

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: 93
3 CANDIDATE / OFFICEHOLDER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR	FIRST Armando	MI G	OFFICE USE ONLY	
	NICKNAME	LAST Bravo	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1554 W. Mulberry Ave #1 San Antonio TX 78201				Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 865-7987	EXTENSION		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr	MI G	Receipt #	Amount \$
	NICKNAME	LAST Armando	SUFFIX Bravo	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1554 W. Mulberry San Antonio TX 78201				Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	30th Day Before General Election				
10 PERIOD COVERED	Month Day Year 1/1/2023			Month Day Year THROUGH 3/27/2023	
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____			
12 OFFICE	OFFICE HELD (if any) City Council District 1			13 OFFICE SOUGHT (if known) Council District 1	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Armando G Bravo		15 Filer ID (Ethics Commission Filers)
16 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.
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 31672.00
CONTRIBUTION BALANCE		3. TOTAL UNITEMIZED POLITICAL EXPENDITURES. \$ 0
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES \$ 37783.84
		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 57127.14
		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0
18 AFFIDAVIT		
<p>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.</p> <p>**** Electronically Certified ***</p> <hr/> <p>Signature of Candidate or Officeholder</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Armando G Bravo</u> this the <u>6th</u> day of <u>April</u>, 2023, to certify which, witness my hand and seal of office.</p>		
Signature of officer administering oath		Printed name of officer administering oath
		Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Armando G Bravo	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31672.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 37783.84
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1 of 29</p>
<p>2 FILER NAME Armando G Bravo</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 1/1/2023</p>	<p>5 Full name of contributor Bobby Perez</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>7 Amount of contribution (\$) 500.00</p>
<p>6 Contributor address; 327 E Huisache San Antonio, TX 78212</p>			<p>City; State; Zip Code</p>
<p>8 Principal occupation / Job title (See instructions) SSE</p>		<p>9 Employer (See instructions) Attorney</p>	
<p>Date 1/1/2023</p>	<p>Full name of contributor Theresa Wyatt</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) 250.00</p>
<p>Contributor address; 239 W Hollywood Ave San Antonio, TX 78212</p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) Self</p>		<p>Employer (See instructions) Professional</p>	
<p>Date 1/1/2023</p>	<p>Full name of contributor Anna Meyet</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) 20.00</p>
<p>Contributor address; 113 Seeling Blvd San Antonio, TX 78228</p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) Retired</p>		<p>Employer (See instructions) Retired</p>	
<p>Date 1/1/2023</p>	<p>Full name of contributor Lisa Campion</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) 20.00</p>
<p>Contributor address; 1541 W Mulberry Ave San Antonio, TX 78201</p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) Retired</p>		<p>Employer (See instructions) Retired</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 2 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 1/1/2023	5 Full name of contributor David Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 20.00
6 Contributor address; 1535 W Mulberry Ave San Antonio, TX 78201			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Student		9 Employer (See instructions) Student	
Date 1/1/2023	Full name of contributor Royce Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 20.00
Contributor address; 1535 W Mulberry Ave San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) USAA		Employer (See instructions) Insurance	
Date 1/1/2023	Full name of contributor Gena Meyer	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 20.00
Contributor address; 1535 W Mulberry Ave San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Social services	
Date 1/4/2023	Full name of contributor Christian Archer	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 134 W Mistletoe Ave San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Consultant	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 3 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 1/4/2023	5 Full name of contributor Sandy Martinez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 134 W Mistletoe Ave San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Self		9 Employer (See instructions) Consultant	
Date 1/4/2023	Full name of contributor Nikki Bridges	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 312 Pearl Parkway San Antonio, TX 78215			City; State; Zip Code
Principal occupation / Job title (See instructions) unlisted		Employer (See instructions) unlisted	
Date 1/4/2023	Full name of contributor Tyler Chalfin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 312 Pearl Parkway San Antonio, TX 78215			City; State; Zip Code
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Creator	
Date 1/4/2023	Full name of contributor Bill Samson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 831 W Woodlawn Ave San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Perfected Claims		Employer (See instructions) CFO	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 4 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 1/4/2023	5 Full name of contributor Clermont LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 7334 Blanco Rd #200 San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) NA		9 Employer (See instructions) NA	
Date 1/4/2023	Full name of contributor Jordan Ghawi	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 300.00
Contributor address; 903 W Huisache Ave San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) STRAC		Employer (See instructions) Healthcare	
Date 1/5/2023	Full name of contributor Erik Sanden	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 20.00
Contributor address; 202 Pinewood Ln San Antonio, TX 78216			City; State; Zip Code
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Musican	
Date 1/5/2023	Full name of contributor Lewis Fisher	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 306 Barrera St San Antonio, TX 78210			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 5 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 1/7/2023	5 Full name of contributor Skylar Vaughn	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 10.00
	6 Contributor address; 427 E French PI San Antonio, TX 78212	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) ChartHop		9 Employer (See instructions) Sales	
Date 1/10/2023	Full name of contributor Jessica Saucedo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 27.00
	Contributor address; 10074 Fall Harvest San Antonio, TX 78254	City; State; Zip Code	
Principal occupation / Job title (See instructions) Convene Inc		Employer (See instructions) IT Sales	
Date 1/10/2023	Full name of contributor Thomas Guido	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 701 Elizabeth Rd San Antonio, TX 78209	City; State; Zip Code	
Principal occupation / Job title (See instructions) Guido Brothers Construction		Employer (See instructions) President	
Date 1/12/2023	Full name of contributor Grant & Leah Jacobson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 124 E Edgewood PI San Antonio, TX 78209	City; State; Zip Code	
Principal occupation / Job title (See instructions) Momentum Advisory Svcs		Employer (See instructions) Consultant	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2023	5 Full name of contributor Summer Greathouse	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 125 W Agarita Ave San Antonio, TX 78212	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Bracewell		9 Employer (See instructions) Attorney	
Date 1/19/2023	Full name of contributor Colton Unden	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 20.00
	Contributor address; 100 N Santa Rosa St #620 San Antonio, TX 78207	City; State; Zip Code	
Principal occupation / Job title (See instructions) None		Employer (See instructions) Student	
Date 1/23/2023	Full name of contributor Mario Vazquez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; PO Box 100594 San Antonio, TX 78201	City; State; Zip Code	
Principal occupation / Job title (See instructions) Hemisfair Conservancy		Employer (See instructions) Sr. Development Dir	
Date 1/31/2023	Full name of contributor Mary Rutten	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 163 Meadow Trail Dr San Antonio, TX 78227	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		
2 FILER NAME Armando G Bravo		1 Total pages Schedule A1: 7 of 29
4 Date 2/1/2023	5 Full name of contributor Anthony Cruz Jr. 6 Contributor address; 6602 Lake Cliff St South Padre Island, TX 78244	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) UTSA		9 Employer (See instructions) Student
Date 2/2/2023	Full name of contributor Maricel Stephen Contributor address; 4007 McCullough Ave #202 San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Saisd		Employer (See instructions) Family specialist
Date 2/2/2023	Full name of contributor William Varney Contributor address; 137 East Woodlawn Ave San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) URBANherbal		Employer (See instructions) Herbalist
Date 2/5/2023	Full name of contributor Johnny & Jessica Hernandez Contributor address; 411 E Cevallos San Antonio, TX 78204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Chef
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 8 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2023	5 Full name of contributor Sean Celestino	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 110.00
	6 Contributor address; 950 North Damen Ave Chicago, IL 60622	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Marriott		9 Employer (See instructions) Bartender	
Date 2/8/2023	Full name of contributor Sean Celestino	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
	Contributor address; 950 North Damen Ave Chicago, IL 60622	City; State; Zip Code	
Principal occupation / Job title (See instructions) Marriott		Employer (See instructions) Bartender	
Date 2/8/2023	Full name of contributor Katherine Bravo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 1554 W Mulberry Ave San Antonio, TX 78201	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 2/9/2023	Full name of contributor Eloisa Portillo-Morales	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 2251 W MISTLETOE AVE SAN ANTONIO, TX 78201	City; State; Zip Code	
Principal occupation / Job title (See instructions) NRDC		Employer (See instructions) EnP Director	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 9 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2023	5 Full name of contributor Veronica Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 25114 Orchard Acres San Antonio, TX 78261	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Emyan Strategies		9 Employer (See instructions) Comm Strategist	
Date 2/10/2023	Full name of contributor Mary Rutten	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 163 Meadow Trail Dr San Antonio, TX 78227	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 2/14/2023	Full name of contributor Christy Andrews	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 58 Michelangelo San Antonio, TX 78258	City; State; Zip Code	
Principal occupation / Job title (See instructions) Rubin Cybernetics		Employer (See instructions) Project Manager	
Date 2/15/2023	Full name of contributor Delia Estrello	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 10.00
	Contributor address; 220 Kings Ct #303 San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 10 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2023	5 Full name of contributor John Steen	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 1250 NE Loop 410 #305 San Antonio, TX 78209			
8 Principal occupation / Job title (See instructions) Self		9 Employer (See instructions) Attorney; Investor	
Date 2/15/2023	Full name of contributor Weisie Steen	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1250 NE Loop 410 #305 San Antonio, TX 78209			
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Investor	
Date 2/20/2023	Full name of contributor Hector Gutierrez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1035 Calle Flor PI El Paso, TX 79912			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 2/20/2023	Full name of contributor Rey Garza	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 4138 High Sierra Dr San Antonio, TX 78228			
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Garza Real Estate	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 11 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2023	5 Full name of contributor Rick Molina	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 8739 Bandera Rd San Antonio, TX 78250			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions) Owner	
Date 2/22/2023	Full name of contributor Brown & Ortiz PC	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 112 E Pecan St #1360 San Antonio, TX 78206			City; State; Zip Code
Principal occupation / Job title (See instructions) Brown & Ortiz		Employer (See instructions) Attorney	
Date 2/22/2023	Full name of contributor Annette Dreiss	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 325 E Sonterra Blvd San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) retired	
Date 2/22/2023	Full name of contributor Tom Dreiss	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 325 E Sonterra Blvd San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 12 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2023	5 Full name of contributor Cassandra Ortiz	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 9103 Mellbrook St San Antonio, TX 78230			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Brown & Ortiz		9 Employer (See instructions) Attorney	
Date 2/23/2023	Full name of contributor Jennifer Yantis	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 12018 Indigo Bend San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Self employed	
Date 2/23/2023	Full name of contributor Blake Yantis	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 12018 Indigo Bend San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Mosaic Land Dev		Employer (See instructions) President	
Date 2/23/2023	Full name of contributor Bert Pfiester	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 144 E French Pl San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 13 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2023	5 Full name of contributor Joel Mayer	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 512 Ross St Farmington, NM 87401			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 2/24/2023	Full name of contributor Janie Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 318 Menefee Blvd San Antonio, TX 78207			City; State; Zip Code
Principal occupation / Job title (See instructions) Webhead		Employer (See instructions) CEO	
Date 2/24/2023	Full name of contributor Peter Hugill	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 218 W Lullwood Ave San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 2/24/2023	Full name of contributor William Leighton	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 511 Kings Ct San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 14 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2023	5 Full name of contributor Bradley Carson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 128 W Mistletoe Ave San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Kruger Carson PLLC		9 Employer (See instructions) Attorney Partner	
Date 2/24/2023	Full name of contributor Michelle Carson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 128 W Mistletoe Ave San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed	
Date 2/25/2023	Full name of contributor Alfonso Robalin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 428 E Myrtle St San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) DME		Employer (See instructions) Director	
Date 2/25/2023	Full name of contributor Danny DeGuire	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 3506 Huntwick Ln San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 15 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2023	5 Full name of contributor William Hall	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 111 Haverhill Way San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 2/25/2023	Full name of contributor Richard Robledo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 75.00
Contributor address; 8315 Kingsway St San Antonio, TX 78254			City; State; Zip Code
Principal occupation / Job title (See instructions) Randolph AFB		Employer (See instructions) Civil Service	
Date 2/25/2023	Full name of contributor Karlos Anzoategui	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 555 Queen Anne Ct San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Hairdresser	
Date 2/25/2023	Full name of contributor Loretta Coppenolle	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 14115 Oakland Mills St San Antonio, TX 78231			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 16 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2023	5 Full name of contributor Sarah Sepeda-Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 11138 Quail Rise San Antonio, TX 78249			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Self		9 Employer (See instructions) Counselor	
Date 2/27/2023	Full name of contributor Sienie Kelly	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
Contributor address; 209 Northington Dr East Amherst, NY 14051			City; State; Zip Code
Principal occupation / Job title (See instructions) Nardin Academy		Employer (See instructions) teacher	
Date 3/1/2023	Full name of contributor Charise Adams	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 2319 Fountain Way San Antonio, TX 78248			City; State; Zip Code
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed	
Date 3/2/2023	Full name of contributor Trish Nicholson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 35.00
Contributor address; 702 Little St Alexandria, VA 22301			City; State; Zip Code
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 17 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2023	5 Full name of contributor Gloria & Thomas Uribe	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 202 W Hollywood Ave San Antonio, TX 78212	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 3/2/2023	Full name of contributor Diane & Wendell Fuqua	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 224 W Rosewood San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/2/2023	Full name of contributor James Johnson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 300.00
	Contributor address; 210 Callaghan Ave San Antonio, TX 78210	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) Retired	
Date 3/2/2023	Full name of contributor Matthew Wolff	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 9619 Nona Kay Dr San Antonio, TX 78217	City; State; Zip Code	
Principal occupation / Job title (See instructions) Galaxy Productions LLC		Employer (See instructions) Production Manager	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 18 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2023	5 Full name of contributor Fred Schraub	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 138 E Agarita Ave San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Natl Investors Title Insur		9 Employer (See instructions) Attorney	
Date 3/5/2023	Full name of contributor Vicki Perkins	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 527 Leigh St San Antonio, TX 78210			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/5/2023	Full name of contributor Carlos Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 526 Refugio St San Antonio, TX 78210			City; State; Zip Code
Principal occupation / Job title (See instructions) Oxbow Development Group		Employer (See instructions) Real estate development	
Date 3/5/2023	Full name of contributor Selsabeel Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 526 Refugio St San Antonio, TX 78210			City; State; Zip Code
Principal occupation / Job title (See instructions) New Image Dentistry		Employer (See instructions) Dentist	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 19 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2023	5 Full name of contributor Gloria Dilley	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 635 S Presa San Antonio, TX 78210	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Steves and Sons		9 Employer (See instructions) VP	
Date 3/8/2023	Full name of contributor Miguel Dilley	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 635 S Presa San Antonio, TX 78210	City; State; Zip Code	
Principal occupation / Job title (See instructions) Dilley Law Firm		Employer (See instructions) Lawyer	
Date 3/9/2023	Full name of contributor Delia Estrello	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 10.00
	Contributor address; 220 Kings Ct San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/9/2023	Full name of contributor Dennis Karbach	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 315 W Lynwood Ave San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Karbach Consulting		Employer (See instructions) Consultant	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 20 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2023	5 Full name of contributor Carlos Herrera	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 9111 Regal San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) WellMed		9 Employer (See instructions) Ct scan technologist	
Date 3/13/2023	Full name of contributor Michael Cremeans	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 20.00
Contributor address; 206 Ridgecrest Dr #15 San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Nvs Corp. Services		Employer (See instructions) Quality Assurance Mgr	
Date 3/15/2023	Full name of contributor Greg Kowalski	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 1381 San Antonio, TX 78295			City; State; Zip Code
Principal occupation / Job title (See instructions) RK Group		Employer (See instructions) CEO	
Date 3/15/2023	Full name of contributor Bekki Kowalski	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 1381 San Antonio, TX 78295			City; State; Zip Code
Principal occupation / Job title (See instructions) RK Group		Employer (See instructions) Director Special Projects	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 21 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2023	5 Full name of contributor Beatrice Moreno	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 422 E Mistletoe San Antonio, TX 78212			
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 3/18/2023	Full name of contributor Carolyn Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 401 E Ashby San Antonio, TX 78212			
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA	
Date 3/20/2023	Full name of contributor Juan Saenz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1101 W Russell PI San Antonio, TX 78201			
Principal occupation / Job title (See instructions) Estellas Concessions		Employer (See instructions) Operations Manager	
Date 3/20/2023	Full name of contributor Marco Barros	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 450.00
Contributor address; 14018 Sage Bluff San Antonio, TX 78216			
Principal occupation / Job title (See instructions) SA Tourism Council		Employer (See instructions) CEO	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 22 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2023	5 Full name of contributor Madonna Foley	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 10.00
6 Contributor address; 1506 W Elsmere PL San Antonio, TX 78201			
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 3/21/2023	Full name of contributor Robert Gutierrez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 311 Huntington PI Shavano Park, TX 78231			
Principal occupation / Job title (See instructions) Republic Land & Dev		Employer (See instructions) Development	
Date 3/21/2023	Full name of contributor Rebecca Gutierrez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 311 Huntington PI Shavano Park, TX 78231			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/21/2023	Full name of contributor Ann Van Pelt	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 6101 Broadway Alamo Heights, TX 78209			
Principal occupation / Job title (See instructions) Phyllis Browning		Employer (See instructions) Realtor	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 23 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2023	5 Full name of contributor Edward Kelley	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 7 Links Green San Antonio, TX 78257			
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 3/23/2023	Full name of contributor Queta Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 501 Oakwood Dr San Antonio, TX 78228			
Principal occupation / Job title (See instructions) FourBlock Foundation		Employer (See instructions) National Operations Dir	
Date 3/23/2023	Full name of contributor Jeffrey Kothman	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 376 Big Oak Dr Adkins, TX 78101			
Principal occupation / Job title (See instructions) Texas Towing		Employer (See instructions) President	
Date 3/23/2023	Full name of contributor Clay Jackson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2047 Rigsby San Antonio, TX 78210			
Principal occupation / Job title (See instructions) Jackson Motors		Employer (See instructions) Owner	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 24 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2023	5 Full name of contributor Unite Here Tip Campaign	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 275 7th Ave #16 New York, NY 10001			City; State; Zip Code
8 Principal occupation / Job title (See instructions) NA		9 Employer (See instructions) NA	
Date 3/23/2023	Full name of contributor Diane White	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 21914 Hardy Oak Blvd #4104 San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/24/2023	Full name of contributor Ryan Reed	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 242 W Lynwood Ave San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Douglas Daniel		Employer (See instructions) Real Estate	
Date 3/24/2023	Full name of contributor Tracie Hasslocher	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 129 Haskin Dr San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Hasslocher Boutique Realty		Employer (See instructions) Owner	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 25 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2023	5 Full name of contributor James Hasslocher	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 129 Haskin Dr San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Jims Restaurants		9 Employer (See instructions) CEO	
Date 3/24/2023	Full name of contributor Laurence Macon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 120250 San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) The Macon Law Firm		Employer (See instructions) Attorney	
Date 3/24/2023	Full name of contributor Paul Basaldua	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 3 Wolfwood San Antonio, TX 78248			City; State; Zip Code
Principal occupation / Job title (See instructions) VersaTerra Development		Employer (See instructions) Real estate	
Date 3/25/2023	Full name of contributor David Eaton	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 3702 Hidden Hollow Austin, TX 78731			City; State; Zip Code
Principal occupation / Job title (See instructions) UT Austin		Employer (See instructions) Professor	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 26 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor Jordan Ghawi	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 903 W Huisache Ave San Antonio, TX 78201			City; State; Zip Code
8 Principal occupation / Job title (See instructions) STRAC		9 Employer (See instructions) Healthcare	
Date 3/27/2023	Full name of contributor Jane Macon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 300 Convent St #2700 San Antonio, TX 78205			City; State; Zip Code
Principal occupation / Job title (See instructions) Bracewell		Employer (See instructions) Partner	
Date 3/27/2023	Full name of contributor Eduardo Bravo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1201 Avenue B #1033 San Antonio, TX 78215			City; State; Zip Code
Principal occupation / Job title (See instructions) Irys		Employer (See instructions) CFO	
Date 3/27/2023	Full name of contributor Kayla Carter	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 2503 Turkey Oak St San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) For Her		Employer (See instructions) CEO	
<p style="text-align: center;">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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 27 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor Alan Montemayor	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 2186 Jackson Keller Rd #432 San Antonio, TX 78213			
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 3/27/2023	Full name of contributor Yvette Ramirez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 612 W Commerce S San Antonio, TX 78207			
Principal occupation / Job title (See instructions) Paloma		Employer (See instructions) Self employed	
Date 3/27/2023	Full name of contributor Cory Bakke	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 207 Roosevelt Ave San Antonio, TX 78210			
Principal occupation / Job title (See instructions) Phylis Browning		Employer (See instructions) Realtor	
Date 3/27/2023	Full name of contributor Phil Bakke	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 207 Roosevelt Ave San Antonio, TX 78210			
Principal occupation / Job title (See instructions) Bakke Development Corp		Employer (See instructions) President	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 28 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor Karen Seal	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 20.00
6 Contributor address; 628 County Road 5711 LaCoste, TX 78039			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Self		9 Employer (See instructions) Attorney	
Date 3/27/2023	Full name of contributor Russell Seal	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 20.00
Contributor address; 628 County Road 5711 LaCoste, TX 78039			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/27/2023	Full name of contributor Jim Greenwood	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 207 Bronson Ave San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/27/2023	Full name of contributor Howard Nestel	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 112 Riviera Dr San Antonio, TX 78213			City; State; Zip Code
Principal occupation / Job title (See instructions) Sharkmatic Advertising		Employer (See instructions) Marketing	
<p style="text-align: center;">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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 29 of 29
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor Katie Vela	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 10.00
	6 Contributor address; 15710 Eagle Cliff St San Antonio, TX 78232	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Nonprofit		9 Employer (See instructions) Executive Director	
Date 3/27/2023	Full name of contributor Michael Riojas	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 370 Rexford Dr San Antonio, TX 78216	City; State; Zip Code	
Principal occupation / Job title (See instructions) S&B Infrastructure Ltd		Employer (See instructions) Project Manager	
Date 3/27/2023	Full name of contributor Phil Hardberger	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
	Contributor address; 319 W Hollywood Ave San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 1 of 1</p>
<p>2 FILER NAME Armando G Bravo</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$ 0</p>
<p>5 Date</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>8 Amount of Contribution \$ 9 In-kind contribution description</p>
	<p>7 Contributor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Contribution \$ In-kind contribution description</p>
	<p>Contributor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>		
<p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

PLEDGED CONTRIBUTIONS

SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B: 1 of 1</p>
<p>2 FILER NAME Armando G Bravo</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$ 0</p>
<p>5 Date</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>8 Amount of Pledge \$ 9 In-kind contribution description</p>
	<p>7 Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (See instructions)</p>		<p>11 Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>

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**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: 1 of 1
2 FILER NAME Armando G Bravo			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)		9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 <input 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 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
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?	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		Amount Guaranteed (\$)
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 1/1/2023	5 Payee name anedot		
6 Amount (\$) 1.10	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee	
	(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 1/1/2023	Payee name anedot		
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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 1/1/2023	Payee name anedot		
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 1/1/2023	5 Payee name anedot		
6 Amount (\$) 1.10	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee	
	(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 1/1/2023	Payee name anedot		
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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 1/1/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 1/1/2023	5 Payee name anedot		
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee	
	(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 1/4/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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 1/4/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 1/4/2023	5 Payee name anedot											
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 1/4/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 40.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 1/4/2023	Payee name anedot	Amount (\$) 40.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/4/2023	Payee name anedot											
Amount (\$) 40.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 1/4/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 12.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 1/4/2023	Payee name anedot	Amount (\$) 12.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/4/2023	Payee name anedot											
Amount (\$) 12.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 1/5/2023	5 Payee name anedot															
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 1/5/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 1.10</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/5/2023	Payee name anedot	Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 1/5/2023	Payee name anedot															
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 1/7/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 0.70</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/7/2023	Payee name anedot	Amount (\$) 0.70	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 1/7/2023	Payee name anedot															
Amount (\$) 0.70	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 1/10/2023	5 Payee name anedot											
6 Amount (\$) 1.38	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 1/12/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 20.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 1/12/2023	Payee name anedot	Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/12/2023	Payee name anedot											
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 1/17/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 20.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 1/17/2023	Payee name anedot	Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/17/2023	Payee name anedot											
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 1/17/2023	5 Payee name GoDaddy															
6 Amount (\$) 159.84	7 Payee address; 14455 N Hayden Rd Scottsdale, AZ 85260	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Communications														
	(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													
<table border="1"> <tr> <td>Date 1/19/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 1.10</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/19/2023	Payee name anedot	Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 1/19/2023	Payee name anedot															
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 1/23/2023</td> <td>Payee name MAILCHIMP</td> </tr> <tr> <td>Amount (\$) 106.60</td> <td>Payee address; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Communications</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/23/2023	Payee name MAILCHIMP	Amount (\$) 106.60	Payee address; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications	<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 1/23/2023	Payee name MAILCHIMP															
Amount (\$) 106.60	Payee address; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 1/23/2023	5 Payee name anedot															
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 1/24/2023</td> <td>Payee name Square</td> </tr> <tr> <td>Amount (\$) 85.00</td> <td>Payee address; 1455 Market St San Francisco, CA 94103</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Mobile Fundraising Processing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/24/2023	Payee name Square	Amount (\$) 85.00	Payee address; 1455 Market St San Francisco, CA 94103	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mobile Fundraising Processing	<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 1/24/2023	Payee name Square															
Amount (\$) 85.00	Payee address; 1455 Market St San Francisco, CA 94103															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mobile Fundraising Processing														
	<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													
<table border="1"> <tr> <td>Date 1/24/2023</td> <td>Payee name Square</td> </tr> <tr> <td>Amount (\$) 745.00</td> <td>Payee address; 1455 Market St San Francisco, CA 94103</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Mobile Fundraising Processing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/24/2023	Payee name Square	Amount (\$) 745.00	Payee address; 1455 Market St San Francisco, CA 94103	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mobile Fundraising Processing	<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 1/24/2023	Payee name Square															
Amount (\$) 745.00	Payee address; 1455 Market St San Francisco, CA 94103															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mobile Fundraising Processing														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 1/24/2023	5 Payee name Self Branded Tees															
6 Amount (\$) 85.00	7 Payee address; City; State; Zip Code 702 Richmond Hills Dr. San Antonio, TX 78245															
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description t-shirts														
	(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													
<table border="1"> <tr> <td>Date 1/24/2023</td> <td>Payee name Self Branded Tees</td> </tr> <tr> <td>Amount (\$) 745.00</td> <td>Payee address; City; State; Zip Code 702 Richmond Hills Dr. San Antonio, TX 78245</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description t-shirts</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/24/2023	Payee name Self Branded Tees	Amount (\$) 745.00	Payee address; City; State; Zip Code 702 Richmond Hills Dr. San Antonio, TX 78245	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description t-shirts	<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 1/24/2023	Payee name Self Branded Tees															
Amount (\$) 745.00	Payee address; City; State; Zip Code 702 Richmond Hills Dr. San Antonio, TX 78245															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description t-shirts														
	<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													
<table border="1"> <tr> <td>Date 1/31/2023</td> <td>Payee name Stanford Campaigns</td> </tr> <tr> <td>Amount (\$) 3000.00</td> <td>Payee address; City; State; Zip Code 1554 W Mulberry San Antonio, TX 78201</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Consulting</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 1/31/2023	Payee name Stanford Campaigns	Amount (\$) 3000.00	Payee address; City; State; Zip Code 1554 W Mulberry San Antonio, TX 78201	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consulting	<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 1/31/2023	Payee name Stanford Campaigns															
Amount (\$) 3000.00	Payee address; City; State; Zip Code 1554 W Mulberry San Antonio, TX 78201															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consulting														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 1/31/2023	5 Payee name anedot											
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 2/1/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 2.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/1/2023	Payee name anedot	Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/1/2023	Payee name anedot											
Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 2/2/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 2.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/2/2023	Payee name anedot	Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/2/2023	Payee name anedot											
Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 2/2/2023	5 Payee name anedot		
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee	
	(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 2/3/2023	Payee name Lizzy Aranibar		
Amount (\$) 500.00	Payee address; 401 Isom Rd San Antonio, TX 78216	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant	
	<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 2/5/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 2/6/2023	5 Payee name MGSA Holdings											
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 906 Rolling Grove San Antonio, TX 78212											
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Rent										
	(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									
<table border="1"> <tr> <td>Date 2/6/2023</td> <td>Payee name MGSA Holdings</td> </tr> <tr> <td>Amount (\$) 1000.00</td> <td>Payee address; City; State; Zip Code 906 Rolling Grove San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Rent Deposit</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/6/2023	Payee name MGSA Holdings	Amount (\$) 1000.00	Payee address; City; State; Zip Code 906 Rolling Grove San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Rent Deposit	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/6/2023	Payee name MGSA Holdings											
Amount (\$) 1000.00	Payee address; City; State; Zip Code 906 Rolling Grove San Antonio, TX 78212											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Rent Deposit										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 2/6/2023</td> <td>Payee name Schnabels Hardware</td> </tr> <tr> <td>Amount (\$) 35.06</td> <td>Payee address; City; State; Zip Code 4337 McCullough Ave San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/6/2023	Payee name Schnabels Hardware	Amount (\$) 35.06	Payee address; City; State; Zip Code 4337 McCullough Ave San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/6/2023	Payee name Schnabels Hardware											
Amount (\$) 35.06	Payee address; City; State; Zip Code 4337 McCullough Ave San Antonio, TX 78212											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/8/2023	5 Payee name 3D Designs															
6 Amount (\$) 6982.13	7 Payee address; 7986 First St Somerset, TX 78069	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Sign Printing Inv 036														
	(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													
<table border="1"> <tr> <td>Date 2/8/2023</td> <td>Payee name H-E-B</td> </tr> <tr> <td>Amount (\$) 13.49</td> <td>Payee address; 646 S Flores St San Antonio, TX 78204</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/8/2023	Payee name H-E-B	Amount (\$) 13.49	Payee address; 646 S Flores St San Antonio, TX 78204	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<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 2/8/2023	Payee name H-E-B															
Amount (\$) 13.49	Payee address; 646 S Flores St San Antonio, TX 78204															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies														
	<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													
<table border="1"> <tr> <td>Date 2/8/2023</td> <td>Payee name MGSA Holdings</td> </tr> <tr> <td>Amount (\$) 2000.00</td> <td>Payee address; 906 Rolling Grove San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Rent</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/8/2023	Payee name MGSA Holdings	Amount (\$) 2000.00	Payee address; 906 Rolling Grove San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Rent	<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 2/8/2023	Payee name MGSA Holdings															
Amount (\$) 2000.00	Payee address; 906 Rolling Grove San Antonio, TX 78212															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Rent														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/8/2023	5 Payee name H-E-B															
6 Amount (\$) 36.98	7 Payee address; 646 S Flores St San Antonio, TX 78204	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Supplies														
	(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													
<table border="1"> <tr> <td>Date 2/8/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 4.70</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/8/2023	Payee name anedot	Amount (\$) 4.70	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/8/2023	Payee name anedot															
Amount (\$) 4.70	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 2/8/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 6.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/8/2023	Payee name anedot	Amount (\$) 6.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/8/2023	Payee name anedot															
Amount (\$) 6.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/8/2023	5 Payee name anedot															
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 2/9/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 4.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/9/2023	Payee name anedot	Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/9/2023	Payee name anedot															
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 2/9/2023</td> <td>Payee name Main St Pizza</td> </tr> <tr> <td>Amount (\$) 38.81</td> <td>Payee address; 1906 N Main San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Food</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/9/2023	Payee name Main St Pizza	Amount (\$) 38.81	Payee address; 1906 N Main San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	<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 2/9/2023	Payee name Main St Pizza															
Amount (\$) 38.81	Payee address; 1906 N Main San Antonio, TX 78212															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/10/2023	5 Payee name anedot															
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 2/10/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 4.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/10/2023	Payee name anedot	Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/10/2023	Payee name anedot															
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 2/13/2023</td> <td>Payee name Norton Lewis Printing</td> </tr> <tr> <td>Amount (\$) 169.03</td> <td>Payee address; 12106 Valliant St San Antonio, TX 78216</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Communications</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/13/2023	Payee name Norton Lewis Printing	Amount (\$) 169.03	Payee address; 12106 Valliant St San Antonio, TX 78216	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications	<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 2/13/2023	Payee name Norton Lewis Printing															
Amount (\$) 169.03	Payee address; 12106 Valliant St San Antonio, TX 78216															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/13/2023	5 Payee name Reach Progress PBC															
6 Amount (\$) 200.00	7 Payee address; 228 Park Ave So New York, NY 10003	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Software														
	(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													
<table border="1"> <tr> <td>Date 2/14/2023</td> <td>Payee name Facebook</td> </tr> <tr> <td>Amount (\$) 25.00</td> <td>Payee address; 1 Hacker Way Menlo Park, CA 94025</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Communications</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/14/2023	Payee name Facebook	Amount (\$) 25.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications	<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 2/14/2023	Payee name Facebook															
Amount (\$) 25.00	Payee address; 1 Hacker Way Menlo Park, CA 94025															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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<table border="1"> <tr> <td>Date 2/14/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 2.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/14/2023	Payee name anedot	Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/14/2023	Payee name anedot															
Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112															
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	<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													
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/15/2023	5 Payee name anedot															
6 Amount (\$) 0.70	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 2/15/2023</td> <td>Payee name Bexar County Clerk</td> </tr> <tr> <td>Amount (\$) 100.00</td> <td>Payee address; 126 E Nueva St San Antonio, TX 78205</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/15/2023	Payee name Bexar County Clerk	Amount (\$) 100.00	Payee address; 126 E Nueva St San Antonio, TX 78205	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee	<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 2/15/2023	Payee name Bexar County Clerk															
Amount (\$) 100.00	Payee address; 126 E Nueva St San Antonio, TX 78205															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee														
	<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													
<table border="1"> <tr> <td>Date 2/15/2023</td> <td>Payee name Bexar County Clerk</td> </tr> <tr> <td>Amount (\$) 230.00</td> <td>Payee address; 126 E Nueva St San Antonio, TX 78205</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/15/2023	Payee name Bexar County Clerk	Amount (\$) 230.00	Payee address; 126 E Nueva St San Antonio, TX 78205	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee	<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 2/15/2023	Payee name Bexar County Clerk															
Amount (\$) 230.00	Payee address; 126 E Nueva St San Antonio, TX 78205															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 2/16/2023	5 Payee name Toni VanBuren											
6 Amount (\$) 76.76	7 Payee address; City; State; Zip Code 115 Schreiner PI San Antonio, TX 78212											
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Elec Inspec Reimbursement										
	(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									
<table border="1"> <tr> <td>Date 2/16/2023</td> <td>Payee name H-E-B</td> </tr> <tr> <td>Amount (\$) 107.06</td> <td>Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/16/2023	Payee name H-E-B	Amount (\$) 107.06	Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/16/2023	Payee name H-E-B											
Amount (\$) 107.06	Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 2/17/2023</td> <td>Payee name Dallas Peeples</td> </tr> <tr> <td>Amount (\$) 1750.00</td> <td>Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Consultant</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/17/2023	Payee name Dallas Peeples	Amount (\$) 1750.00	Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/17/2023	Payee name Dallas Peeples											
Amount (\$) 1750.00	Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 20 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/17/2023	5 Payee name TX Democratic Party															
6 Amount (\$) 830.00	7 Payee address; PO Box 15707 Austin, TX 78761	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Fee														
	(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													
<table border="1"> <tr> <td>Date 2/17/2023</td> <td>Payee name Bexar Elections</td> </tr> <tr> <td>Amount (\$) 150.00</td> <td>Payee address; 1103 S Frio St San Antonio, TX 78207</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/17/2023	Payee name Bexar Elections	Amount (\$) 150.00	Payee address; 1103 S Frio St San Antonio, TX 78207	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee	<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 2/17/2023	Payee name Bexar Elections															
Amount (\$) 150.00	Payee address; 1103 S Frio St San Antonio, TX 78207															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee														
	<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													
<table border="1"> <tr> <td>Date 2/20/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 20.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/20/2023	Payee name anedot	Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/20/2023	Payee name anedot															
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/21/2023	5 Payee name MAILCHIMP															
6 Amount (\$) 106.60	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308															
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Communications														
	(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													
<table border="1"> <tr> <td>Date 2/21/2023</td> <td>Payee name USPS</td> </tr> <tr> <td>Amount (\$) 18.90</td> <td>Payee address; City; State; Zip Code 900 Brentwood Rd NE Washington, DC 20066</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Shipping</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/21/2023	Payee name USPS	Amount (\$) 18.90	Payee address; City; State; Zip Code 900 Brentwood Rd NE Washington, DC 20066	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Shipping	<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 2/21/2023	Payee name USPS															
Amount (\$) 18.90	Payee address; City; State; Zip Code 900 Brentwood Rd NE Washington, DC 20066															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Shipping														
	<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													
<table border="1"> <tr> <td>Date 2/21/2023</td> <td>Payee name Facebook</td> </tr> <tr> <td>Amount (\$) 25.00</td> <td>Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Communications</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/21/2023	Payee name Facebook	Amount (\$) 25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications	<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 2/21/2023	Payee name Facebook															
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 22 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 2/22/2023	5 Payee name USPS		
6 Amount (\$) 63.00	7 Payee address; 900 Brentwood Rd NE Washington, DC 20066	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Shipping	
	(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 2/22/2023	Payee name UPS Store		
Amount (\$) 33.57	Payee address; City; State; Zip Code 55 Glenlake Pkwy Atlanta, GA 30328		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Shipping	
	<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 2/22/2023	Payee name anedot		
Amount (\$) 50.00	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 23 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 2/22/2023	5 Payee name anedot											
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 2/23/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 40.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/23/2023	Payee name anedot	Amount (\$) 40.30	Payee address; 1340 Poydras New Orleans, LA 70112	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/23/2023	Payee name anedot											
Amount (\$) 40.30	Payee address; 1340 Poydras New Orleans, LA 70112											
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 2/24/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 1.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/24/2023	Payee name anedot	Amount (\$) 1.30	Payee address; 1340 Poydras New Orleans, LA 70112	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/24/2023	Payee name anedot											
Amount (\$) 1.30	Payee address; 1340 Poydras New Orleans, LA 70112											
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 24 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 2/24/2023	5 Payee name anedot											
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
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Date 2/24/2023	Payee name anedot											
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
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Date 2/24/2023	Payee name anedot											
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 25 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/24/2023	5 Payee name Mi Tierra															
6 Amount (\$) 506.40	7 Payee address; 218 Produce Row San Antonio, TX 78207	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Fundraiser Expense														
	(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													
<table border="1"> <tr> <td>Date 2/25/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 10.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/25/2023	Payee name anedot	Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/25/2023	Payee name anedot															
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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Date 2/25/2023	Payee name anedot															
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112															
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 26 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/25/2023	5 Payee name anedot															
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 2/25/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 4.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/25/2023	Payee name anedot	Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/25/2023	Payee name anedot															
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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<table border="1"> <tr> <td>Date 2/25/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 3.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/25/2023	Payee name anedot	Amount (\$) 3.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 2/25/2023	Payee name anedot															
Amount (\$) 3.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 27 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 2/27/2023	5 Payee name anedot											
6 Amount (\$) 6.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 2/27/2023</td> <td>Payee name Candlelight</td> </tr> <tr> <td>Amount (\$) 873.64</td> <td>Payee address; 107 Kings Ct San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Fundraiser</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/27/2023	Payee name Candlelight	Amount (\$) 873.64	Payee address; 107 Kings Ct San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fundraiser	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/27/2023	Payee name Candlelight											
Amount (\$) 873.64	Payee address; 107 Kings Ct San Antonio, TX 78212											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fundraiser										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 2/28/2023</td> <td>Payee name City of San Antonio</td> </tr> <tr> <td>Amount (\$) 100.00</td> <td>Payee address; 100 Military Plaza San Antonio, TX 78205</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Certificate of Occupancy</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 2/28/2023	Payee name City of San Antonio	Amount (\$) 100.00	Payee address; 100 Military Plaza San Antonio, TX 78205	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Certificate of Occupancy	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/28/2023	Payee name City of San Antonio											
Amount (\$) 100.00	Payee address; 100 Military Plaza San Antonio, TX 78205											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Certificate of Occupancy										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 28 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 2/28/2023	5 Payee name Lydia McAfee															
6 Amount (\$) 500.00	7 Payee address; 123 W Hollywood San Antonio, TX 78212	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Consultant														
	(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													
<table border="1"> <tr> <td>Date 2/28/2023</td> <td>Payee name Facebook</td> </tr> <tr> <td>Amount (\$) 25.08</td> <td>Payee address; 1 Hacker Way Menlo Park, CA 94025</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Communications</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/28/2023	Payee name Facebook	Amount (\$) 25.08	Payee address; 1 Hacker Way Menlo Park, CA 94025	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications	<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 2/28/2023	Payee name Facebook															
Amount (\$) 25.08	Payee address; 1 Hacker Way Menlo Park, CA 94025															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications														
	<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													
<table border="1"> <tr> <td>Date 2/28/2023</td> <td>Payee name TX Democratic Party</td> </tr> <tr> <td>Amount (\$) 45.00</td> <td>Payee address; PO Box 15707 Austin, TX 78761</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 2/28/2023	Payee name TX Democratic Party	Amount (\$) 45.00	Payee address; PO Box 15707 Austin, TX 78761	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Fee	<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 2/28/2023	Payee name TX Democratic Party															
Amount (\$) 45.00	Payee address; PO Box 15707 Austin, TX 78761															
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	<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													
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 29 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/2/2023	5 Payee name H-E-B															
6 Amount (\$) 16.24	7 Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204															
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Supplies														
	(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													
<table border="1"> <tr> <td>Date 3/3/2023</td> <td>Payee name Dallas Peeples</td> </tr> <tr> <td>Amount (\$) 1750.00</td> <td>Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Consultant</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/3/2023	Payee name Dallas Peeples	Amount (\$) 1750.00	Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant	<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 3/3/2023	Payee name Dallas Peeples															
Amount (\$) 1750.00	Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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<table border="1"> <tr> <td>Date 3/3/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 10.30</td> <td>Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/3/2023	Payee name anedot	Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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
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Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112															
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 30 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/5/2023	5 Payee name anedot															
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
<table border="1"> <tr> <td>Date 3/6/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 20.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/6/2023	Payee name anedot	Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 3/6/2023	Payee name anedot															
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 3/6/2023</td> <td>Payee name Spectrum</td> </tr> <tr> <td>Amount (\$) 181.64</td> <td>Payee address; 400 Washington Blvd Stamford, CT 06902</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Utilities</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/6/2023	Payee name Spectrum	Amount (\$) 181.64	Payee address; 400 Washington Blvd Stamford, CT 06902	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Utilities	<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 3/6/2023	Payee name Spectrum															
Amount (\$) 181.64	Payee address; 400 Washington Blvd Stamford, CT 06902															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Utilities														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 31 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 3/8/2023	5 Payee name anedot											
6 Amount (\$) 40.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 3/9/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 0.70</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/9/2023	Payee name anedot	Amount (\$) 0.70	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/9/2023	Payee name anedot											
Amount (\$) 0.70	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 3/9/2023</td> <td>Payee name CPS Energy</td> </tr> <tr> <td>Amount (\$) 16.26</td> <td>Payee address; 500 McCullough Ave San Antonio, TX 78215</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Utilities</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/9/2023	Payee name CPS Energy	Amount (\$) 16.26	Payee address; 500 McCullough Ave San Antonio, TX 78215	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Utilities	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/9/2023	Payee name CPS Energy											
Amount (\$) 16.26	Payee address; 500 McCullough Ave San Antonio, TX 78215											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Utilities										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 32 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/9/2023	5 Payee name Reach Progress PBC															
6 Amount (\$) 200.00	7 Payee address; 228 Park Ave So New York, NY 10003	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Software														
	(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													
<table border="1"> <tr> <td>Date 3/10/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 2.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/10/2023	Payee name anedot	Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 3/10/2023	Payee name anedot															
Amount (\$) 2.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
<table border="1"> <tr> <td>Date 3/13/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 1.10</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/13/2023	Payee name anedot	Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 3/13/2023	Payee name anedot															
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 33 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 3/14/2023	5 Payee name Lydia McAfee		
6 Amount (\$) 1000.00	7 Payee address; 123 W Hollywood San Antonio, TX 78212	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Consultant	
	(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 3/14/2023	Payee name Message Audience Pres		
Amount (\$) 3956.30	Payee address; City; State; Zip Code 2400 S Fourth St Austin, TX 78704		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Print Collateral	
	<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 3/15/2023	Payee name Lydia McAfee		
Amount (\$) 500.00	Payee address; City; State; Zip Code 123 W Hollywood San Antonio, TX 78212		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 34 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/16/2023	5 Payee name Dallas Peeples															
6 Amount (\$) 1750.00	7 Payee address; 1227 Sunset View San Antonio, TX 78258	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Consultant														
	(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													
<table border="1"> <tr> <td>Date 3/16/2023</td> <td>Payee name Square</td> </tr> <tr> <td>Amount (\$) 478.00</td> <td>Payee address; 1455 Market St San Francisco, CA 94103</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Mobile Fundraising Processing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/16/2023	Payee name Square	Amount (\$) 478.00	Payee address; 1455 Market St San Francisco, CA 94103	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mobile Fundraising Processing	<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 3/16/2023	Payee name Square															
Amount (\$) 478.00	Payee address; 1455 Market St San Francisco, CA 94103															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mobile Fundraising Processing														
	<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													
<table border="1"> <tr> <td>Date 3/17/2023</td> <td>Payee name H-E-B</td> </tr> <tr> <td>Amount (\$) 53.03</td> <td>Payee address; 646 S Flores St San Antonio, TX 78204</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/17/2023	Payee name H-E-B	Amount (\$) 53.03	Payee address; 646 S Flores St San Antonio, TX 78204	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<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 3/17/2023	Payee name H-E-B															
Amount (\$) 53.03	Payee address; 646 S Flores St San Antonio, TX 78204															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 35 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/17/2023	5 Payee name Office Depot															
6 Amount (\$) 153.25	7 Payee address; 6600 No Military Trl Boca Raton, FL 33496	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Supplies														
	(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													
<table border="1"> <tr> <td>Date 3/17/2023</td> <td>Payee name Office Max</td> </tr> <tr> <td>Amount (\$) 143.72</td> <td>Payee address; 263 Schuman Blvd Naperville, IL 60563</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/17/2023	Payee name Office Max	Amount (\$) 143.72	Payee address; 263 Schuman Blvd Naperville, IL 60563	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<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 3/17/2023	Payee name Office Max															
Amount (\$) 143.72	Payee address; 263 Schuman Blvd Naperville, IL 60563															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies														
	<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													
<table border="1"> <tr> <td>Date 3/20/2023</td> <td>Payee name El Milagrito</td> </tr> <tr> <td>Amount (\$) 45.14</td> <td>Payee address; 521 E Woodlawn San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Food</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/20/2023	Payee name El Milagrito	Amount (\$) 45.14	Payee address; 521 E Woodlawn San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	<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 3/20/2023	Payee name El Milagrito															
Amount (\$) 45.14	Payee address; 521 E Woodlawn San Antonio, TX 78212															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food														
	<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													
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 36 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/20/2023	5 Payee name El Milagrito															
6 Amount (\$) 106.94	7 Payee address; 521 E Woodlawn San Antonio, TX 78212	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Food														
	(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													
<table border="1"> <tr> <td>Date 3/20/2023</td> <td>Payee name Starbucks</td> </tr> <tr> <td>Amount (\$) 23.65</td> <td>Payee address; 2401 Utah Ave So Seattle, WA 98134</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Food</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/20/2023	Payee name Starbucks	Amount (\$) 23.65	Payee address; 2401 Utah Ave So Seattle, WA 98134	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	<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 3/20/2023	Payee name Starbucks															
Amount (\$) 23.65	Payee address; 2401 Utah Ave So Seattle, WA 98134															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food														
	<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													
<table border="1"> <tr> <td>Date 3/20/2023</td> <td>Payee name Starbucks</td> </tr> <tr> <td>Amount (\$) 23.65</td> <td>Payee address; 2401 Utah Ave So Seattle, WA 98134</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Food</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/20/2023	Payee name Starbucks	Amount (\$) 23.65	Payee address; 2401 Utah Ave So Seattle, WA 98134	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	<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 3/20/2023	Payee name Starbucks															
Amount (\$) 23.65	Payee address; 2401 Utah Ave So Seattle, WA 98134															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED																

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 37 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/20/2023	5 Payee name 3D Designs															
6 Amount (\$) 1353.13	7 Payee address; City; State; Zip Code 7986 First St Somerset, TX 78069															
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Sign Printing Inv 069														
	(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													
<table border="1"> <tr> <td>Date 3/20/2023</td> <td>Payee name MAILCHIMP</td> </tr> <tr> <td>Amount (\$) 106.60</td> <td>Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Communications</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/20/2023	Payee name MAILCHIMP	Amount (\$) 106.60	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications	<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 3/20/2023	Payee name MAILCHIMP															
Amount (\$) 106.60	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Communications														
	<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													
<table border="1"> <tr> <td>Date 3/20/2023</td> <td>Payee name Amazon</td> </tr> <tr> <td>Amount (\$) 44.80</td> <td>Payee address; City; State; Zip Code 410 Terry Ave No Seattle, WA 98109</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/20/2023	Payee name Amazon	Amount (\$) 44.80	Payee address; City; State; Zip Code 410 Terry Ave No Seattle, WA 98109	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<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 3/20/2023	Payee name Amazon															
Amount (\$) 44.80	Payee address; City; State; Zip Code 410 Terry Ave No Seattle, WA 98109															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 38 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/20/2023	5 Payee name Amazon															
6 Amount (\$) 58.68	7 Payee address; 410 Terry Ave No Seattle, WA 98109	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Supplies														
	(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													
<table border="1"> <tr> <td>Date 3/20/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 0.70</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/20/2023	Payee name anedot	Amount (\$) 0.70	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<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 3/20/2023	Payee name anedot															
Amount (\$) 0.70	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
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Date 3/21/2023	Payee name anedot															
Amount (\$) 40.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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													
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 39 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 3/23/2023	5 Payee name anedot		
6 Amount (\$) 2.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee	
	(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 3/23/2023	Payee name H-E-B		
Amount (\$) 41.04	Payee address; 646 S Flores St San Antonio, TX 78204	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	
	<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 3/24/2023	Payee name Main St Pizza		
Amount (\$) 43.57	Payee address; 1906 N Main San Antonio, TX 78212	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	
	<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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 40 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 3/24/2023	5 Payee name Omar Herrera Miramontes											
6 Amount (\$) 231.20	7 Payee address; 314 E Ackard PI San Antonio, TX 78221	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor										
	(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									
<table border="1"> <tr> <td>Date 3/24/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 10.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/24/2023	Payee name anedot	Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/24/2023	Payee name anedot											
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
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Date 3/24/2023	Payee name anedot											
Amount (\$) 20.30	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 41 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/24/2023	5 Payee name Amazon															
6 Amount (\$) 86.61	7 Payee address; 410 Terry Ave No Seattle, WA 98109	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Supplies														
	(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													
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Amazon</td> </tr> <tr> <td>Amount (\$) 19.46</td> <td>Payee address; 410 Terry Ave No Seattle, WA 98109</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/27/2023	Payee name Amazon	Amount (\$) 19.46	Payee address; 410 Terry Ave No Seattle, WA 98109	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<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 3/27/2023	Payee name Amazon															
Amount (\$) 19.46	Payee address; 410 Terry Ave No Seattle, WA 98109															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies														
	<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													
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Self Branded Tees</td> </tr> <tr> <td>Amount (\$) 478.00</td> <td>Payee address; 702 Richmond Hills Dr. San Antonio, TX 78245</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description t-shirts</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/27/2023	Payee name Self Branded Tees	Amount (\$) 478.00	Payee address; 702 Richmond Hills Dr. San Antonio, TX 78245	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description t-shirts	<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
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 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description t-shirts														
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 42 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 3/27/2023	5 Payee name anedot											
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
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Date 3/27/2023	Payee name anedot											
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112											
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 43 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 3/27/2023	5 Payee name anedot											
6 Amount (\$) 10.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 10.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/27/2023	Payee name anedot	Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/27/2023	Payee name anedot											
Amount (\$) 10.30	Payee address; 1340 Poydras New Orleans, LA 70112											
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 4.30</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/27/2023	Payee name anedot	Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/27/2023	Payee name anedot											
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112											
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 44 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/27/2023	5 Payee name anedot															
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee														
	(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													
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Date 3/27/2023	Payee name anedot															
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
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Date 3/27/2023	Payee name anedot															
Amount (\$) 4.30	Payee address; 1340 Poydras New Orleans, LA 70112															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 45 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 3/27/2023	5 Payee name anedot											
6 Amount (\$) 0.70	7 Payee address; 1340 Poydras New Orleans, LA 70112	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee										
	(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									
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 1.10</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/27/2023	Payee name anedot	Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/27/2023	Payee name anedot											
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name anedot</td> </tr> <tr> <td>Amount (\$) 1.10</td> <td>Payee address; 1340 Poydras New Orleans, LA 70112</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Donation Processing Fee</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas, complete schedule T</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/27/2023	Payee name anedot	Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 3/27/2023	Payee name anedot											
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
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Date 3/27/2023	Payee name anedot											
Amount (\$) 1.10	Payee address; 1340 Poydras New Orleans, LA 70112											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 46 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/27/2023	5 Payee name Starbucks															
6 Amount (\$) 23.65	7 Payee address; 2401 Utah Ave So Seattle, WA 98134	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Food														
	(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													
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Harbor Freight</td> </tr> <tr> <td>Amount (\$) 21.24</td> <td>Payee address; 1803 Vance Jackson San Antonio, TX 78213</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/27/2023	Payee name Harbor Freight	Amount (\$) 21.24	Payee address; 1803 Vance Jackson San Antonio, TX 78213	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<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 3/27/2023	Payee name Harbor Freight															
Amount (\$) 21.24	Payee address; 1803 Vance Jackson San Antonio, TX 78213															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies														
	<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													
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Marta Chavez</td> </tr> <tr> <td>Amount (\$) 306.00</td> <td>Payee address; 226 W Sayers San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Contract Labor</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/27/2023	Payee name Marta Chavez	Amount (\$) 306.00	Payee address; 226 W Sayers San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	<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 3/27/2023	Payee name Marta Chavez															
Amount (\$) 306.00	Payee address; 226 W Sayers San Antonio, TX 78212															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor														
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 47 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)														
4 Date 3/27/2023	5 Payee name Oscar dela Tienda															
6 Amount (\$) 500.00	7 Payee address; 801 W Russell PI San Antonio, TX 78212	City; State; Zip Code														
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Event Sponsorship														
	(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													
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Patricia Lopez</td> </tr> <tr> <td>Amount (\$) 346.00</td> <td>Payee address; 2427 Jesusita San Antonio, TX 78237</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Contract Labor</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/27/2023	Payee name Patricia Lopez	Amount (\$) 346.00	Payee address; 2427 Jesusita San Antonio, TX 78237	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	<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 3/27/2023	Payee name Patricia Lopez															
Amount (\$) 346.00	Payee address; 2427 Jesusita San Antonio, TX 78237															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor														
	<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													
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Rick Schell</td> </tr> <tr> <td>Amount (\$) 112.02</td> <td>Payee address; 430 E Misteltoe San Antonio, TX 78212</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supply Reimbursement</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date 3/27/2023	Payee name Rick Schell	Amount (\$) 112.02	Payee address; 430 E Misteltoe San Antonio, TX 78212	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supply Reimbursement	<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 3/27/2023	Payee name Rick Schell															
Amount (\$) 112.02	Payee address; 430 E Misteltoe San Antonio, TX 78212															
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supply Reimbursement														
	<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													
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 48 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)										
4 Date 3/27/2023	5 Payee name Taco Cabana											
6 Amount (\$) 21.64	7 Payee address; 8918 Tesoro Dr San Antonio, TX 78217	City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Food										
	(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									
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Taco Cabana</td> </tr> <tr> <td>Amount (\$) 21.64</td> <td>Payee address; 8918 Tesoro Dr San Antonio, TX 78217</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Food</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/27/2023	Payee name Taco Cabana	Amount (\$) 21.64	Payee address; 8918 Tesoro Dr San Antonio, TX 78217	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 3/27/2023	Payee name Taco Cabana											
Amount (\$) 21.64	Payee address; 8918 Tesoro Dr San Antonio, TX 78217											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
<table border="1"> <tr> <td>Date 3/27/2023</td> <td>Payee name Tractor Supply</td> </tr> <tr> <td>Amount (\$) 270.04</td> <td>Payee address; 4450 Southwest Dr Abilene, TX 79606</td> </tr> <tr> <td rowspan="2"> PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Other:</td> <td>Description Office Supplies</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table> <p>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</p>				Date 3/27/2023	Payee name Tractor Supply	Amount (\$) 270.04	Payee address; 4450 Southwest Dr Abilene, TX 79606	 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 3/27/2023	Payee name Tractor Supply											
Amount (\$) 270.04	Payee address; 4450 Southwest Dr Abilene, TX 79606											
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Office Supplies										
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED												

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 49 of 49	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/2023	5 Payee name Spectrum		
6 Amount (\$) 78.27	7 Payee address; 400 Washington Blvd Stamford, CT 06902	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Office Utilities	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-------------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: 1 of 1	
2 FILER NAME Armando G Bravo		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; City; State; Zip Code		
	7 Description of investment		
	8 Amount of investment (\$)		
	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code		
Date	Description of investment		
	Amount of investment (\$)		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee Name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(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	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: 1 of 1</p>
<p>2 FILER NAME Armando G Bravo</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Name of person from whom amount is received</p> <p>6 Address of person from whom amount is received; City; State; Zip Code</p>	<p>8 Amount (\$)</p>
	<p>7 Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: 1 of 1</p>												
<p>2 FILER NAME Armando G Bravo</p>		<p>3 Filer ID (Ethics Commission Filers)</p>												
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>5 Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>6 Dates of travel</p>	<p>7 Name of person(s) traveling</p>													
	<p>8 Departure city or name of departure location</p>													
	<p>9 Destination city or name of destination location</p>													
<p>10 Means of transportation</p>	<p>11 Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>														

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Armando G Bravo

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder