

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mario Bravo	15 Filer ID (Ethics Commission Filers)																		
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: small;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME San Antonio Alliance PAC</td> </tr> <tr> <td><input checked="" type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS 120 Adams St San Antonio TX 78210</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME David Garza</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS 120 Adams St San Antonio TX 78210</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME San Antonio Alliance PAC	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS 120 Adams St San Antonio TX 78210	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME David Garza		COMMITTEE CAMPAIGN TREASURER ADDRESS 120 Adams St San Antonio TX 78210										
COMMITTEE TYPE	COMMITTEE NAME San Antonio Alliance PAC																		
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17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 70%;">TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td> <td style="width: 25%; text-align: right;">\$ 325.00</td> </tr> <tr> <td>2.</td> <td>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ 51085.00</td> </tr> <tr> <td>3.</td> <td>TOTAL UNITEMIZED POLITICAL EXPENDITURES.</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>4.</td> <td>TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: right;">\$ 61516.32</td> </tr> <tr> <td>5.</td> <td>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="text-align: right;">\$ 13240.48</td> </tr> <tr> <td>6.</td> <td>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="text-align: right;">\$ 0</td> </tr> </table>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 325.00	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 51085.00	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0	4.	TOTAL POLITICAL EXPENDITURES	\$ 61516.32	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13240.48	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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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 **June**, **2023**, 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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mario Bravo		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50760.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 325.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 61516.32
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 39

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
4/27/2023

5 Full name of contributor out-of-state PAC (ID# _____)
USAA Employee PAC

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9800 Fredericksburg Road
San Antonio, TX 78288**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/27/2023

Full name of contributor out-of-state PAC (ID# _____)
Niki Greco

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**15807 Rothbury Lane
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Assistant

Employer (See instructions)
Greco Construction

Date
4/27/2023

Full name of contributor out-of-state PAC (ID# _____)
Sam Greco

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**15710 Wolf Creek
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/28/2023

Full name of contributor out-of-state PAC (ID# _____)
Luis Miguel Martinez

Amount of contribution (\$)
350.00

Contributor address; City; State; Zip Code
**627 West Russell Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Areaa Real Estate, LLC

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 39

2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
4/28/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Emilio Davila Law

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1112 San Agusten
Laredo, TX 78040**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/28/2023

Full name of contributor out-of-state PAC (ID# _____)
Nicholas Lopez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**165 Scenic bluffs Dr
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Bubblebath Carwash

Date
4/28/2023

Full name of contributor out-of-state PAC (ID# _____)
Erin Zayko

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**714 W. Russell Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Environmental Stewardship Engineer

Employer (See instructions)
Lockheed Martin

Date
4/28/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**68 Bristol Green
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
AACOG

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
4/29/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mary Edison

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**206 Seneca Dr
Austin, TX 78737**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/1/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**247 Stanford Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Killen, Griffin & Farrimond PLLC

Date
5/1/2023

Full name of contributor out-of-state PAC (ID# _____)
Greg Pena

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**530 Ware
San Antonio, TX 78221-1936**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Naturaleza Celestial

Date
5/1/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**111 Colorado St
Laredo , TX 78041**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/1/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Nicolas Hollis

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**720 Ivy Lane
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
President & CEO

9 Employer (See instructions)
Coherent Cyber

Date
5/1/2023

Full name of contributor out-of-state PAC (ID# _____)
Robert Tipo

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 14000
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)
Farmer

Employer (See instructions)
MPII, Inc

Date
5/1/2023

Full name of contributor out-of-state PAC (ID# _____)
Nancy Cross

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**700 E Hildebrand #1102
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/2/2023

Full name of contributor out-of-state PAC (ID# _____)
Casa Grande Crafts

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**614 W Commerce
San Antonio, TX 78207**

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

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
5/2/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Martin Soto

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4202 West Martin St
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
DUEÑO

9 Employer (See instructions)
TIERRA Y FUEGO

Date
5/2/2023

Full name of contributor out-of-state PAC (ID# _____)
Jaime C Herrejon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**514 West Commerce St
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Little Mexico Imports

Date
5/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9 Penny Lane
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
Loopy Limited

Date
5/2/2023

Full name of contributor out-of-state PAC (ID# _____)
Carlos Herrejon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**351 Saratoga Dr
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Old Mexico Imports

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:
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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/7/2023

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

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/8/2023

Full name of contributor out-of-state PAC (ID# _____)
Laura Ehrlich

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**7713 Islander Dr
Austin, TX 78749**

Principal occupation / Job title (See instructions)
ED

Employer (See instructions)
Jim Hightower & Assoc

Date
5/8/2023

Full name of contributor out-of-state PAC (ID# _____)
Jeremy Jessop

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5150 Broadway #300
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Real Estate Broker

Employer (See instructions)
Jeremy Jessop Real Estate

Date
5/8/2023

Full name of contributor out-of-state PAC (ID# _____)
Sara Jessop

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5150 Broadway #300
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
Jeremy Jessop Real Estate

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/8/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Phil Hardberger

7 Amount of contribution (\$)
200.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/9/2023

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**100 N Santa Ros
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
Student

Date
5/9/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
Phyllis Browning Co

Date
5/9/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Bakke Development Corp.

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:
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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/10/2023

5 Full name of contributor out-of-state PAC (ID# _____)
BRUCE ASHTON

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**10510 Mt. Marcy
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/10/2023

Full name of contributor out-of-state PAC (ID# _____)
Susan Hall

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**111 Haverhill Way
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/10/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 461406
San Antonio, TX 78246**

Principal occupation / Job title (See instructions)
Exective

Employer (See instructions)
Gray Street Partners

Date
5/10/2023

Full name of contributor out-of-state PAC (ID# _____)
Beatriz Covey

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 461406
San Antonio, TX 78246**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Self

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:
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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/10/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 100594
San Antonio, TX 78250**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Hemisfair Conservancy

Date
5/10/2023

Full name of contributor out-of-state PAC (ID# _____)
Toni Van Buren

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**115 Schreiner Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/10/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7921 Eagle Road
Waite Hill, OH 44094**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/10/2023

Full name of contributor out-of-state PAC (ID# _____)
Brendan Drage

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7921 Eagle Road
Waite Hill, OH 44094**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Remelt

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:
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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/10/2023

5 Full name of contributor out-of-state PAC (ID# _____)
W. Wendell Hall

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**111 Haverhill Way
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/11/2023

Full name of contributor out-of-state PAC (ID# _____)
Lukin T Gilliland Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**901 NE Loop 410 #909
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Self

Date
5/11/2023

Full name of contributor out-of-state PAC (ID# _____)
Debbie Ruiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13554 Norland
San Antonio , TX 78232**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Self

Date
5/11/2023

Full name of contributor out-of-state PAC (ID# _____)
Manny Ruiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13554 Norland
San Antonio , TX 78232**

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
American Bank

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:
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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/11/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Patrick Christensen

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Lawyer

9 Employer (See instructions)
Self

Date
5/11/2023

Full name of contributor out-of-state PAC (ID# _____)
Julie Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5157 Blanco
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Vice President

Employer (See instructions)
GJMery Investments

Date
5/11/2023

Full name of contributor out-of-state PAC (ID# _____)
George Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5157 Blanco
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Meet Investments inc

Date
5/11/2023

Full name of contributor out-of-state PAC (ID# _____)
Teryn Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**706 Eleanor
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Marketing Director

Employer (See instructions)
Elegant Limousine

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 39
2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathryn Bravenec	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code 501 Shook Av San Antonio, TX 78212		
8 Principal occupation / Job title (See instructions) Council		9 Employer (See instructions) City of San Antonio
Date 5/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jessica Kelly	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1730 Susquehannock D McLean, VA 22101		
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) Self
Date 5/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyssa Ochoa	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 708 Canterbury Hill St San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Self
Date 5/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Inez Cindy Gabriel	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1506 W Huisache Ave San Antonio, TX 78201		
Principal occupation / Job title (See instructions) Attorney		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

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
5/12/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Jaden Gabriel

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1506 W Huisache Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/12/2023

Full name of contributor out-of-state PAC (ID# _____)
George Rice

Amount of contribution (\$)
105.00

Contributor address; City; State; Zip Code
**414 E French Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Hydrologist

Employer (See instructions)
Self

Date
5/12/2023

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 St
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/12/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**524 King William St
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self

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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/12/2023

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

7 Amount of contribution (\$)
50.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/12/2023

Full name of contributor out-of-state PAC (ID# _____)
Colleen Casey

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**926 S. Alamo
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
Phyllis Browning Co

Date
5/12/2023

Full name of contributor out-of-state PAC (ID# _____)
Tim Maloney

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**926 S. Alamo
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
5/12/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
lawyer

Employer (See instructions)
Bracewell

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MONETARY POLITICAL CONTRIBUTIONS

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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
5/13/2023

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)
Retired

Date
5/13/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**910 David Rd
League City, TX 77573**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/14/2023

Full name of contributor out-of-state PAC (ID# _____)
Erin Grothues

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**9634 Bricewood Tree
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Senior Compliance Analyst

Employer (See instructions)
Milligan & Co

Date
5/15/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**218 Lullwood Ave
San Antonio, TX 78212-2320**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/15/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mary Johnson

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**125 Ridgecrest Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Mary Johnson

Date
5/15/2023

Full name of contributor out-of-state PAC (ID# _____)
Sarah Guerra

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**410 Cypress Trail
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
Homemaker

Date
5/15/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**410 Cypress Trail
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Avanzar interior technologies

Date
5/15/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9 Penny Lane
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Loopy Limited

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/15/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Berto Guerra Jr

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**31 Imperial Way
San Antonio, TX 78246**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Avanzar

Date
5/15/2023

Full name of contributor out-of-state PAC (ID# _____)
Tammy Guerra

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**31 Imperial Way
San Antonio, TX 78246**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/16/2023

Full name of contributor out-of-state PAC (ID# _____)
Houston Carpenter

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**250 Washington
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Co-Owner

Employer (See instructions)
Little Ems Oyster Bar

Date
5/16/2023

Full name of contributor out-of-state PAC (ID# _____)
Emily Carpenter

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**250 Washington
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Co-Owner

Employer (See instructions)
Little Ems Oyster Bar

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Cardenas	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 539 West Elsmere Place San Antonio, TX 78212		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 5/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hugh Kelly	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 604 Stoney Creek Rd Woodstock, GA 30188		
Principal occupation / Job title (See instructions) Technical Trainer		Employer (See instructions) Xylem
Date 5/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melvin Spinks	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 19314 Tree Canopy Court Cypress, TX 77433		
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) Woolpert, Inc.
Date 5/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melissa Spinks	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 19314 Tree Canopy Court Cypress, TX 77433		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Andrew Koch Law and Mediation

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor out-of-state PAC (ID# _____)
Jen Yantis

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**12018 Indigo Bend
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Real Estate

9 Employer (See instructions)
Self

Date
5/16/2023

Full name of contributor out-of-state PAC (ID# _____)
Michael Cremeans

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**206 Ridgecrest Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Contract Supervisor

Employer (See instructions)
NVS Inc

Date
5/16/2023

Full name of contributor out-of-state PAC (ID# _____)
Blake Yantis

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**12018 Indigo Bend
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Mosaic Land Development

Date
5/17/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**55 Trailside Circle
Salida, CO 81201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME
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4 Date
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5 Full name of contributor out-of-state PAC (ID# _____)
Jim Smyle

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**149 E Rosewood
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Self

Date
5/17/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1250 NE Loop 410 #305
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney, Investor

Employer (See instructions)
Self

Date
5/17/2023

Full name of contributor out-of-state PAC (ID# _____)
Weisie Steen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1250 NE Loop 410 #305
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Self

Date
5/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Michael Hogan

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1535 Yosemite Oaks Cir
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
President and CEO

Employer (See instructions)
Hogan Properties

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/18/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mary Hogan

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1535 Yosemite Oaks Cir
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Director of Special Projects and Facilities

9 Employer (See instructions)
UTSA

Date
5/18/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1850 W Huisache Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/18/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**241 King William
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
Alamo Architects

Date
5/18/2023

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/18/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Michael Rodriguez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**203 Recoleta Rd
SAN ANTONIO, TX 78216**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
E-Z Bel

Date
5/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Cheryl Holt-Rodriguez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**203 Recoleta Rd
SAN ANTONIO, TX 78216**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/19/2023

Full name of contributor out-of-state PAC (ID# _____)
Javier Espinoza

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10202 Heritage Blvd
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Espinoza Law Firm, PLLC

Date
5/19/2023

Full name of contributor out-of-state PAC (ID# _____)
Cynthia Spielman

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**900 West Woodlawn Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

Mario Bravo

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4 Date
5/19/2023

5 Full name of contributor out-of-state PAC (ID# _____)
William Avila

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**5 Remington Way
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Bracewell LLP

Date
5/19/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bracewell LLP

Date
5/19/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bracewell LLP

Date
5/19/2023

Full name of contributor out-of-state PAC (ID# _____)
Alice Viroslav

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**715 Elizabeth Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Radsorce

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Sergio Viroslav

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**715 Elizabeth Road
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Physician

9 Employer (See instructions)
Radsourc

Date
5/21/2023

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

Amount of contribution (\$)
100.00

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
5/23/2023

Full name of contributor out-of-state PAC (ID# _____)
Federica Covey

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4515 San Pedro Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Ithaca Investment s

Date
5/23/2023

Full name of contributor out-of-state PAC (ID# _____)
Kevin Covey

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4515 San Pedro Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Ithaca Investment s

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/23/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Douglas Daniel LLC

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/23/2023

Full name of contributor out-of-state PAC (ID# _____)
John Beauchamp

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**606 El Prado
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Hixon Properties Incorporated

Date
5/23/2023

Full name of contributor out-of-state PAC (ID# _____)
Aileen Corelli

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**347 Brees Boulevard
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Small business owner

Employer (See instructions)
Self

Date
5/24/2023

Full name of contributor out-of-state PAC (ID# _____)
Richard Robledo

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**8315 Kingsway St
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Civil Service

Employer (See instructions)
Randolph AFB

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armen Babajanian	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 122 Atwater Dr Castle Hills, TX 78213	
8 Principal occupation / Job title (See instructions) Chief Executive Officer		9 Employer (See instructions) World Affairs Council
Date 5/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Brown	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 100 NE Lopp 410 #1366 San Antonio, TX 78216	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 5/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caroline McDonald	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 100 NE Lopp 410 #1366 San Antonio, TX 78216	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 5/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limwell Enterprise LLC	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code 612 W Commerce San Antonio, TX 78207	
Principal occupation / Job title (See instructions)		Employer (See instructions)

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SCHEDULE A1

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2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/25/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Manos Magicas

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**612 W Commerce #13
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/25/2023

Full name of contributor out-of-state PAC (ID# _____)
La Boutique

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**PO Box 6249
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/25/2023

Full name of contributor out-of-state PAC (ID# _____)
Veros Cafe

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**612 W Commerce
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/25/2023

Full name of contributor out-of-state PAC (ID# _____)
Betty Eckert

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**233 W Wildwood Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Plaza Flowery	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 612 W Commerce San Antonio, TX 78207		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 5/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Market Genl Store	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 612 W Commerce San Antonio, TX 78207		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Republic	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 612 W Commerce San Antonio, TX 78207		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenzas	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 612 W Commerce San Antonio, TX 78207		
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:
29 of 39

2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/25/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Cozumel

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**614 W Commerce
San Antonio, TX 07827**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/25/2023

Full name of contributor out-of-state PAC (ID# _____)
Buendia Imports

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**601 N Santa Rosa
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/25/2023

Full name of contributor out-of-state PAC (ID# _____)
Baptismal Boutique

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**612 W Commerce
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/25/2023

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

Amount of contribution (\$)
35.00

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

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:
30 of 39

2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/26/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Javier Herrera

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2727 Sonata Park
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Herrera Law Firm

Date
5/26/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2727 Sonata Park
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
The Herrera Law Firm

Date
5/26/2023

Full name of contributor out-of-state PAC (ID# _____)
Suzy & Cappy Lawton

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**402 Harrison Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Restaurateur

Employer (See instructions)
Cappys Inc

Date
5/26/2023

Full name of contributor out-of-state PAC (ID# _____)
Sandra Martinez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**506 West Mandalay Dr
San Antonio, TX 78212**

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:
31 of 39

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/28/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Hector Gutierrez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1035 Calle Flor Place
El Paso, TX 79912-7526**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/28/2023

Full name of contributor out-of-state PAC (ID# _____)
Louis Escareno

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2717 West Martin
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Louis R Escareno PC

Date
5/29/2023

Full name of contributor out-of-state PAC (ID# _____)
Aida Zaragoza

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**17 Campden Circle
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Texas RioGrande Legal Aid

Date
5/30/2023

Full name of contributor out-of-state PAC (ID# _____)
Daniel Ortiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ortiz McKnight PLLC

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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:
32 of 39

2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/30/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Danny DeGuire

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**3506 Huntwick Lane
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/30/2023

Full name of contributor out-of-state PAC (ID# _____)
D Van Steenberg

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**PO Box 12566
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
President Elect

Employer (See instructions)
Towers at the Majestic

Date
5/30/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**4155 Greci
San Antonio, TX 78222**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Medwheels

Date
5/30/2023

Full name of contributor out-of-state PAC (ID# _____)
Tejano Lous

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**612 W Commerce
San Antonio, TX 78207**

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:
33 of 39

2 FILER NAME
Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/30/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Cassandra Ortiz

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Ortiz McKnight PLLC

Date
5/30/2023

Full name of contributor out-of-state PAC (ID# _____)
Ricardo de Anda

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**212 Flores Ave
Laredo, TX 78040-5806**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
de anda law firm

Date
5/30/2023

Full name of contributor out-of-state PAC (ID# _____)
anthony floriani

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1200 W. Pratt Blvd #309
Chicago, IL 60626**

Principal occupation / Job title (See instructions)
Field Services Director

Employer (See instructions)
Illinois Federation of Teacher

Date
5/30/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1331 Lockhill Selma
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
SVP-Portfolio Manager

Employer (See instructions)
Merrill Lynch

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: 34 of 39
2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Cross	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 700 E Hildebrand #1102 San Antonio, TX 78212		
8 Principal occupation / Job title (See instructions) Developer		9 Employer (See instructions) San Antonio Real Estate Developers
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Dems	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code PO Box 12814 San Antonio, TX 78212		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Martinez	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 3014 Whisper Fern San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Consultant
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) V or G Van Steenberg	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO Box 12566 San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) Law Offices of Gustav Van Steenberg

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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:
35 of 39

2 FILER NAME

Mario Bravo

3 Filer ID (Ethics Commission Filers)

4 Date
5/31/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Rhonda Herrejon

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**351 Saratoga Dr
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Insurance Agent

9 Employer (See instructions)
Aetna

Date
5/31/2023

Full name of contributor out-of-state PAC (ID# _____)
Unlimited Handicrafts

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**614 W Commerce
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/31/2023

Full name of contributor out-of-state PAC (ID# _____)
Naturaleza Celestial

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**514 W Commerce
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/31/2023

Full name of contributor out-of-state PAC (ID# _____)
Isabel Vela

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5814 Holbrook Way
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
owner

Employer (See instructions)
El Mercado Snack Bar

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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: 36 of 39
2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gs Gonzalez Gift Shop	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 612 W Commerce San Antonio, TX 78207		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbara Witte Howell	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 105 Magnolia Dr San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marilyn Flores	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2526 Old Gate Rd San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Connies Park N. Barber and Beauty Salon	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2007 Encino Belle San Antonio, TX 78259		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37 of 39
2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Bravo	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1201 Avenue B San Antonio, TX 78215		
8 Principal occupation / Job title (See instructions) CFO		9 Employer (See instructions) Irys
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Malcolm Hartman	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 207 Primavera Dr. San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Restaurateur		Employer (See instructions) Tycoon Flats
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Rath	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 68 Bristol Green San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) AACOG
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bobby Perez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 327 E Huisache San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) SSE

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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
5/31/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Kimberly McKnight

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2019 Flint Oak
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Registered Nurse

9 Employer (See instructions)
unemployed

Date
5/31/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2019 Flint Oak
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ortiz McKnight

Date
5/31/2023

Full name of contributor out-of-state PAC (ID# _____)
Javier Romano

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**602 Stockton Dr
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Lorenza™s

Date
5/31/2023

Full name of contributor out-of-state PAC (ID# _____)
Gloria Lazo Martinez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4202 West Martin
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Tierra y fuego

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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
5/31/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Omar Gonzalez

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**526 Refugio
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
Real Estate Development

9 Employer (See instructions)
Oxbow Development Group

Date
5/31/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**757 Treaty Oak
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
HSCS

Date
5/31/2023

Full name of contributor out-of-state PAC (ID# _____)
Fernando Reyes

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**123 Lexington Ave
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
RAG

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 325.00
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

PLEGGED 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 <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Mario Bravo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

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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 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
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4 Date 4/27/2023	5 Payee name anedot
-----------------------------------	--------------------------------------

6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112
--------------------------------------	---

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

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

Date 4/27/2023	Payee name anedot
--------------------------	-----------------------------

Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112
-----------------------------	--

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

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

Date 4/27/2023	Payee name Message Audience Presentation
--------------------------	--

Amount (\$) 2689.93	Payee address; City; State; Zip Code 2400 S. 4th st Austin, TX 78704
-------------------------------	---

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2023	5 Payee name Facebook	
6 Amount (\$) 50.00	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 Marketing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date 4/28/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date 4/28/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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: 3 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2023	5 Payee name anedot	
6 Amount (\$) 14.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 4/28/2023	Payee name anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 4/29/2023	Payee name anedot	
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2023	5 Payee name Dallas Peeples	
6 Amount (\$) 1750.00	7 Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 4/29/2023	Payee name Patricia Lopez		
Amount (\$) 95.00	Payee address; City; State; Zip Code 2427 Jesusita San Antonio, TX 78237		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 4/29/2023	Payee name Marta Chavez		
Amount (\$) 85.00	Payee address; City; State; Zip Code 226 W Sayers San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2023	5 Payee name Lianna Mendoza	
6 Amount (\$) 29.75	7 Payee address; City; State; Zip Code 1534 Santa Monica 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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 4/29/2023	Payee name Phillip Barcena		
Amount (\$) 51.00	Payee address; City; State; Zip Code 1420 W. Magnolia San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date 5/1/2023	Payee name Facebook		
Amount (\$) 33.61	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Marketing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2023	5 Payee name anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/1/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

Date 5/2/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2023	5 Payee name anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/2/2023	Payee name anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/2/2023	Payee name anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2023	5 Payee name Message Audience Presentation	
6 Amount (\$) 9897.75	7 Payee address; City; State; Zip Code 2400 S. 4th st Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Mailing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date 5/3/2023	Payee name Message Audience Presentation	
Amount (\$) 10600.00	Payee address; City; State; Zip Code 2400 S. 4th st Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date 5/4/2023	Payee name Facebook	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Marketing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2023	5 Payee name Marta Chavez	
6 Amount (\$) 153.00	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/5/2023	Payee name Patricia Lopez		
Amount (\$) 173.00	Payee address; City; State; Zip Code 2427 Jesusita San Antonio, TX 78237		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/5/2023	Payee name Phillip Barcena		
Amount (\$) 102.00	Payee address; City; State; Zip Code 1420 W. Magnolia San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2023	5 Payee name Toni VanBuren	
6 Amount (\$) 52.19	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 Reimbursement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/7/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/8/2023	Payee name anedot		
Amount (\$) 1.50	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Brenton Moore	
6 Amount (\$) 332.05	7 Payee address; City; State; Zip Code 1806 McCullough Ave San Antonio, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Reimb Election watch exp
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/8/2023	Payee name HEB		
Amount (\$) 400.86	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/8/2023	Payee name Kiolbassa Provisions		
Amount (\$) 154.50	Payee address; City; State; Zip Code 1325 S Brazos San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Facebook	
6 Amount (\$) 125.00	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 Marketing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/9/2023	Payee name anedot		
Amount (\$) 1.10	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/9/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/10/2023	5 Payee name anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/10/2023	Payee name anedot	
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/10/2023	Payee name anedot	
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/10/2023	5 Payee name anedot	
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/10/2023	Payee name anedot		
Amount (\$) 1.10	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/10/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2023	5 Payee name anedot	
6 Amount (\$) 3.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/11/2023	Payee name anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/11/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2023	5 Payee name anedot	
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/12/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/12/2023	Payee name anedot		
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2023	5 Payee name anedot	
6 Amount (\$) 4.50	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/12/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/12/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2023	5 Payee name anedot	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/12/2023	Payee name Curry Boys		
Amount (\$) 186.28	Payee address; City; State; Zip Code 536 E Cortland San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/13/2023	Payee name Toni VanBuren		
Amount (\$) 45.54	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 Reimbursement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2023	5 Payee name anedot	
6 Amount (\$) 8.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/13/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/14/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 20 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2023	5 Payee name anedot	
6 Amount (\$) 8.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/15/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/15/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2023	5 Payee name anedot	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/15/2023	Payee name Self Branded SA		
Amount (\$) 627.00	Payee address; City; State; Zip Code 702 Richmond Hills Dr. San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description tee shirts	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/15/2023	Payee name Dallas Peeples		
Amount (\$) 1750.00	Payee address; City; State; Zip Code 1227 Sunset View San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consultant	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 22 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2023	5 Payee name Lydia McAfee	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 123 W Hollywood San Antonio, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Consultant
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/15/2023	Payee name HEB		
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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/16/2023	Payee name Laura Barberena		
Amount (\$) 4000.00	Payee address; City; State; Zip Code 1850 Fredericksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 23 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2023	5 Payee name Flagship Campaigns LLC	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 56 Oak Villa Rd Canyon Lake, TX 78133	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/16/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/16/2023	Payee name anedot		
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 24 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2023	5 Payee name anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/16/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/16/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 25 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2023	5 Payee name anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/17/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/17/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 26 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2023	5 Payee name anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/18/2023	Payee name anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/18/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 27 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2023	5 Payee name Irene Portillo	
6 Amount (\$) 840.00	7 Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/18/2023	Payee name Tina Acosta		
Amount (\$) 840.00	Payee address; City; State; Zip Code 8230 Meadow Sun St San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/18/2023	Payee name Michelle Cantu		
Amount (\$) 560.00	Payee address; City; State; Zip Code 4911 Bluff St San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 28 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2023	5 Payee name Irvin Dominguez	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1666 SW 19th St San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/18/2023	Payee name Destinee Mendoza		
Amount (\$) 140.00	Payee address; City; State; Zip Code 122 Rosebud Lane San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/18/2023	Payee name Ben Guajardo		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 2826 Wilson San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 29 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 5/18/2023	5 Payee name Tabitha Escobedo		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1666 SW 19th St San Antonio, TX 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/18/2023	Payee name Hayley Galindo		
Amount (\$) 140.00	Payee address; City; State; Zip Code 5380 Medical Dr San Antonio, TX 78240		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/18/2023	Payee name Alexander Garcia		
Amount (\$) 700.00	Payee address; City; State; Zip Code 8114 Tipperary Ave San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 30 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2023	5 Payee name Kevin Garcia	
6 Amount (\$) 560.00	7 Payee address; City; State; Zip Code 1419 Melissa Sue San Antonio, TX 78228	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/18/2023	Payee name Michelle Garcia		
Amount (\$) 700.00	Payee address; City; State; Zip Code 8114 Tipperary Ave San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/19/2023	Payee name Rosalinda Ramos		
Amount (\$) 140.00	Payee address; City; State; Zip Code 8231 Meadow Sun San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 31 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2023	5 Payee name anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/19/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/19/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 32 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2023	5 Payee name MAILCHIMP	
6 Amount (\$) 73.55	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Email Marketing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/22/2023	Payee name HEB		
Amount (\$) 71.05	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/23/2023	Payee name 3D Signs		
Amount (\$) 1163.69	Payee address; City; State; Zip Code 7986 First St Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Marketing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 33 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2023	5 Payee name anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/23/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/23/2023	Payee name anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 34 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2023	5 Payee name anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/24/2023	Payee name anedot		
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/24/2023	Payee name Message Audience Presentation		
Amount (\$) 6142.60	Payee address; City; State; Zip Code 2400 S. 4th st Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Mailing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 35 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/25/2023	5 Payee name anedot	
6 Amount (\$) 1.70	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/26/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/26/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 36 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/26/2023	5 Payee name anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date 5/26/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date 5/26/2023	Payee name Irvin Dominguez		
Amount (\$) 720.00	Payee address; City; State; Zip Code 1666 SW 19th St San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 37 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/26/2023	5 Payee name Tina Acosta	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 8230 Meadow Sun St San Antonio, TX 78251	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/26/2023	Payee name Irene Portillo		
Amount (\$) 1020.00	Payee address; City; State; Zip Code 1419 Melissa Sue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/26/2023	Payee name Azucena Gaitan		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 2131 S Navidad San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 38 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/26/2023	5 Payee name Barbara Acosta	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 8230 Meadow Sun St San Antonio, TX 78251	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date 5/26/2023	Payee name Michelle Garcia		
Amount (\$) 960.00	Payee address; City; State; Zip Code 8114 Tipperary Ave San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date 5/26/2023	Payee name Kevin Garcia		
Amount (\$) 860.00	Payee address; City; State; Zip Code 1419 Melissa Sue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 39 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/26/2023	5 Payee name Kevin Garcia	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 1419 Melissa Sue San Antonio, TX 78228	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Contract Labor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/26/2023	Payee name Alexander Garcia		
Amount (\$) 1060.00	Payee address; City; State; Zip Code 8114 Tipperary Ave San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/26/2023	Payee name Tabitha Escobedo		
Amount (\$) 720.00	Payee address; City; State; Zip Code 1666 SW 19th St San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Contract Labor	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 40 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2023	5 Payee name anedot	
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/28/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/29/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 41 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2023	5 Payee name anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/30/2023	Payee name Main St Pizza		
Amount (\$) 72.63	Payee address; City; State; Zip Code 1906 N Main San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Food	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/30/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 42 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2023	5 Payee name anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/30/2023	Payee name anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/30/2023	Payee name anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 43 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/31/2023	Payee name anedot		
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/31/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 44 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name anedot	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/31/2023	Payee name anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/31/2023	Payee name anedot		
Amount (\$) 6.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 45 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name Main St Pizza	
6 Amount (\$) 31.31	7 Payee address; City; State; Zip Code 1906 N Main San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Food
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/31/2023	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/31/2023	Payee name anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 46 of 46	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name anedot	
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Donation Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/31/2023	Payee name anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description Donation Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

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

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

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

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

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

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

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

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

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mario Bravo	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date	6 Payee name
---------------	---------------------

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

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking 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)
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The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME 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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder