923

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. JAVIER
CRUZ

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

9044 CHITAL CT. SAN ANGELO TX 76901

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 729-2409

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

2 / 14 / 2025 THROUGH 4 / 3 / 2025

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

☐

Primary

☐

Runoff

☐

Other
Description

5 / 3 / 2025

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

NA

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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

1. 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)

\$ 8,525.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 3,509.88

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 5,015.12

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 SIGNATURE

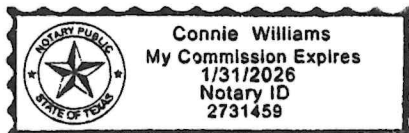
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dudra Butler

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Dudra Butler this the 2nd day of April,
2025, to certify which, witness my hand and seal of office.

Connie Williams

Connie Williams

Deputy City Clerk

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Dudra Butler</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,525.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1,500.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,509.88</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME DUDRA D. BUTLER		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEE PFLUGER	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code P.O. BOX 1991 SAN ANGELO, TX 76902		
8 Principal occupation / Job title (See Instructions) SELF-EMPLOYED/RANCHER		9 Employer (See Instructions)
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DARRELL MITCHUM (VERDA)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4007 E. VALLEY DR. MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARUA G. VELEZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7701 PIALTO BLVD #812 AUSTIN, TX 78735-7409		
Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		Employer (See Instructions)
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID CURRIE	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code P.O. BOX 3300 494 RIDGE LN CHRISTOPAL, TX 76902		
Principal occupation / Job title (See Instructions) RETIRED BUILDER		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME DUDRA D. BUTLER		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTHA POOL ELDER	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 5601 WOODBINE LN SAN ANGELO, TX 76904		
8 Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		9 Employer (See Instructions)
Date 3/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARVIN T DERYL ANN HALL	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3061 CHAMPION CIR. SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY CARDENAS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1101 S. CHADBOURNE ST SAN ANGELO, TX 76903		
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 3/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LES TITUS	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code VENMO PMT PLANO, TX		
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME DUDRA D. BUTLER		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BILLIE J. LALY	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 6823 GREYCLOUD DR. AUSTIN, TX 78745-5274		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY CATHERINE HOLLAND	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5621 WOODBINE LN SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		Employer (See Instructions)
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES & YVONNE C. FLINT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1801 FIELD ST. SAN ANGELO, TX 76901		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DELANORCE & BILLIE DEWITT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1117 ASHFORD DR SAN ANGELO, TX 76901		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME DUDRA D. BUTLER		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MONETTE H. MOLINAR	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code P.O. BOX 3472 SAN ANGELO, TX 76902		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 3/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAM & SUSAN DAVENPORT	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code P.O. BOX 341 GAIL, TX 79738 0341		
Principal occupation / Job title (See Instructions) RETIRED/ATTORNEY		Employer (See Instructions)
Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TONY & LISA VILLARREAL	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5329 ENCLAVE COURT TX 76904 SAN ANGELO		
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions)
Date 3/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLARA B. FREEZE	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3302 SILVER SPUR SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

DUDRA D. BUTLER

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARY ELLEN HARTJE

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

1316 PASEO DE VACA SAN ANGELO, TX

8 Principal occupation / Job title (See Instructions)

RETIRED EDUCATOR

9 Employer (See Instructions)

Date

3/18/25

Full name of contributor

☐ out-of-state PAC (ID#:

CRAY'S TRANSMISSIONS

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1202 PULLIAM ST SAN ANGELO, TX

Principal occupation / Job title (See Instructions)

BUSINESS (FAMILY)

Employer (See Instructions)

Date

3/18/25

Full name of contributor

☐ out-of-state PAC (ID#:

DEL VELASQUEZ

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

VENMO SAN ANGELO, TX

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/27/25

Full name of contributor

☐ out-of-state PAC (ID#:

STEVE + POLLYANNA STEPHENS

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4818 N. BENTWOOD DR. SAN ANGELO, TX

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">6</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">DUDRA D. BUTLER</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">3/21/25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">RANDALL DR GEORGE SAVARANCE</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">250.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">5155 BEVERLY DR. TX 76904 SAN ANGELO</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">RETIRED</div>		9 Employer (See Instructions)

Date <div style="font-size: 1.2em; font-family: cursive;">3/20/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">SALLY THOMAS AYANA</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">25.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">707 W. 18TH ST TX 76903 SAN ANGELO</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E:	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Dudra Butler</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.2em; font-family: cursive;">\$1,500.00</div>	
5 Date of loan <div style="font-size: 1.2em; font-family: cursive;">2/18/2025</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">Dudra Butler</div>	9 Loan Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$1,500.00</div>	
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">1701 Cordell Dr San Angelo TX 76901</div>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">retired</div>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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: 4		2 FILER NAME Dudra Butler		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2025		5 Payee name Media Advantage, LLC			
6 Amount (\$) \$4.88		7 Payee address; PO Box 2677		City; San Angelo	State; TX
				Zip Code 76902	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other (voter database)		(b) Description SMD2 city council voter data		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/02/2025		Payee name Media Advantage, LLC			
Amount (\$) \$1,500.00		Payee address; PO Box 2677		City; San Angelo	State; TX
				Zip Code 76902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense		Description Agency Retainer for Political Campaign		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/02/2025		Payee name Media Advantage, LLC			
Amount (\$) \$300.00		Payee address; PO Box 2677		City; San Angelo	State; TX
				Zip Code 76902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Campaign Logo		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 03/02/2025		5 Payee name Media Advantage, LLC			
6 Amount (\$) \$300.00		7 Payee address; PO Box 2677		City; San Angelo TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Social Media Management- set up IG post	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/18/2025		Payee name Media Advantage, LLC			
Amount (\$) \$130.00		Payee address; PO Box 2677		City; San Angelo TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Rack cards (1000)	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/18/2025		Payee name Media Advantage, LLC			
Amount (\$) \$350.00		Payee address; PO Box 2677		City; San Angelo TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) other (voter database)		Description voter data - phone	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 03/18/2025		5 Payee name Media Advantage, LLC			
6 Amount (\$) \$30.00		7 Payee address; PO Box 2677		City; San Angelo	State; TX Zip Code 76902
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Rush Rack Cards		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 03/18/2025		Payee name Media Advantage, LLC			
Amount (\$) \$15.00		Payee address; PO Box 2677		City; San Angelo	State; TX Zip Code 76902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description SHIP Rack cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 03/126/2025		Payee name Media Advantage, LLC			
Amount (\$) \$610.00		Payee address; PO Box 2677		City; San Angelo	State; TX Zip Code 76902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Digital Bill board (N. Bryant)		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 03/26/2025 5 Payee name Media Advantage, LLC

6 Amount (\$) \$270.00 7 Payee address; Po Box 2677 San Angelo TX 76902

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising expense (b) Description Digital Billboard (next to chicken express) (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/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ 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

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ 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 NEEDED