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:

62

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST **Mario** MI

NICKNAME   LAST **Bravo**   SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
1554 W. Mulberry Ave #1
San Antonio TX 78201

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION
(   )   -

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI
Mr   **Armando**   **G**

NICKNAME   LAST   SUFFIX
Bravo

Receipt #	Amount $

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

8th Day Before General Election

10 PERIOD COVERED

Month   Day   Year   Month   Day   Year

3/28/2023   THROUGH   **4/26/2023**

11 ELECTION

ELECTION DATE

Month   Day   Year

5/6/2023

ELECTION TYPE

☐ Primary   ☐ Runoff   ☐ Other
                           Description

☒ General   ☐ Special

12 OFFICE

OFFICE HELD (if any)
City Council District 1

13 OFFICE SOUGHT (if known)
Council District 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
Mario Bravo	

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
	COMMITTEE ADDRESS
☐ SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15415.00

EXPENDITURE TOTALS

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 48870.34

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 23671.80

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

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

* * * Electronically Certified * * *
_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said __**Mario Bravo**_____. this the ____**2nd**____ day
of __**May**_____, 20**23**____, to certify which, witness my hand and seal of office.

_____	_____	_____
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

19 FILER NAME
Mario Bravo

20 Filer ID   (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 15415.00**
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	[X]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	[X]	SCHEDULE E: LOANS	**$ 0**
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 48870.34**
6.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	[X]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	[X]	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 16**

2 FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/28/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Delia Estrello**	**7** Amount of contribution ($) **5.00**
	6 Contributor address; City; State; Zip Code **220 Kings Court #303** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions) **Retired**	**9** Employer (See instructions) **Retired**

Date **3/28/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Diana Pena**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **343 West Hollywood Avenue** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions) **Urbanist**	Employer (See instructions) **Able City**

Date **3/28/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Ellen Kennedy**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **PO Box 15551** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions) **Retired**	Employer (See instructions)

Date **3/28/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Irene Quintanilla**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **PO Box 90842** **San Antonio, TX 78209**	

Principal occupation / Job title (See instructions) **Museum Consultant**	Employer (See instructions) **Quintanilla Schmidt Consulting**

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 16**	

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **3/28/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Mario Pena**	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **343 West Hollywood Avenue** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions)
Architect/Planner

9 Employer (See instructions)
Able City

Date **3/28/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Melvin Spinks**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **13619 Oak Lake Bend** **Cypress, TX 77249**	

Principal occupation / Job title (See instructions)
SVP

Employer (See instructions)
Woolpert, Inc

Date **3/29/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Marti Garza**	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **405 Stieren Street** **San Antonio, TX 78210**	

Principal occupation / Job title (See instructions)
Representative

Employer (See instructions)
Central South Carpenters Regional Council

Date **3/29/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Mary Worth**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **270 Terrell Rd** **San Antonio, TX 78209**	

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1:
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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **3/29/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Robert Worth Jr**	**7** Amount of contribution ($) **500.00**

6 Contributor address; City; State; Zip Code
270 Terrell Rd
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions) **Chairman**	**9** Employer (See instructions) **Worth & Associates**

Date **3/29/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Armen Babajanian**	Amount of contribution ($) **40.00**

Contributor address; City; State; Zip Code
122 Atwater Drive
Castle Hills, TX 78213

Principal occupation / Job title (See instructions) **Chief Executive Officer**	Employer (See instructions) **World Affairs Council**

Date **3/31/2023**	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)	Employer (See instructions)

Date **3/31/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Gene Vela**	Amount of contribution ($) **200.00**

Contributor address; City; State; Zip Code
1416 Rhode Island Avenue
Glen Allen, VA 23060

Principal occupation / Job title (See instructions) **Merchant Mariner**	Employer (See instructions) **VSF Marine Services LLC**

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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
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/3/2023**	**5** Full name of contributor **Dianne White** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **100.00**
	6 Contributor address; City; State; Zip Code **21914 Hardy Oak Blvd #4104** **San Antonio, TX 78258**	

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)

Date **4/3/2023**	Full name of contributor **David Eaton** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **200.00**
	Contributor address; City; State; Zip Code **3702 Hidden Hollow** **Austin, TX 78731**	

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
UT Austin

Date **4/3/2023**	Full name of contributor **Arlene Fisher** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **717 E Woodlawn Ave** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date **4/3/2023**	Full name of contributor **Patricia Manuelle** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **10403 Nina Ridge** **San Antonio, TX 78255**	

Principal occupation / Job title (See instructions)
hospitality

Employer (See instructions)
Self

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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
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/3/2023**	**5** Full name of contributor **Mark Manuelle** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **10403 Nina Ridge** **San Antonio, TX 78255**	

8 Principal occupation / Job title (See instructions)
Hospitality

9 Employer (See instructions)
self

Date **4/5/2023**	Full name of contributor **Margaret Spencer** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **833 W Euclid Ave** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date **4/5/2023**	Full name of contributor **Richard Spencer** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **833 W Euclid Ave** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

Date **4/5/2023**	Full name of contributor **Chris Wyatt** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **239 W Hollywood** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Professional

Employer (See instructions)
Self-Employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1:
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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/5/2023**	**5** Full name of contributor **Theresa Wyatt**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**

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

8 Principal occupation / Job title (See instructions) **Professional**	**9** Employer (See instructions) **Self-Employed**

Date **4/5/2023**	Full name of contributor **Hector Cardenas**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**

Contributor address;   City;   State;   Zip Code
539 W Elsmere Pl
San Antonio, TX 78212

Principal occupation / Job title (See instructions) **retired**	Employer (See instructions)

Date **4/5/2023**	Full name of contributor **Gina Eisenberg**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
16 Garden Square
San Antonio, TX 78209

Principal occupation / Job title (See instructions) **Public Relations Consultant**	Employer (See instructions) **The Eisenberg Group**

Date **4/6/2023**	Full name of contributor **Damaso Garza**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **300.00**

Contributor address;   City;   State;   Zip Code
5411 Pertelote Farm
San Antonio, TX 78228

Principal occupation / Job title (See instructions) **Owner**	Employer (See instructions) **Little Mexico**

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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
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
4/6/2023	**Charles Gonzalez**		**100.00**

6 Contributor address;   City;   State;   Zip Code
134 East Mulberry Avenue
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Ogletree Deakins, P.C.

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/6/2023	**Margaret Greco**		**50.00**

Contributor address;   City;   State;   Zip Code
706 W Lynwood
San Antonio, TX 78212

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/8/2023	**Kathryn Bravenec**		**75.00**

Contributor address;   City;   State;   Zip Code
501 Shook Avenue
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Council

Employer (See instructions)
City of San Antonio

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/10/2023	**Christopher Corso**		**100.00**

Contributor address;   City;   State;   Zip Code
22307 Camelback Drive
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
GC

Employer (See instructions)
Joeris

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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
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/11/2023**	**5** Full name of contributor **Tomeka Pierce** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **318 W Grayson Street** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Level 1 AG LLC

Date **4/12/2023**	Full name of contributor **Landrys Restaurants PAC** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **1510 West Loop South** **Houston, TX 77027**	

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **4/12/2023**	Full name of contributor **SA Hotel & Lodging** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **119 Heiman #300** **San Antonio, TX 78205**	

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **4/12/2023**	Full name of contributor **Rick Cavender** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **21105 IH 10 West** **San Antonio, TX 78238**	

Principal occupation / Job title (See instructions)
Auto Dealer

Employer (See instructions)
Cavender Auto Family

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1:
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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/12/2023**	**5** Full name of contributor **Brady Haass** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **165 Chaparral Estates** **Shady Shores, TX 76208**	

8 Principal occupation / Job title (See instructions)
Sales

9 Employer (See instructions)
Fuse Technical Group

Date **4/12/2023**	Full name of contributor **Sienie Kelly** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **209 Northington Drive** **East Amherst, NY 14051**	

Principal occupation / Job title (See instructions)
teacher

Employer (See instructions)
Nardin Academy

Date **4/13/2023**	Full name of contributor **TX Working Families PAC** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **2850 Massachusetts Ave** **Metairie, LA 70003**	

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **4/13/2023**	Full name of contributor **CWA PAC** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **501 3rd St NW** **Washington, DC 20001**	

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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: **10 of 16**	

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

---

4 Date
4/14/2023

5 Full name of contributor
David Zachry

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
500.00

6 Contributor address;   City;   State;   Zip Code
PO Box 33240
San Antonio, TX 78265

8 Principal occupation / Job title (See instructions)
Chairman

9 Employer (See instructions)
Zachry Corporation

Date
4/15/2023

Full name of contributor
RALEIGH WOOD

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
200.00

Contributor address;   City;   State;   Zip Code
109 LINDELL PL
SAN ANTONIO, TX 78212

Principal occupation / Job title (See instructions)
Psychologist

Employer (See instructions)
South Texas Forensic Psychology, PLLC

Date
4/16/2023

Full name of contributor
Rebecca Galvan

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
100.00

Contributor address;   City;   State;   Zip Code
111 W Olmos Dr
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
self

Date
4/16/2023

Full name of contributor
Madonna Foley

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
1506 West Elsmere Place
San Antonio, TX 78201

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: **11 of 16**	

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/17/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Lucy Wilson**	**7** Amount of contribution ($) **200.00**
	6 Contributor address; City; State; Zip Code **130 Magnolia Dr** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date **4/17/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Gemma Kennedy**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **509 River Rd** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date **4/17/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Madeline Guyer**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **3051 South Valley View Lane** **San Antonio, TX 78217**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date **4/17/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **James Smith Jr**	Amount of contribution ($) **40.00**
	Contributor address; City; State; Zip Code **103 Armour Pl** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Dykema Gossett

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1:
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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/17/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Joe Gonzalez**	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **1115 S Alamo #2201** **San Antonio, TX 78210**	

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Lending Strategies Advisers

Date **4/17/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Patricia Pratchett**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **733 E Woodlawn Ave** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date **4/17/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Robin Bastien**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **114 Armour Pl** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Bastien Properties

Date **4/18/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Melvin Laracey**	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **215 Mission St** **San Antonio, TX 78210**	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/18/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Mark Casillas**	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **6 Oxford Hall** **San Antonio, TX 78209**	

8 Principal occupation / Job title (See instructions) **Surgeon**	**9** Employer (See instructions) **Methodist Physicians**

Date **4/18/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Shawn Campbell**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **524 King William** **San Antonio, TX 78204**	

Principal occupation / Job title (See instructions) **Retired**	Employer (See instructions)

Date **4/19/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Silver Vasquez**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **16006 Ponderosa Pass** **Helotes, TX 78023**	

Principal occupation / Job title (See instructions) **Self**	Employer (See instructions) **Self**

Date **4/19/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Thomas Smith**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **605 Carsimatic** **Austin, TX 78748**	

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 16**

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

---

4 Date
4/19/2023

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

7 Amount of contribution ($)
100.00

6 Contributor address;   City;   State;   Zip Code
1554 West Mulberry Avenue
San Antonio, TX 78201

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/19/2023

Full name of contributor
Kaye Scarpone
☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
20.00

Contributor address;   City;   State;   Zip Code
14 Venice Ct
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/20/2023

Full name of contributor
Irene Navarro
☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
23207 Linwood Ridge
San Antonio, TX 78255

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/20/2023

Full name of contributor
Max Navarro
☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
23207 Linwood Ridge
San Antonio, TX 78255

Principal occupation / Job title (See instructions)
owner

Employer (See instructions)
OpTech

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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:
15 of 16

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/22/2023**	**5** Full name of contributor **Sandra Martinez** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **50.00**

6 Contributor address; City; State; Zip Code
506 West Mandalay Drive
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date **4/22/2023**	Full name of contributor **Diana Bravo Gonzalez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address; City; State; Zip Code
239 Ranch Country Drive
La Vernia, TX 78121

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
self employed

Date **4/24/2023**	Full name of contributor **USAA Employee PAC** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
PO Box 34330
San Antonio, TX 78265

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **4/25/2023**	Full name of contributor **Moris Saide** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
18306 Diamond Cir
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Hospitality

Employer (See instructions)
Only One Hospitlity

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1: **16 of 16**	

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date **4/25/2023**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Lida Peterson Daher**	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
18306 Diamond Cir
San Antonio, TX 78258

8 Principal occupation / Job title (See instructions)
Homemaker

9 Employer (See instructions)

Date **4/25/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **John Beauchamp**	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
315 E Commerce Street #300
San Antonio, TX 78205

Principal occupation / Job title (See instructions)
real estate

Employer (See instructions)
Hixon Properties Incorporated

Date **4/26/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **AJ AJ Gonzalez II**	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
301 Encino Ave
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)
self

Date **4/26/2023**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Andrew Casillas**	Amount of contribution ($) **50.00**

Contributor address;   City;   State;   Zip Code
229 West Rosewood Avenue
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Casillas Law Firm PLLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

1 Total pages Schedule A2:
1 of 1

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

$ 0

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#_____)	**8** Amount of Contribution $
	7 Contributor address; City; State; Zip Code	**9** In-kind contribution description
		☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of Contribution $
	Contributor address; City; State; Zip Code	In-kind contribution description
		☐ 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
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

$ 0

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#_____)	**8** Amount of Pledge $
	7 Pledgor address; City; State; Zip Code	**9** In-kind contribution description
		☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ 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**

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mario 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 ☐ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal occupation (See instructions)	**21** Employer (See instructions)

Date of loan	Name of lender ☐ 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 ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

Principal occupation (See instructions)	Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/28/2023**	**5** Payee name **anedot**	

6 Amount ($) **0.50**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **3/28/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **3/28/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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: **2 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/28/2023**	**5** Payee name **Omar Herrera-Miramontes**

6 Amount ($) **231.20**	**7** Payee address; City; State; Zip Code **314 E Ackard Pl** **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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **3/29/2023**	Payee name **La Fonda on Main**

Amount ($) **15.00**	Payee address; City; State; Zip Code **2415 N Main** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
food and beverage

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **3/29/2023**	Payee name **Anedot**

Amount ($) **1.90**	Payee address; City; State; Zip Code **1340 Poydras** **New Orleans, LA 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
donation processing fee

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/29/2023**	**5** Payee name **Anedot**

6 Amount ($) **2.30**	**7** Payee address; City; State; Zip Code **1340 Poydras** **New Orleans, LA 78212**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **donation processing fee**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **3/29/2023**	Payee name **CPS Energy**

Amount ($) **35.34**	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 **utilities**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **3/31/2023**	Payee name **Anedot**

Amount ($) **8.30**	Payee address; City; State; Zip Code **1340 Poydras** **New Orleans, LA 78212**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **donation processing fee**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **4 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/31/2023**	**5** Payee name **Patricia Lopez**

6 Amount ($) **482.45**	**7** Payee address; City; State; Zip Code **2427 Jesusita** **San Antonio, TX 78237**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other:

(b) Description
contract labor

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **4/3/2023**	Payee name **Marta Chavez**

Amount ($) **422.45**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/3/2023**	Payee name **Sylvias Restaurant**

Amount ($) **34.08**	Payee address; City; State; Zip Code **1626 McCullough** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
food and beverage

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/3/2023**	**5** Payee name **TACO CABANA 20101**

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 and beverage

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/3/2023**	Payee name **Omar Herrera-Miramontes**

Amount ($) **263.50**	Payee address; City; State; Zip Code **314 E Ackard Pl** **San Antonio, TX 78221**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
contract labor

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/3/2023**	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
contract labor

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/3/2023**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/3/2023**	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
contract labor

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/3/2023**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/4/2023**	**5** Payee name **Rick Schell**

6 Amount ($) **295.00**	**7** Payee address; City; State; Zip Code **430 E Magnolia** **San Antonio, TX 78212**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other:

(b) Description
contract labor

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/5/2023**	Payee name **Lianna Mendoza**

Amount ($) **136.00**	Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
contract labor

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/5/2023**	Payee name **HARLAND CLARKE Checks**

Amount ($) **57.90**	Payee address; City; State; Zip Code **4055 Corporate Dr** **Grapevine, TX 76051**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
checks

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: **8 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/5/2023**	**5** Payee name **OFFICEMAX/DEPOT**

6 Amount ($) **29.22**	**7** Payee address; City; State; Zip Code **150 N Crossroads Blvd** **Balcones Heights, TX 78201**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other:**

(b) Description **office supplies**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/5/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/6/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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: **9 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/6/2023**	**5** Payee name **Amazon.com**

6 Amount ($) **250.40**	**7** Payee address; City; State; Zip Code **440 Terry Ave N** **Seattle, WA 98109**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other:**

(b) Description **office supplies**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **4/7/2023**	Payee name **Reyes Hernandez**

Amount ($) **204.00**	Payee address; City; State; Zip Code **302 Cincinnati** **San Antonio, TX 78201**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/7/2023**	Payee name **Sandra Hernandez**

Amount ($) **204.00**	Payee address; City; State; Zip Code **302 Cincinnati** **San Antonio, TX 78201**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/7/2023**	**5** Payee name **MAIN STREET PIZZA**

6 Amount ($) **18.41**	**7** Payee address; City; State; Zip Code **1906 N Main** **San Antonio, TX 78212**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other:**

(b) Description **food and beverage**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **4/7/2023**	Payee name **Patricia Lopez**

Amount ($) **425.50**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/7/2023**	Payee name **anedot**

Amount ($) **16.30**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/7/2023**	**5** Payee name **Marta Chavez**

6 Amount ($) **365.50**	**7** Payee address; City; State; Zip Code **226 W Sayers** **San Antonio, TX 78212**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other:

(b) Description
contract labor

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/8/2023**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/10/2023**	Payee name **Reach Progress PBC**

Amount ($) **200.00**	Payee address; City; State; Zip Code **228 Park Ave So** **New York, NY 10003**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
communications

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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: **12 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/10/2023**	**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) [ ] Check if travel outside of Texas, complete schedule T   [ ] Check if Austin, TX, officeholder living expense

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

Date **4/10/2023**	Payee name **Omar Herrera-Miramontes**

Amount ($) **161.50**	Payee address; City; State; Zip Code **314 E Ackard Pl** **San Antonio, TX 78221**

PURPOSE **OF** **EXPENDITURE**	Category (See categories listed at the top of this schedule) **Other:**	Description **contract labor**

[ ] Check if travel outside of Texas, complete schedule T   [ ] Check if Austin, TX, officeholder living expense

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

Date **4/10/2023**	Payee name **Melinda Cirilo**

Amount ($) **195.00**	Payee address; City; State; Zip Code **302 Cincinnati** **San Antonio, TX 78201**

PURPOSE **OF** **EXPENDITURE**	Category (See categories listed at the top of this schedule) **Other:**	Description **contract labor**

[ ] Check if travel outside of Texas, complete schedule T   [ ] Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct   Candidate / Officeholder name   Office sought   Office held <br> 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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/10/2023**	**5** Payee name **Kevin Garcia**	

6 Amount ($) **297.50**	**7** Payee address; City; State; Zip Code **302 Cincinnati** **San Antonio, TX 78201**	

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other:**

(b) Description **contract labor**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/10/2023**	Payee name **Zach Holahan**	

Amount ($) **34.00**	Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78212**	

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/10/2023**	Payee name **Lianna Mendoza**	

Amount ($) **59.50**	Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78201**	

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/10/2023**	**5** Payee name **Toni Van Buren**

6 Amount ($) **105.00**	**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
contract labor

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

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Date **4/10/2023**	Payee name **MAP**

Amount ($) **5768.89**	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 and mail

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

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Date **4/11/2023**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

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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: **15 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/11/2023**	**5** Payee name **MARKET SQUARE PARKING LOT**

6 Amount ($) **10.00**	**7** Payee address; City; State; Zip Code **100 Military Plaza** **San Antonio, TX 78205**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **parking**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date **4/11/2023**	Payee name **THE UPS STORE 3980**

Amount ($) **30.10**	Payee address; City; State; Zip Code **4007 McCullough** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **shipping**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **4/12/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: **16 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/12/2023**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/12/2023**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/13/2023**	Payee name **Henry Avila**

Amount ($) **440.00**	Payee address; City; State; Zip Code **13411 Quintana Rd** **Von Ormy, TX 78073**

PURPOSE OF EXPENDITURE

Category   (See categories listed at the top of this schedule)
 Other:

Description
 contract labor

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/13/2023**	**5** Payee name **Bexar Elections**

6 Amount ($) **150.00**	**7** Payee address; City; State; Zip Code **126 E Nueva St** **San Antonio, TX 78205**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **fees**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/13/2023**	Payee name **H-E-B #385**

Amount ($) **5.36**	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 **food and beverage**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/14/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/14/2023**	**5** Payee name **Patricia Lopez**

6 Amount ($) **346.00**	**7** Payee address; City; State; Zip Code **2427 Jesusita** **San Antonio, TX 78237**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other:

(b) Description
contract labor

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/15/2023**	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
contract labor

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/15/2023**	Payee name **anedot**

Amount ($) **8.30**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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: **19 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/16/2023**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/17/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/17/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/17/2023**	**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 **contract labor**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **4/17/2023**	Payee name **Omar Herrera-Miramontes**

Amount ($) **238.00**	Payee address; City; State; Zip Code **314 E Ackard Pl** **San Antonio, TX 78221**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/17/2023**	Payee name **Toni Van Buren**

Amount ($) **32.99**	Payee address; City; State; Zip Code **115 Schreiner Pl** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/17/2023**	**5** Payee name **Lianna Mendoza**

6 Amount ($) **204.00**	**7** Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78201**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other:**

(b) Description **contract labor**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/17/2023**	Payee name **Zach Holahan**

Amount ($) **114.75**	Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/17/2023**	Payee name **Phillip Barcena**

Amount ($) **51.00**	Payee address; City; State; Zip Code **1300 N Main Ave** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **22 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/19/2023**	**5** Payee name **MAP**

6 Amount ($) **19857.44**	**7** Payee address; City; State; Zip Code **2400 S Fourth St** **Austin, TX 78704**

8

PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other:**

(b) Description **print and mail**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/19/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/19/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **23 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/19/2023**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **4/19/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/20/2023**	Payee name **MAILCHIMP**

Amount ($) **73.55**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/21/2023**	**5** Payee name **Marta Chavez**	

6 Amount ($) **306.00**	**7** Payee address; City; State; Zip Code **226 W Sayers** **San Antonio, TX 78212**

8 **PURPOSE** **OF** **EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **contract labor**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/21/2023**	Payee name **MAP**	

Amount ($) **10087.02**	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 and mail**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/21/2023**	Payee name **MAIN STREET PIZZA**	

Amount ($) **23.41**	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 and beverage**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/21/2023**	**5** Payee name **Amazon.com**

6 Amount ($) **78.51**	**7** Payee address; City; State; Zip Code **440 Terry Ave N** **Seattle, WA 98109**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other:

(b) Description
office supplies

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/22/2023**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date **4/22/2023**	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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **26 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/24/2023**	**5** Payee name **Facebook**

6 Amount ($) **35.00**	**7** Payee address; City; State; Zip Code **1 Hacker Way** **Menlo Park, CA 94025**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **advertising expense**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **4/24/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **4/24/2023**	Payee name **Omar Herrera-Miramontes**

Amount ($) **153.00**	Payee address; City; State; Zip Code **314 E Ackard Pl** **San Antonio, TX 78221**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct   Candidate / Officeholder name   Office sought   Office held
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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/24/2023**	**5** Payee name **Zach Holahan**

6 Amount ($) **51.00**	**7** Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78212**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **contract labor**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

Date **4/24/2023**	Payee name **Lianna Mendoza**

Amount ($) **284.75**	Payee address; City; State; Zip Code **1700 N Main** **San Antonio, TX 78201**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **4/24/2023**	Payee name **Phillip Barcena**

Amount ($) **119.00**	Payee address; City; State; Zip Code **1300 N Main Ave** **San Antonio, TX 78212**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/25/2023**	**5** Payee name **JIMMY JOHNS - 2560**

6 Amount ($) **13.09**	**7** Payee address; City; State; Zip Code **1700 N. Main** **San Antonio, TX 78212**

8 **PURPOSE** **OF** **EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **food and beverage**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/25/2023**	Payee name **JIMMY JOHNS - 2560**

Amount ($) **19.47**	Payee address; City; State; Zip Code **1700 N. Main** **San Antonio, TX 78212**

PURPOSE **OF** **EXPENDITURE**	Category (See categories listed at the top of this schedule) **Other:**	Description **food and beverage**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/25/2023**	Payee name **Henry Avila**

Amount ($) **180.00**	Payee address; City; State; Zip Code **13411 Quintana Rd** **Von Ormy, TX 78073**

PURPOSE **OF** **EXPENDITURE**	Category (See categories listed at the top of this schedule) **Other:**	Description **contract labor**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/25/2023**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/25/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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Date **4/25/2023**	Payee name **CPS Energy**

Amount ($) **47.35**	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 **utilities**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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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 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/25/2023**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **4/26/2023**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

Date **4/26/2023**	Payee name **Spectrum**

Amount ($) **78.27**	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 **utilities**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **31 of 31**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/26/2023**	**5** Payee name **Facebook**

6 Amount ($) **35.00**	**7** Payee address; City; State; Zip Code **1 Hacker Way** **Menlo Park, CA 94025**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other:**	**(b)** Description **advertising expense**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name

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

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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

1 Total pages Schedule F2:

1 of 1

2 FILER NAME

Mario 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

☐ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date

Payee name

Amount ($)

Payee address;   City;   State;   Zip Code

TYPE OF EXPENDITURE

☐ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Mario 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**

1 Total pages Schedule F4: **1 of 1**	**2** FILER NAME **Mario 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   ☐ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category   (See categories listed at the top of this schedule)   **(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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   ☐ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category   (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	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 **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee Name

6 Amount ($) ☐ 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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name

Amount ($) ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name

Amount ($) ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

1 Total pages Schedule H: **1 of 1**	**2** FILER NAME **Mario 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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Business name

Amount ($)	Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <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

1 Total pages Schedule I: **1 of 1**	**2** FILER NAME **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee name

6 Amount ($)	**7** Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.)	**(b)** Description (See instructions regarding type of information required.)

Date	Payee name

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME
Mario 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 **Mario Bravo**	**3** Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

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:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

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 **Mario 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