

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	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 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	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1554 W. Mulberry San Antonio TX 78201				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	30th Day Before General Election				
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/2023 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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FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 01/01/2020

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 29

2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
1/1/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bobby Perez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**327 E Huisache
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
SSE

9 Employer (See instructions)
Attorney

Date
1/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Theresa Wyatt

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**239 W Hollywood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Professional

Date
1/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anna Meyet

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**113 Seeling Blvd
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lisa Campion

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1541 W Mulberry Ave
San Antonio, TX 78201**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
David Flores

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**1535 W Mulberry Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Student

9 Employer (See instructions)
Student

Date
1/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Royce Flores

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1535 W Mulberry Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
USAA

Employer (See instructions)
Insurance

Date
1/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gena Meyer

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1535 W Mulberry Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Social services

Date
1/4/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christian Archer

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**134 W Mistletoe Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Consultant

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
1/4/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sandy Martinez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**134 W Mistletoe Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Consultant

Date
1/4/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nikki Bridges

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**312 Pearl Parkway
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
unlisted

Employer (See instructions)
unlisted

Date
1/4/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tyler Chalfin

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**312 Pearl Parkway
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Creator

Date
1/4/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bill Samson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**831 W Woodlawn Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Perfected Claims

Employer (See instructions)
CFO

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
1/4/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Clermont LLC

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7334 Blanco Rd #200
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
NA

9 Employer (See instructions)
NA

Date
1/4/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jordan Ghawi

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**903 W Huisache Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
STRAC

Employer (See instructions)
Healthcare

Date
1/5/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Erik Sanden

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**202 Pinewood Ln
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Musican

Date
1/5/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis Fisher

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**306 Barrera St
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
1/7/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Skylar Vaughn

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**427 E French Pl
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
ChartHop

9 Employer (See instructions)
Sales

Date
1/10/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jessica Saucedo

Amount of contribution (\$)
27.00

Contributor address; City; State; Zip Code
**10074 Fall Harvest
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Convene Inc

Employer (See instructions)
IT Sales

Date
1/10/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Thomas Guido

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**701 Elizabeth Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Guido Brothers Construction

Employer (See instructions)
President

Date
1/12/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grant & Leah Jacobson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**124 E Edgewood Pl
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Momentum Advisory Svcs

Employer (See instructions)
Consultant

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
1/17/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Summer Greathouse

7 Amount of contribution (\$) **500.00**

6 Contributor address; City; State; Zip Code
**125 W Agarita Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Bracewell

9 Employer (See instructions)
Attorney

Date
1/19/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Colton Uden

Amount of contribution (\$) **20.00**

Contributor address; City; State; Zip Code
**100 N Santa Rosa St #620
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
None

Employer (See instructions)
Student

Date
1/23/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mario Vazquez

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code
**PO Box 100594
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Hemisfair Conservancy

Employer (See instructions)
Sr. Development Dir

Date
1/31/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary Rutten

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code
**163 Meadow Trail Dr
San Antonio, TX 78227**

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 29
2 FILER NAME Armando G Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony Cruz Jr. 6 Contributor address; City; State; Zip Code 6602 Lake Cliff St South Padre Island, TX 78244	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 <input type="checkbox"/> out-of-state PAC (ID# _____) Maricel Stephen Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC (ID# _____) William Varney Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Johnny & Jessica Hernandez Contributor address; City; State; Zip Code 411 E Cevallos San Antonio, TX 78204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Chef
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
2/8/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sean Celestino

7 Amount of contribution (\$)
110.00

6 Contributor address; City; State; Zip Code
**950 North Damen Ave
Chicago, IL 60622**

8 Principal occupation / Job title (See instructions)
Marriott

9 Employer (See instructions)
Bartender

Date
2/8/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sean Celestino

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**950 North Damen Ave
Chicago, IL 60622**

Principal occupation / Job title (See instructions)
Marriott

Employer (See instructions)
Bartender

Date
2/8/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Katherine Bravo

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1554 W Mulberry Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/9/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eloisa Portillo-Morales

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2251 W MISTLETOE AVE
SAN ANTONIO, TX 78201**

Principal occupation / Job title (See instructions)
NRDC

Employer (See instructions)
EnP Director

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**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
2/15/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
John Steen

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
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 ☐ out-of-state PAC (ID# _____)
Weisie Steen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
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 ☐ out-of-state PAC (ID# _____)
Hector Gutierrez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1035 Calle Flor Pl
El Paso, TX 79912

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/20/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rey Garza

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
4138 High Sierra Dr
San Antonio, TX 78228

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Garza Real Estate

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**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Molina 6 Contributor address; City; State; Zip Code 8739 Bandera Rd San Antonio, TX 78250	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions) Owner
Date 2/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown & Ortiz PC Contributor address; City; State; Zip Code 112 E Pecan St #1360 San Antonio, TX 78206	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Brown & Ortiz		Employer (See instructions) Attorney
Date 2/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Annette Dreiss Contributor address; City; State; Zip Code 325 E Sonterra Blvd San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) retired
Date 2/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Dreiss Contributor address; City; State; Zip Code 325 E Sonterra Blvd San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Casandra Ortiz 6 Contributor address; City; State; Zip Code 9103 Mellbrook St San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Brown & Ortiz		9 Employer (See instructions) Attorney
Date 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Yantis Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Self employed
Date 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake Yantis Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Mosaic Land Dev		Employer (See instructions) President
Date 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bert Pfiester Contributor address; City; State; Zip Code 144 E French Pl San Antonio, TX 78212	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
2/24/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Joel Mayer

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**512 Ross St
Farmington, NM 87401**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Janie Gonzalez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**318 Menefee Blvd
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Webhead

Employer (See instructions)
CEO

Date
2/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Peter Hugill

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**218 W Lullwood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
William Leighton

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**511 Kings Ct
San Antonio, TX 78212**

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**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley Carson 6 Contributor address; City; State; Zip Code 128 W Mistletoe Ave San Antonio, TX 78212	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Kruger Carson PLLC		9 Employer (See instructions) Attorney Partner
Date 2/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Carson Contributor address; City; State; Zip Code 128 W Mistletoe Ave San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 2/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfonso Robalin Contributor address; City; State; Zip Code 428 E Myrtle St San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) DME		Employer (See instructions) Director
Date 2/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danny DeGuire Contributor address; City; State; Zip Code 3506 Huntwick Ln San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) William Hall 6 Contributor address; City; State; Zip Code 111 Haverhill Way San Antonio, TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 2/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Robledo Contributor address; City; State; Zip Code 8315 Kingsway St San Antonio, TX 78254	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Randolph AFB		Employer (See instructions) Civil Service
Date 2/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karlos Anzoategui Contributor address; City; State; Zip Code 555 Queen Anne Ct San Antonio, TX 78209	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Hairdresser
Date 2/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loretta Coppenolle Contributor address; City; State; Zip Code 14115 Oakland Mills St San Antonio, TX 78231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
2/25/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sarah Sepeda-Garcia

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**11138 Quail Rise
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Counselor

Date
2/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sienie Kelly

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**209 Northington Dr
East Amherst, NY 14051**

Principal occupation / Job title (See instructions)
Nardin Academy

Employer (See instructions)
teacher

Date
3/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charise Adams

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2319 Fountain Way
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
3/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trish Nicholson

Amount of contribution (\$)
35.00

Contributor address; City; State; Zip Code
**702 Little St
Alexandria, VA 22301**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/2/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gloria & Thomas Uribe

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**202 W Hollywood Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Diane & Wendell Fuqua

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**224 W Rosewood
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
James Johnson

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**210 Callaghan Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
Retired

Date
3/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matthew Wolff

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9619 Nona Kay Dr
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Galaxy Productions LLC

Employer (See instructions)
Production Manager

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Fred Schraub 6 Contributor address; City; State; Zip Code 138 E Agarita Ave San Antonio, TX 78212	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Natl Investors Title Insur		9 Employer (See instructions) Attorney
Date 3/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vicki Perkins Contributor address; City; State; Zip Code 527 Leigh St San Antonio, TX 78210	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Gonzalez Contributor address; City; State; Zip Code 526 Refugio St San Antonio, TX 78210	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Oxbow Development Group		Employer (See instructions) Real estate development
Date 3/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Selsabeel Gonzalez Contributor address; City; State; Zip Code 526 Refugio St San Antonio, TX 78210	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) New Image Dentistry		Employer (See instructions) Dentist
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Dilley 6 Contributor address; City; State; Zip Code 635 S Presa San Antonio, TX 78210	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Steves and Sons		9 Employer (See instructions) VP
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miguel Dilley Contributor address; City; State; Zip Code 635 S Presa San Antonio, TX 78210	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Dilley Law Firm		Employer (See instructions) Lawyer
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delia Estrello Contributor address; City; State; Zip Code 220 Kings Ct San Antonio, TX 78212	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dennis Karbach Contributor address; City; State; Zip Code 315 W Lynwood Ave San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Karbach Consulting		Employer (See instructions) Consultant
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Herrera 6 Contributor address; City; State; Zip Code 9111 Regal San Antonio, TX 78216	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) WellMed		9 Employer (See instructions) Ct scan technologist
Date 3/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Cremeans Contributor address; City; State; Zip Code 206 Ridgecrest Dr #15 San Antonio, TX 78209	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Nvs Corp. Services		Employer (See instructions) Quality Assurance Mgr
Date 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Kowalski Contributor address; City; State; Zip Code PO Box 1381 San Antonio, TX 78295	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) RK Group		Employer (See instructions) CEO
Date 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bekki Kowalski Contributor address; City; State; Zip Code PO Box 1381 San Antonio, TX 78295	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) RK Group		Employer (See instructions) Director Special Projects
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/17/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Beatrice Moreno

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Carolyn Garcia

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Juan Saenz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1101 W Russell Pl
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 ☐ out-of-state PAC (ID# _____)
Marco Barros

Amount of contribution (\$)
450.00

Contributor address; City; State; Zip Code
**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**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Madonna Foley 6 Contributor address; City; State; Zip Code 1506 W Elsmere PL San Antonio, TX 78201	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Gutierrez Contributor address; City; State; Zip Code 311 Huntington Pl Shavano Park, TX 78231	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Republic Land & Dev		Employer (See instructions) Development
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Gutierrez Contributor address; City; State; Zip Code 311 Huntington Pl Shavano Park, TX 78231	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Van Pelt Contributor address; City; State; Zip Code 6101 Broadway Alamo Heights, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Phyllis Browning		Employer (See instructions) Realtor
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Edward Kelley

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 ☐ out-of-state PAC (ID# _____)
Queta Rodriguez

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 ☐ out-of-state PAC (ID# _____)
Jeffrey Kothman

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 ☐ out-of-state PAC (ID# _____)
Clay Jackson

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Unite Here Tip Campaign

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**275 7th Ave #16
New York, NY 10001**

8 Principal occupation / Job title (See instructions)
NA

9 Employer (See instructions)
NA

Date
3/23/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Diane White

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**21914 Hardy Oak Blvd #4104
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ryan Reed

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**242 W Lynwood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Douglas Daniel

Employer (See instructions)
Real Estate

Date
3/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tracie Hasslocher

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**129 Haskin Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Hasslocher Boutique Realty

Employer (See instructions)
Owner

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/24/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
James Hasslocher

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**129 Haskin Dr
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Jims Restaurants

9 Employer (See instructions)
CEO

Date
3/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Laurence Macon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 120250
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
The Macon Law Firm

Employer (See instructions)
Attorney

Date
3/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Paul Basaldua

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
VersaTerra Development

Employer (See instructions)
Real estate

Date
3/25/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
David Eaton

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**3702 Hidden Hollow
Austin, TX 78731**

Principal occupation / Job title (See instructions)
UT Austin

Employer (See instructions)
Professor

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jordan Ghawi

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**903 W Huisache Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
STRAC

9 Employer (See instructions)
Healthcare

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jane Macon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Convent St #2700
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Bracewell

Employer (See instructions)
Partner

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eduardo Bravo

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1201 Avenue B #1033
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Irys

Employer (See instructions)
CFO

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kayla Carter

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2503 Turkey Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
For Her

Employer (See instructions)
CEO

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Alan Montemayor

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Yvette Ramirez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Cory Bakke

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**207 Roosevelt Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Phyllis Browning

Employer (See instructions)
Realtor

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Phil Bakke

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**207 Roosevelt Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Bakke Development Corp

Employer (See instructions)
President

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Karen Seal

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
628 County Road 5711
LaCoste, TX 78039

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Attorney

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Russell Seal

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
628 County Road 5711
LaCoste, TX 78039

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jim Greenwood

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
207 Bronson Ave
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Howard Nestel

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
112 Riviera Dr
San Antonio, TX 78213

Principal occupation / Job title (See instructions)
Sharkmatic Advertising

Employer (See instructions)
Marketing

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

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 <input type="checkbox"/> out-of-state PAC (ID# _____) Katie Vela 6 Contributor address; City; State; Zip Code 15710 Eagle Cliff St San Antonio, TX 78232	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) Nonprofit		9 Employer (See instructions) Executive Director
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Riojas Contributor address; City; State; Zip Code 370 Rexford Dr San Antonio, TX 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) S&B Infrastructure Ltd		Employer (See instructions) Project Manager
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phil Hardberger Contributor address; City; State; Zip Code 319 W Hollywood Ave San Antonio, TX 78212	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

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 ☐ 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
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ 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
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
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; 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			

Date 1/1/2023	Payee name anedot		
Amount (\$) 1.10	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			

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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; 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			
Date 1/1/2023	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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			
Date 1/4/2023	Candidate / Officeholder name anedot		
Amount (\$) 20.30	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			
Date 1/4/2023	Candidate / Officeholder name anedot		
Amount (\$) 20.30	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			
Date 1/4/2023	Candidate / Officeholder name anedot		
Amount (\$) 20.30	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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 (\$) 40.30	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			
Date 1/4/2023	Payee name anedot		
Amount (\$) 12.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 1/5/2023	Payee name anedot		
Amount (\$) 1.10	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			
Date 1/7/2023	Payee name anedot		
Amount (\$) 0.70	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 1/12/2023	Payee name anedot		
Amount (\$) 20.30	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			
Date 1/17/2023	Payee name anedot		
Amount (\$) 20.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260		
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			
Date 1/19/2023	Payee name anedot		
Amount (\$) 1.10	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			
Date 1/23/2023	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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 1/24/2023	Payee name Square		
Amount (\$) 85.00	Payee address; City; State; Zip Code 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; City; State; Zip Code 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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			
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 1/31/2023	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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
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 2/1/2023	Payee name anedot		
Amount (\$) 2.30	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			

Date 2/2/2023	Payee name anedot		
Amount (\$) 2.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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; City; State; Zip Code 401 Isom Rd San Antonio, TX 78216		
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; 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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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			
Date 2/6/2023	Candidate / Officeholder 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 2/6/2023	Candidate / Officeholder 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 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 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			
Date 2/8/2023	Payee name H-E-B		
Amount (\$) 13.49	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		
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; 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
	<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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; 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			
Date 2/8/2023	Payee name anedot		
Amount (\$) 4.70	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			
Date 2/8/2023	Payee name anedot		
Amount (\$) 6.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 2/9/2023	Payee name anedot		
Amount (\$) 4.30	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			
Date 2/9/2023	Payee name Main St Pizza		
Amount (\$) 38.81	Payee address; City; State; Zip Code 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 2/10/2023	Payee name anedot		
Amount (\$) 4.30	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			
Date 2/13/2023	Payee name Norton Lewis Printing		
Amount (\$) 169.03	Payee address; City; State; Zip Code 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 228 Park Ave So New York, NY 10003		
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			
Date 2/14/2023	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 2/14/2023	Payee name anedot		
Amount (\$) 2.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 2/15/2023	Payee name Bexar County Clerk		
Amount (\$) 100.00	Payee address; City; State; Zip Code 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; City; State; Zip Code 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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 Pl 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			
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code PO Box 15707 Austin, TX 78761	
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		
Date 2/17/2023	Payee name Bexar Elections	
Amount (\$) 150.00	Payee address; City; State; Zip Code 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		
Date 2/20/2023	Payee name anedot	
Amount (\$) 20.30	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		

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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

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 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 900 Brentwood Rd NE Washington, DC 20066	
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		
Date 2/22/2023	Candidate / Officeholder name Office sought Office held	
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		
Date 2/22/2023	Candidate / Officeholder name Office sought Office held	
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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 2/23/2023	Payee name anedot		
Amount (\$) 40.30	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			
Date 2/24/2023	Payee name anedot		
Amount (\$) 1.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 2/24/2023	Payee name anedot		
Amount (\$) 4.30	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			
Date 2/24/2023	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 218 Produce Row San Antonio, TX 78207		
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			
Date 2/25/2023	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			
Date 2/25/2023	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
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		
Date 2/25/2023	Payee name anedot	
Amount (\$) 4.30	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		
Date 2/25/2023	Payee name anedot	
Amount (\$) 3.30	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		
Date 2/25/2023	Payee name anedot	
Amount (\$) 3.30	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		

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 2/27/2023	Payee name Candlelight		
Amount (\$) 873.64	Payee address; City; State; Zip Code 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/28/2023	Payee name City of San Antonio		
Amount (\$) 100.00	Payee address; City; State; Zip Code 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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 123 W Hollywood San Antonio, TX 78212		
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 2/28/2023	Payee name Facebook		
Amount (\$) 25.08	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 2/28/2023	Payee name TX Democratic Party		
Amount (\$) 45.00	Payee address; City; State; Zip Code 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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			
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 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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 3/6/2023	Payee name anedot		
Amount (\$) 20.30	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			
Date 3/6/2023	Payee name Spectrum		
Amount (\$) 181.64	Payee address; City; State; Zip Code 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 3/9/2023	Payee name anedot		
Amount (\$) 0.70	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			
Date 3/9/2023	Payee name CPS Energy		
Amount (\$) 16.26	Payee address; City; State; Zip Code 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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 228 Park Ave So New York, NY 10003		
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			
Date 3/10/2023	Payee name anedot		
Amount (\$) 2.30	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			
Date 3/13/2023	Payee name anedot		
Amount (\$) 1.10	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 123 W Hollywood San Antonio, TX 78212		
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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258		
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 3/16/2023	Payee name Square		
Amount (\$) 478.00	Payee address; City; State; Zip Code 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 3/17/2023	Payee name H-E-B		
Amount (\$) 53.03	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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 6600 No Military Trl Boca Raton, FL 33496		
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			
Date 3/17/2023	Payee name Office Max		
Amount (\$) 143.72	Payee address; City; State; Zip Code 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 3/20/2023	Payee name El Milagrito		
Amount (\$) 45.14	Payee address; City; State; Zip Code 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 521 E Woodlawn San Antonio, TX 78212	
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		
Date 3/20/2023	Payee name Starbucks	
Amount (\$) 23.65	Payee address; City; State; Zip Code 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; City; State; Zip Code 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		

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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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			
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 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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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; City; State; Zip Code 410 Terry Ave No Seattle, WA 98109		
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			
Date 3/20/2023	Payee name anedot		
Amount (\$) 0.70	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			
Date 3/21/2023	Payee name anedot		
Amount (\$) 40.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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; 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		
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; City; State; Zip Code 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			

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 314 E Ackard PI San Antonio, TX 78221		
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			
Date 3/24/2023	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			
Date 3/24/2023	Payee name anedot		
Amount (\$) 20.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 410 Terry Ave No Seattle, WA 98109		
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			
Date 3/27/2023	Payee name Amazon		
Amount (\$) 19.46	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 3/27/2023	Payee name Self Branded Tees		
Amount (\$) 478.00	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			
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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 3/27/2023	Payee name anedot		
Amount (\$) 40.30	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			
Date 3/27/2023	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 3/27/2023	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			
Date 3/27/2023	Payee name anedot		
Amount (\$) 4.30	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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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 3/27/2023	Payee name anedot		
Amount (\$) 4.30	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			
Date 3/27/2023	Payee name anedot		
Amount (\$) 4.30	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			

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
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 3/27/2023	Payee name anedot		
Amount (\$) 1.10	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			
Date 3/27/2023	Payee name anedot		
Amount (\$) 1.10	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 2401 Utah Ave So Seattle, WA 98134		
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			
Date 3/27/2023	Payee name Harbor Freight		
Amount (\$) 21.24	Payee address; City; State; Zip Code 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 Marta Chavez		
Amount (\$) 306.00	Payee address; City; State; Zip Code 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 801 W Russell Pl San Antonio, TX 78212	
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		
Date 3/27/2023	Payee name Patricia Lopez	
Amount (\$) 346.00	Payee address; City; State; Zip Code 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		
Date 3/27/2023	Payee name Rick Schell	
Amount (\$) 112.02	Payee address; City; State; Zip Code 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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 8918 Tesoro Dr San Antonio, TX 78217	
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		

Date 3/27/2023	Payee name Taco Cabana		
Amount (\$) 21.64	Payee address; City; State; Zip Code 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 3/27/2023	Payee name Tractor Supply		
Amount (\$) 270.04	Payee address; City; State; Zip Code 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		
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; City; State; Zip Code 400 Washington Blvd Stamford, CT 06902		
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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <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>		(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	
(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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <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>		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	
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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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 (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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
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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Armando G Bravo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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		

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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.)	
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Armando G Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

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

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder