CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics Comm 00085663		2 Total pages filed: 103
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Ellen			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Troxclair		SUFFIX	···· 01/16/2024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP		Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	701 HWY 281, Suite H #	196			Receipt# Amount
Change of Address	Marble Falls, TX 78654				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_!
TREASURER NAME	Mr.	Gabriel			
	NICKNAME	LAST Wander		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P 2452 Lakehurst Road	O BOX PLEASE);	АР	T / SUITE #; CITY	; STATE; ZIP CODE
(Residence or Business)	Spicewood, TX 78669				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (512) 522-4896	ONE NUMBER E	EXTENSION		
8 REPORT TYPE	X January 15	30th day before	_	Runoff [15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
	July 15	8th day before e	election	reporting limit	Filial Report (Attach C/On-FR)
9 PERIOD COVERED	Month Day Year 07/01/2023		IROUGH	Month Day 12/31/20	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) State Representative Dis	strict 19		12 OFFICE SOUGH State Represen	T (if known) ntative District 19
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 103

13 C / OH NAME	Troxclair, Ellen (The	Honorable)	14 Filer ID 00085663	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 156,039.71
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 56,537.98
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 244,075.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
		The Ho	norable Ellen Troxcla	ir
		Signature o	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				CC	JVEI	3 of 103
	ILER I		ME Ellen (The Honorable)	19 Filer ID 00085663	(Ethic	s Commission Filers)
			E SUBTOTALS SCHEDULE		5	SUBTOTAL AMOUNT
1	. X	< _	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	155,789.71
2	. X	< .	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3	. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4	. []	SCHEDULE E: LOANS		\$	
5	. X	<	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	56,537.98
6	. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7	. [SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8	. [SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9	. [SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
1	0.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1	2.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/32 Rpt: 4/103		
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)	
4	Date 07/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00	
		Sugar Land, TX 77478						
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)			
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID# Andresen, Matthew Contributor address; City; State; Zip Code Austin, TX 78746	:			Amount of Contribution (\$)	\$300.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Headlands Technologie		LC		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID# Austin Firefighters Association PAC Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78752 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID# Autry, Evan Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID# Avery, Mary Jane Contributor address; City; State; Zip Code Marble Falls, TX 78654)		Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)			
			1					

	MONET	ARY POLITICAL C	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 2/32 Rpt: 5/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/21/2023	5 Full name of contributor	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
_	B	Burnet, TX 78611	- la				
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date 12/31/2023	Full name of contributor E Barfield, Tiffany Contributor address; City; Stat				Amount of Contribution (\$)	\$25.00
	Deinsinal sass	Sarasota, FL 34240		Frankrian (Cook la structions			
	Principal occupation / Job title (See Instructions) Government Relations			Employer (See Instructions Yes.Every.Kid)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:) Barnes, Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78734					
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions IBC Bank)		
	09/25/2023 Barnes, Robert		out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions IBC Bank)		
	Date 07/03/2023	Full name of contributor Bartusek, Carolyn Contributor address; City; Stat Kerrville, TX 78028	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 3/32 Rpt: 6/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	r Filers)
4	Date 11/03/2023	 Full name of contributor out-of-s Belew, Kara Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$50.00
	Dringing occur	Austin, TX 78746	lo.	Employer (See Instructions			
8	Lawyer	pation / Job title (See Instructions)	9	Employer (See Instructions Tenet Leadership	5)		
	Date 11/21/2023	Full name of contributor out-of-s Belew, Kara Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Lawyer	,		Tenet Leadership	,		
	Date 07/21/2023	Full name of contributor out-of-s Belew, Kara Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Austin, TX 78746					
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Tenet Leadership	5)		
Date 08/21/2023		Belew, Kara)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Tenet Leadership	<u> </u> 5)		
	Date 09/23/2023	Belew, Kara	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Tenet Leadership	5)		
			1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/32 Rpt: 7/103		
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)	
4	Date 12/21/2023	5 Full name of contributor Belew, Kara6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu Lawyer	Austin, TX 78746 pation / Job title (See Instructions	s)	Employer (See Instructions Tenet Leadership	5)			
	Date 11/06/2023	Full name of contributor Bentzin, Joanie Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00	
	Principal occu Retired	pation / Job title (See Instruction:	5)	Employer (See Instructions Retired	5)			
	Date 11/12/2023	Full name of contributor Berger, Paige Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00	
	Principal occu	Johnson City, TX 78636 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>			
	Freelancer		,	Self	,			
Date 11/16/2023		Full name of contributor Bernzott, Kevin Contributor address; City; S Lakeway, TX 78734	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Founder	pation / Job title (See Instructions	5)	Employer (See Instructions Bernzott Capital Adviso				
	Date 11/08/2023	Full name of contributor Blocker, Trey Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Consulting	pation / Job title (See Instructions	5)	Employer (See Instructions Self	s)			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/32 Rpt: 8/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/15/2023	5 Full name of contributor Bray, Linda6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Johnson City, TX 78636 pation / Job title (See Instructions)	9	Employer (See Instructions	?) 		
	Nurse	panony cob and (eee mendenone	,		Self	-,		
	Date 11/20/2023	Full name of contributor Brickman, James Contributor address; City; Si)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78731						
	Principal occu Operations	pation / Job title (See Instructions	·)		Employer (See Instructions 8VC	s)		
	Date 11/08/2023	Full name of contributor Brigham, Bud Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78746						
	Principal occu Chairman	pation / Job title (See Instructions	s)		Employer (See Instructions Anthem Ventures	s)		
	Date 11/01/2023	Full name of contributor Brockwell, Cindy Contributor address; City; Si Boerne, TX 78006)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/07/2023	Full name of contributor Brockwell, Cindy Contributor address; City; Si Boerne, TX 78006	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 6/32 Rpt: 9/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/30/2023	Brockwell, Cindy	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$50.00
_		Boerne, TX 78006	T.				
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/31/2023	Full name of contributor Brockwell, Cindy Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired	,		
	Date 11/14/2023)		Amount of Contribution (\$)	\$100.00
		Lakeway, TX 78737					
	Principal occu Competitive	pation / Job title (See Instructions) Intelligence		Employer (See Instructions Self)		
	Date Full name of contributor out-of-state PAC (ID: 11/20/2023 Buddin, Adrienne)		Amount of Contribution (\$)	\$4,000.00
	Principal occu Financier	pation / Job title (See Instructions)		Employer (See Instructions Toledo Finance)		
	Date 11/20/2023	Full name of contributor Buddin, Peggy Contributor address; City; State; Austin, TX 78734	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL COI	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 7/32 Rpt: 10/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 07/19/2023	Buddin, Peggy	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8		Austin, TX 78734 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/31/2023	Full name of contributor	out-of-state PAC (ID#:	Retired		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/09/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	·	Houston, TX 77094 pation / Job title (See Instructions)		Employer (See Instructions Burke Law Group)		
	10/26/2023 Burkhart, Eric		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Canyon Lake, TX 78133 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/11/2023	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/32 Rpt: 11/103	
2	FILER NAME	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
_					 		
4	Date 12/21/2023	5 Full name of contributor Burton, Joseph6 Contributor address; City; St	out-of-state PAC (ID#:)	' 	Amount of Contribution (\$)	\$20.23
		Austin, TX 78723					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Senior Proje	ct Manager		Jones Lang LaSalle			
	Date 11/20/2023	Full name of contributor Campbell, Bryan Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Dringing coor		`	Employer (Can Instructions	<u>, </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Dubois Bryant and Cam		ماا	
	Partifei			Dubbis Bryant and Can	ihn		
	Date 11/15/2023	Full name of contributor Caviness, James Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,900.00
		Marble Falls, TX 78865					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>-</u> -		
	Retired			Retired			
	Date 12/31/2023	Full name of contributor Chancellor, Erin Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions TCEQ	s)		
	Date 11/30/2023	Full name of contributor Chastain, Stephen Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTR	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 9/32 Rpt: 12/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 10/05/2023	 Full name of contributor out-of-sta Chasteen, Kara Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
_	Dringing Lagran	Bertram, TX 78605	- Io	Francisco (Con Instructions			
8	Homemaker	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/31/2023	Chasteen, Kara)		Amount of Contribution (\$)	\$25.00
		Bertram, TX 78605	1				
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/27/2023)		Amount of Contribution (\$)	\$100.00
		Bertram, TX 78605					
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date Full name of contributor out-of-state PAC (ID# 11/20/2023 Clark, Peter Contributor address; City; State; Zip Code Austin, TX 78734					Amount of Contribution (\$)	\$500.00
	Principal occu Entrepreneu	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/15/2023	Clay, Reed	e)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			•				

	MONET	ARY POLITICAL CO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/32 Rpt: 13/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	n Filers)
4	Date 12/31/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	T	Employer (See Instructions	5)		
	Retired			Retired			
	Date 12/31/2023	Full name of contributor Coates, Christopher Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76109					
	CEO	pation / Job title (See Instructions)		Employer (See Instructions The Miles Foundation	5)		
	Date 10/02/2023	Full name of contributor Colyandro, John Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Colyandro Public Affairs			
	Date 11/18/2023	Cooley, Frank Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	Lakeway, TX 78734 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>;</u>)		
	Date 10/31/2023	Full name of contributor Crow, Janet Contributor address; City; State;				Amount of Contribution (\$)	\$25.00
		Spicewood, TX 78669					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL (SCHEDULE A1					
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 11/32 Rpt: 14/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 10/31/2023	5 Full name of contributor Crow , Richard6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Spicewood, TX 78669 pation / Job title (See Instruction		0	Employer (See Instructions	,, 		
0	Retired	pation / 300 title (See instruction	5)	9	Retired	>)		
	Date 11/20/2023	Full name of contributor Dagain, Glenn Contributor address; City; S)	•	Amount of Contribution (\$)	\$50.00
	Drincinal occu	Lakeway, TX 78738 pation / Job title (See Instruction:	2)		Employer (See Instructions	·/		
	Retired	pation / Job title (See Instruction	5)		Retired	·)		
	Date 10/11/2023	Full name of contributor Daugherty, Gerald Contributor address; City; S	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78735						
	Principal occu Commission	pation / Job title (See Instruction er	5)		Employer (See Instructions Travis County	s)		
	Date 11/20/2023	Full name of contributor Daugherty, Gerald Contributor address; City; S Austin, TX 78735)		Amount of Contribution (\$)	\$485.00
	Principal occu Retired	pation / Job title (See Instruction:	5)		Employer (See Instructions Retired	5)		
	Date 12/29/2023	Full name of contributor David L. Cook Campaign Contributor address; City; S Mansfield, TX 76063					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 12/32 Rpt: 15/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78738	_		<u></u>		
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Presario Ventures	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ DeCoux, Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occur	Austin, TX 78734 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Chairman	oalion/ Job lille (See Instructions)		Autonomy Institute	»)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Dickey, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Spicewood, TX 78669					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions JD Key	5)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Dieter, Robert Contributor address; City; State; Zip Code Austin, TX 78735				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID#:_Dorsett, Bob Contributor address; City; State; Zip Code Austin, TX 78738)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Dorsett Johnson	s)		
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	MONET	ARY POLITICAL C		SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 13/32 Rpt: 16/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	n Filers)
4	Date 10/24/2023	5 Full name of contributor Doughty, Ron6 Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$125.00
8	Principal occu	Austin, TX 78732 pation / Job title (See Instructions) 9	9 1	Employer (See Instructions	5)		
	Date 10/05/2023	Full name of contributor Earnest, Bill Contributor address; City; St			Retired		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Spicewood, TX 78669 pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/30/2023	Full name of contributor Edwards, Cynthia Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	ı	Employer (See Instructions	i)		
	Date 12/31/2023	Full name of contributor Edwards, Cynthia Contributor address; City; St. Austin, TX 78746			Austin Jet		Amount of Contribution (\$)	\$100.00
	Principal occu CFO	pation / Job title (See Instructions			Employer (See Instructions Austin Jet	i)		
	Date 11/15/2023	Full name of contributor Estill, Janice Contributor address; City; St. Meadowlakes, TX 78654	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 14/32 Rpt: 17/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/09/2023	Fisher, Stephanie	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	Duinning Langu	Johnson City, TX 78636	lo-	Faralous (Coo Instructions			
8	Executive	pation / Job title (See Instructions)		Employer (See Instructions Stephen L Sanders Fam		LP	
	Date 10/29/2023	Full name of contributor on the contributor of the contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$25.00
	Dringing aggr	Burnet, TX 78611		Employer (See Instructions			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	•)		
	Date 11/29/2023	Full name of contributor out of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$25.00
		Burnet, TX 78611					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/29/2023	Full name of contributor on the contributor of contributor address; City; State; Zurnet, TX 78611	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/20/2023	Full name of contributor on the Expo Center PAGE Contributor address; City; State; Zontributor, TX 78703				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			I .				

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 15/32 Rpt: 18/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	n Filers)
4	Date 12/31/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
•	Retired			Retired	-,		
	Date 12/31/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Hilton Head Island, SC 29928 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	REtired			Retired			
	Date 11/16/2023	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78731					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Garrison Brothers Distill	•		
	Date 11/20/2023	Full name of contributor out-of-state PAC Geistman, Janet Contributor address; City; State; Zip Code Austin, TX 78746)	•	Amount of Contribution (\$)	\$400.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC Gibson, Martin Contributor address; City; State; Zip Code Bastrop, TX 78602)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL (S		SCHEDUI	E A1		
	The Instruc	ction Guide explains hov	ı to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 16/32 Rpt: 19/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 09/08/2023	5 Full name of contributor Gibson, Martin6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Bastrop, TX 79802 pation / Job title (See Instructions	5)		Employer (See Instructions	·,		
•	Retired	pation / Job title (See instructions	5)	<i>-</i>	Retired	·)		
	Date 11/11/2023	Full name of contributor Green, Mary Kelly Contributor address; City; S					Amount of Contribution (\$)	\$59.00
	Principal occur	Marble Falls, TX 78654 pation / Job title (See Instructions	s)		Employer (See Instructions	رد ا		
	Eye surgeon		.,		Self	,,		
	Date 11/20/2023	Full name of contributor Hardeman, Bryan Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78752						
	Principal occu Owner	pation / Job title (See Instructions	(5)		Employer (See Instructions Continental Auto Group	•		
	Date 09/29/2023	Full name of contributor Heldenfels, Fred Contributor address; City; S Austin, TX 78746	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions	s)		Employer (See Instructions Heldenfels Enterprises	5)		
	Date 11/18/2023	Full name of contributor Herries, Katie Contributor address; City; S The Hills, TX 78738	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		
			1					

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 17/32 Rpt: 20/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 12/05/2023	5 Full name of contributor Hicks, John6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78737	1.				
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Scott Douglass McConn			
	Date 09/21/2023	Full name of contributor Hock, Stacy Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/20/2023	Full name of contributor Holford, Diana Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$300.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions)		
	Broker			JLL			
	Date 12/31/2023	Full name of contributor Holt, William Contributor address; City; State Austin, TX 78735	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/15/2023	Full name of contributor Humphries, Arthur Contributor address; City; State Boerne, TX 78006	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL COI	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 18/32 Rpt: 21/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/08/2023	 5 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Marble Falls, TX 78654 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Justice of the	e Peace		Burnet County			
	Date 11/16/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 11/21/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Wichita, KS 57220 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/20/2023	Kilgore, Thomas Contributor address; City; State; 2				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Lakeway, TX 78734 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/09/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			•				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 19/32 Rpt: 22/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 10/31/2023	5 Full name of contributor	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Daine in a language	Dripping Springs, TX 78620		Frankrik (Ozakaski sa			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 10/31/2023	Full name of contributor Kinney, Wally Contributor address; City; Stat				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	Comfort, TX 78013 pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/04/2023	Full name of contributor Kubinski, Erik Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Advisor	Blanco, TX 78606 pation / Job title (See Instructions)		Employer (See Instructions The HT Group	<u>(</u>		
	Date 11/02/2023	Full name of contributor Lancaster, Jaynee Contributor address; City; Stat The Hills, TX 78738	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 12/20/2023	Full name of contributor Lehne, Brian Contributor address; City; Stat Fredericksburg, TX 78624	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Construction	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
			•				

	MONET	ARY POLITICAL (SCHEDUI	E A1			
	The Instruc	ction Guide explains hov	v to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 20/32 Rpt: 23/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/09/2023	5 Full name of contributor Lindsay, David6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Spicewood, TX 78669 pation / Job title (See Instruction	2)	0	Employer (See Instructions	·,		
0	Retired	pation / 300 title (See instruction	5)	9	Retired))		
	Date 10/26/2023	Full name of contributor MacFarlane, Andrew Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instruction	2)		Employer (See Instructions	;) 		
	Retired	pation / Job title (See instruction	3)		Retired	,,		
	Date 12/27/2023	Full name of contributor MacFarlane, Andrew Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78729						
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	5)		
	Date 11/15/2023	Full name of contributor Mackowiak, Matthew Contributor address; City; S Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Potomac Str	pation / Job title (See Instruction ategy Group	s)		Employer (See Instructions President	5)		
	Date 11/29/2023	Full name of contributor Matson, Karry Contributor address; City; S Georgetown, TX 78628	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instruction	5)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (SCHEDULE A1					
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 21/32 Rpt: 24/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 10/11/2023	5 Full name of contributor May, Janet6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78739 pation / Job title (See Instructions	s)	9	Employer (See Instructions	;) 		
Ū	Retired	pation / oob title (See Instruction)	,	•	Retired	,,		
	Date 11/13/2023	Full name of contributor McCormick, Elizabeth Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Deire sin al acces	Austin, TX 78704	. 1		For all and (On a location at a co	<u></u>		
	Marketing	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
	Date 11/13/2023	Full name of contributor McCormick, Travis Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78704						
	Principal occu Consultant	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		
	Date 12/29/2023	Full name of contributor McGuire Woods PAC Contributor address; City; S Richmond, VA 23219	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Date 12/21/2023	Full name of contributor Middleton, Mayes Contributor address; City; S Galveston, TX 77550	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Oil and Gas	pation / Job title (See Instructions	5)		Employer (See Instructions Middleton Oil Co.	5)		
			-					

	MONET	ARY POLITICAL CONTRIBU	JTION	IS .		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 22/32 Rpt: 25/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 12/31/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_	Deignaignal	Austin, TX 78704		Franks on (Cook both sticks			
8	Acto	pation / Job title (See Instructions)	9	Employer (See Instructions Self			
	Date 10/12/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Partner			Daylight Partners			
	Date 12/31/2023	Full name of contributor out-of-state PAC Novlan, Tom Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$25.00
		Jonestown, TX 78645					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions ATT	s)		
	Date 11/09/2023	Full name of contributor out-of-state PAC O'Brien, Kent Contributor address; City; State; Zip Code Austin, TX 78734)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Quiddity Engineering, L			
	Date 11/01/2023	Full name of contributor out-of-state PAC Oakley, James Contributor address; City; State; Zip Code Spicewood , TX 78669				Amount of Contribution (\$)	\$50.00
	Principal occu County Judg	pation / Job title (See Instructions) e		Employer (See Instructions Burnet Co.	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 23/32 Rpt: 26/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	r Filers)
4	Date 10/31/2023	 Full name of contributor ou pearce, Frances Contributor address; City; State; Zi 			7	Amount of Contribution (\$)	\$25.00
		The Hills, TX 78738					
8	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 12/31/2023	Phillips, Ben Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney			City of Austin			
	Date 11/13/2023	Full name of contributor ou Rathburn, Cristen Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
		Spicewood, TX 78669					
	Principal occu Wealth Mana	pation / Job title (See Instructions)		Employer (See Instructions Edward Jones	5)		
Date 10/31/2023		Full name of contributor ou Rinehart, Rick Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 12/04/2023	Full name of contributor ou Rinehart, Rick Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			·				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 24/32 Rpt: 27/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 09/18/2023	5 Full name of contributor Roberts, Colin6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Data disal asses	Austin, TX 78703	lo.	(O to to the time			
8		pation / Job title (See Instructions) Development and Legal	9	Employer (See Instructions Greenlake Energy)		
	Date 10/12/2023	Full name of contributor Russell, Susan Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/03/2023	Full name of contributor Ryan , Amanda Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78733	1				
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 11/10/2023	Full name of contributor Sams, Richard Contributor address; City; State Blanco, TX 78606	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 11/09/2023	Full name of contributor Saum, Shane Contributor address; City; State Lago Vista, TX 78645	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions) overnment and Regulatory Affai	rs	Employer (See Instructions PrizePicks)		

	MONET	ARY POLITICAL (ONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 25/32 Rpt: 28/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 12/31/2023	5 Full name of contributor Schultz, Thomas6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$250.00
_	Deireitade	Dallas, TX 75243	, I		Frankrije (Ozakratia)			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions AFC			
	Date 12/19/2023	Full name of contributor Sena, Richard Contributor address; City; St					Amount of Contribution (\$)	\$100.00
	Principal occur	Boerne, TX 78006 pation / Job title (See Instructions	, I		Employer (See Instructions	;) 		
	Insurance A		,		Self	,,		
	Date 11/14/2023	Full name of contributor Serra, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78258				<u>L</u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/08/2023	Full name of contributor Sheffield, Bryan Contributor address; City; St Austin, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Marbella Interests	5)		
	Date 08/08/2023	Full name of contributor Sisak, William Contributor address; City; St Houston, TX 77096	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 26/32 Rpt: 29/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/14/2023	5 Full name of contributor Smiley, Cindy6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$50.00
0	Dringing Loon	Austin, TX 78730	lo.	Employer (Coo Instructions			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Smiley Law Firm	·)		
	Date 08/08/2023	Full name of contributor Smith, Emerson Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occur	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	CEO	pation / oob title (See Instructions)		Pushnami	')		
	Date 11/03/2023	Full name of contributor Smith, Stacy Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deinainal assu	Burnet, TX 78611		Franks von (Cooks brothe votions	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	•)		
	Date 10/11/2023	Full name of contributor Spataro, Susan Contributor address; City; State Austin, TX 78749)		Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/20/2023	Full name of contributor Spicewood Professional Off Contributor address; City; State Austin, TX 78759				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			l				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 27/32 Rpt: 30/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	n Filers)
4	Date 10/26/2023	 Full name of contributor out-of-state PAG Sproul, Robert Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Marble Falls, TX 78654 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
•	Retired			Retired	,		
	Date 11/07/2023	Full name of contributor out-of-state PAG St. Peter, Jason Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78734					
	Principal occu Leadership	pation / Job title (See Instructions)		Employer (See Instructions Dell	s)		
	Date 11/14/2023	Full name of contributor out-of-state PAG Stripling, Kay Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Marble Falls, TX 78654					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAGE Teegarden, Gail Contributor address; City; State; Zip Code Marble Falls, TX 78654)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/10/2023	Full name of contributor out-of-state PAG Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	C (ID#:			Amount of Contribution (\$) \$.	25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CO	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 28/32 Rpt: 31/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 09/19/2023	5 Full name of contributor			7	Amount of Contribution (\$)	\$25,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/20/2023	Full name of contributor Texas Beverage Alliance Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/20/2023	Full name of contributor Texas Consumer Finance A: Contributor address; City; State				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/29/2023	Full name of contributor Texas Farm Bureau AGFUN Contributor address; City; State Waco, TX 76702)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/15/2023	Full name of contributor Tintera, John Contributor address; City; State Georgetown, TX 78633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			1				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 29/32 Rpt: 32/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	n Filers)
4	Date 12/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	District	Georgetown, TX 78633	- Ia	Farada e a (O - a la atro-atica)			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 12/19/2023	Trevizan, Ed				Amount of Contribution (\$)	\$100.00
	Principal occu	Jonestown, TX 78645		Employer (See Instructions	_		
	President	pation / Job title (See Instructions)		Employer (See Instructions Corvalent	')		
	Date 12/20/2023	Full name of contributor out-of-st Turrieta, Gilbert Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/11/2023	Valdez, Gary)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Focus Strategies)		
	Date 11/15/2023	Vance, Gretchen)		Amount of Contribution (\$)	\$25.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Amplify Gyms	i)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/32 Rpt: 33/103	
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 12/20/2023	Full name of contributor Vistra Employee PAC Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)		Employer /See Instructions	.)		
•	Principal occu			9 Employer (See Instructions	')		
	Date 11/01/2023	Full name of contributor Wander, Gabriel Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Spicewood, TX 78669 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Founder			Wander Staffing			
	Date 11/16/2023	Full name of contributor Wander, Gabriel Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$1,200.00
		Spicewood, TX 78669					
	Principal occu Founder	pation / Job title (See Instructions)		Employer (See Instructions Wander Staffing	i)		
	Date 07/03/2023	Full name of contributor Weekly, Richard Contributor address; City; State Houston, TX 77027	out-of-state PAC (ID#:_ e; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Property Ma	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 11/09/2023	Full name of contributor Weiss, Yinon Contributor address; City; State Palo Alto, CA 94306)		Amount of Contribution (\$)	\$300.00
	Principal occu Entrepreneu	pation / Job title (See Instructions)		Employer (See Instructions Stress-Free	()		
	,						

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 31/32 Rpt: 34/103	
2	FILER NAME Troxclair, Elle	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 08/22/2023	5 Full name of contributor Wheatley, Benton6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_	Daine in a la casa	Lakeway, TX 78738			Farada and (October Area though)			
8	Attorney	pation / Job title (See Instructions	S)	9	Employer (See Instructions Duane Morris, LLP	5)		
	Date 11/03/2023	Full name of contributor Wheeler, Michael Contributor address; City; S				•	Amount of Contribution (\$)	\$50.00
	Principal occur	Boerne, TX 78006 pation / Job title (See Instructions	<i>a</i>		Employer (See Instructions	?) 		
	Property Mai		,,		Self	,		
	Date 12/20/2023	Full name of contributor Wilfley, Michael Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
		Austin , TX 78750						
	Principal occu COO	pation / Job title (See Instructions	s) 		Employer (See Instructions VCFO	s)		
	Date 10/31/2023	Full name of contributor Williams, Rebecca Contributor address; City; S Austin, TX 78799	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu Entrepreneu	pation / Job title (See Instructions r	5)		Employer (See Instructions Self	5)		
	Date 10/29/2023	Full name of contributor Wilson, Margaret Contributor address; City; S Austin, TX 78704	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		
			<u> </u>					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/32 Rpt: 35/103	
2	FILER NAME Troxclair, Ell	len (The Honorable)		3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 11/17/2023	5 Full name of contributor out-of-state PAC (ID#:_ Wilson, Margaret 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.24
		Austin, TX 78704				
8	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 12/17/2023	Full name of contributor out-of-state PAC (ID#:_ Wilson, Margaret Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.24
	Principal occu	Austin, TX 78704 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Yokubaitis, Ron Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Data Foundry	s)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 36/103 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Troxclair, Ellen (The Honorable) 00085663 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/11/2023 TREPAC/Texas Association of Realtors Political Action Committee \$250.00 Advertising for fundraising 7 Contributor address; City; State; Zip Code event in support of Representative Ellen Troxclair for HD 19 Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/67 Rpt: 37/103	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/08/2023	4Imprint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,207.04	101 Commerce St
		Oshkosh, WI 54901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing for campaign flyer
		Tilliang for earlpaight hyer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/21/2023	4Imprint
H	Amount (\$)	Payee address; City; State; Zip Code
	\$512.53	101 Commerce St
		Oshkosh, WI 54901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing for campaign flyer
		Timing for our page 1961
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/17/2023	7-Eleven Bee Cave
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.91	6111 Bee Cave Rd
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 2/67 Rpt: 38/103	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	_
	09/20/2023	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$86.06	408 W 15th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Fuel during campaign travel	
Ļ	Computate ONLY if dispost	Condidate/Office holder name Office pought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡			_
	Date	Payee name	
	10/20/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.00	6111 Bee Cave Rd	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Supplies for political office	
		Supplies for political office	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payeo namo	_
	07/11/2023	Payee name Amazon.com	
L			
	Amount (\$) \$16.23	Payee address; City; State; Zip Code	
	\$10.23	410 Terry Ave	
		0	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for political office	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
I	expenditure to benefit C/O		
H			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/67 Rpt: 39/103	Troxclair, Ellen (The Honorable)		00085663
4	Date	5 Payee name		'
l	08/11/2023	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$16.23	410 Terry Ave		
l				
l		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	` '	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
l				Supplies for political office
Ļ	Operation ONLY if dispert	Outstidets (Office helder many)	.1-4	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held
⊨				
l	Date	Payee name		
L	08/16/2023	Amazon.com		
l	Amount (\$)	Payee address; City; State; Zip Coc	de	
l	\$112.36	410 Terry Ave		
l				
L		Seattle, WA 98109		
l	PURPOSE OF	2 ((b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Supplies for political office
l				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	08/16/2023	Amazon.com		
H	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$16.23	410 Terry Ave		
l				
l		Seattle, WA 98109		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Office Overhead/Rental Expense	` ′	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
l				Supplies for political office
\vdash	Complete ONLY if dies -t	Condidate/Officeholder name	ıb.	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 4/67 Rpt: 40/103	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663
4	Date	5 Payee name
	08/17/2023	Amazon.com
6	Amount (\$) \$194.84	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/25/2023	Amazon.com
	Amount (\$) \$135.27	Payee address; City; State; Zip Code 410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2023	Amazon.com
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	-	te this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 5/67 Rpt: 41/103	Troxclair, Ellen (The Honorable)		00085663
4	Date	5 Payee name		•
	10/11/2023	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$16.23	410 Terry Ave		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Supplies for political office
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held
	experience to serious eye.	·		
	Date	Payee name		
	10/26/2023	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$6.27	410 Terry Ave		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LA LABITORE			Check if Austin, TX, officeholder living expense
				Supplies for political office
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		1110	Office field
	Data			
	Date	Payee name		
	11/10/2023	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$20.56	410 Terry Ave		
		Seattle, WA 98109		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Supplies for political office
				Cappiles for political effect
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/67 Rpt: 42/103	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	11/13/2023	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.23	410 Terry Ave
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/01/2023	Amazon.com
H	Amount (\$)	Payee address; City; State; Zip Code
	\$140.17	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for political office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/11/2023	Amazon.com
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$16.23	410 Terry Ave
		Seattle, WA 98109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for political office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/67 Rpt: 43/103	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/25/2023	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$494.90	1 Skyview
		Fort Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Airfare for campaign travel
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2023	American Legislative Exchange Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	2900 Crystal Dr #6
		Arlington, VA 22202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Registration fee
		rvegisti attori ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies same
	12/31/2023	Payee name Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$627.00	1340 Poydras Street Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for online contributions.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	li Co	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/67 Rpt: 44/103		Troxclair, Ellen (The Honorable)		00085663
4	Date	5	Payee name		
	08/14/2023		At Home		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$1,010.89		5151 US 290		
			Austin, TX 78735		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Supplies for political office
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	H			
	Date		Payee name		
	10/05/2023		Austin International Airport		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$12.71		3600 Presidential Blvd		
			Austin, TX 78719		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Refreshments during political travel
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	П			
	Date		Payee name		
	11/29/2023		Austin Tea XChang		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$34.62		13011 Shops Pkwy #600		
			Austin, TX 78738		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
					Refreshments during political meeting
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
	experientare to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER leafure a entergory and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/67 Rpt: 45/103	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/22/2023	Austin Tea Xchang
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.60	13011 Shops Pkwy #600
		Austin, TX 78738
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refreshments during political meeting
		The meeting pointed. The othing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/14/2023	Austin Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	
	\$15.00	2509 Glen Springs Way
		Austin, TX 78741
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking during campaign meeting
		T writing during outripager moouning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/16/2023	B2B Copies
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.78	1310 Ranch Rd 620 S ste a-5
		Austin, TX 78734
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing for campaign flyer
		Timung for outspage nyon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	12/07/2023	B2B Copies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$262.51	1310 Ranch Rd 620 S ste a-5
		Austin, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing for campaign flyer
		Tilliang for earlpaight hyer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/10/2023	Barry, Cynthia
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$625.00	143 Spanish Pass
	Ψ023.00	140 Opanish 1 ass
		Boerne, TX 78006
┝	PURPOSE	In-
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Deposit for district office
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/11/2023	Blue Dalia Bistro
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$90.01	3663 Bee Cave Rd
		West Lake Hills, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Meal during political travel
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 11/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	_
	08/16/2023	Boerne Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$231.00	121 S Main St	
		Boerne, TX 78006	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
l		Membership for office opening	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/OI		
⊨	<u> </u>		_
	Date	Payee name	
L	09/05/2023	Boerne Short Stop Inc	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.11	824 N Main St	
l			
L		Boere, TX 78006	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Refreshments during campaign travel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
l	10/25/2023	Brother International	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$218.64	200 Crossing Blvd.	
l		Bridgewater, NJ 08807	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for political office	
L			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	The state of the s		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	07/31/2023	Burnet Co. Republicans
6	Amount (\$) \$535.38	7 Payee address; City; State; Zip Code 104 CR 213
		Bertram, TX 78605
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/19/2023	Campaign Advocacy
	Amount (\$)	Payee address; City; State; Zip Code
	\$19,386.08	401 NE 46th
		Oklahoma City, OK 73105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign mailer
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2023	Campaign Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.24	11 Lea Ave
		Nashville, TN 37210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign email software
		Sampaign omail contract
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 13/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663	
4 Date	5 Payee name	·		
08/31/2023	Campaign Monitor			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$52.24	11 Lea Ave			
	Nashville, TN 37210			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		outside of Texas. Com	pplete Schedule T.
EXPENDITURE	'		TX, officeholder living	g expense
		Campaign em	nail software	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
experientare to benefit 6/6	<u> </u>			
Date	Payee name			
10/02/2023	Campaign Monitor			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$52.24	11 Lea Ave			
	Nashville, TN 37210			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Com	plete Schedule T.
EXPENDITORE	·		TX, officeholder living	g expense
		Campaign em	naii soπware	
0 1: 0:11:22:5		1.	0.00	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office h	ela
Date	Payee name			
10/31/2023	Campaign Monitor			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$52.24	11 Lea Ave			
	Nashville, TN 37210			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Com	
EXPENDITORE			TX, officeholder living	g expense
		Campaign em	naii soπware	
0 1. 6				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office h	ela

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/67 Rpt:	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663
4	Date 11/30/2023	5 Payee name Campaign Monitor
6	Amount (\$) \$52.24	7 Payee address; City; State; Zip Code 11 Lea Ave
8	PURPOSE OF EXPENDITURE	Nashville, TN 37210 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email software
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/20/2023	Payee name Capitol Gift Shop
	Amount (\$) \$54.13	Payee address; City; State; Zip Code 1400 N. Congress Avenue Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gifts for constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/10/2023	Payee name Chadwick, Caroline
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 712
		Center, TX 75935
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ethics Reporting Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4 Date	5 Payee name	<u> </u>
09/27/2023	Chevron Spicewood	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$94.80	10115 E St Highway 71	
	Spicewood, TX 78669	
8 PURPOSE OF	2 2 (**********************************	Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	n	
Date	Payee name	
10/25/2023	Chevron	
Amount (\$)	Payee address; City; State; Zip Code	
\$86.97	10115 E St Highway 71	
	Spicewood, TX 78669	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	н	
Date	Payee name	
09/22/2023	Chick-Fil-A Bee Cave	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.33	2600 Ranch Road 620 S	
	Bee Cave, TX 78738	
PURPOSE	, ,	Description
	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Pood/beverage Expense	Check if Austin TX officeholder living expense
OF	Poou/Beverage Expense	Check if Austin, TX, officeholder living expense Meal during political travel
OF	Podu/Beverage Expense	—
OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sought	Meal during political travel
OF EXPENDITURE	Candidate/Officeholder name Office sought	Meal during political travel
OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sought	Meal during political travel

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	08/10/2023	Chick-Fil-A New Caney	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.21	1187 N Grand Pwky E	
		New Caney, TX 77357	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel	outside of Texas. Complete Schedule T.
		Check if Austin Meal during p	n, TX, officeholder living expense
		Mear during p	Joinical navel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cilide Held
_	Date	Payee name	
	10/16/2023	Chick-Fil-A	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.41	503 W Martin Luther King Jr Blvd,	
	Ψ24.41	300 W Martin Lattic: King of Biva,	
		Austin, TX 78701	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/DCVClude Experise	ı, TX, officeholder living expense
		Meal during p	political travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/22/2023	Christian Job Corps	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	439 Fabra St	
		Boerne, TX 78006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
		Check if Austin	ı, TX, officeholder living expense
		Event tickets	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office ficial
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/10/2023	Clay Pit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.17	1601 Guadalupe St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during political travel
		med danng pendad daver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	B
	Date	Payee name
	11/14/2023	Clay Pit
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.84	1601 Guadalupe St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal during political travel
_	Camplete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/01/2023	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$233.69	4301 W William Cannon Dr
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for political office
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1	Sch: 18/67 Rpt:	Troxclair, Ellen (The Honorable)	
4	Date	F. Davis same	
4		5 Payee name	
	11/13/2023	Crenwelge #2	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$72.40	713 W MAIN ST	
		= 1 · 1 · 1 · = = 1 · 1 · 1 · 1 · 1 · 1	
		Fredericksburg, TX 78624	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Fuel during campaign travel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	D :		
	Date	Payee name	
	10/06/2023	DCA Food Hall	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.80	1 Aviation Circle	
		Arlington, VA 20001	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Meal during political travel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Daysa nama	
		Payee name	
	10/18/2023	Del Valle Grocery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$91.60	3132. E. SH 71 SVRD EB	
		De Valle, TX 78617	
_		I	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fuel during campaign travel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.		
1	Total pages Schedule F1:			3 Filer ID	(Ethics Commission Filers)
	Sch: 19/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663	
4	Date	5 Payee name			
	08/01/2023	Dirty Martins			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$78.47	2808 Guadalupe St			
		Austin, TX 78705			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	ш	outside of Texas. Con	
	EXI ENDITORE		_	TX, officeholder livin	g expense
			Meal during p	onlicai travei	
Ļ	Operation ONE V # discort	On a list to 10 ff and a list a name of the same of th		O#: I-	-1-1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	ela
	·				
	Date	Payee name			
	08/01/2023	Dirty Martins			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$11.03	2808 Guadalupe St			
		Austin, TX 78705			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	ш	outside of Texas. Con	
			_	TX, officeholder livin	g expense
			Meal during p	Ollucai travel	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	ald
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Office fi	Ciu
-	D-4-				
	Date	Payee name			
	07/03/2023	Exxon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.50	903 Ranch Road 620			
		Austin, TX 78734			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Travel In District	ш	outside of Texas. Con TX, officeholder livin	
			Fuel during ca		• •
			. as adming to	paigii liuve	•
L	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/OI			Office II	.ciu
L					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	12/06/2023	FISD Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$516.84	PO Box 3446
		Fredericksburg, TX 78624
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Tunaraiser Bonation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/23/2023	Front Yard
H	Amount (\$)	Payee address; City; State; Zip Code
	\$18.20	4514 Bob Wire Rd
		Spicewood, TX 78669
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
		The state of the s
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/31/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	401 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online banking fee
		Offilite bativity lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	•
	08/31/2023	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	Check if Austin, TX, officeholder living expense
			Online banking fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Great	•	
	Date	Payee name	
	09/30/2023	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
l		Austin, TX 78701	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
			Online banking fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	3	Office field
-	D-4-		
	Date 10/31/2023	Payee name Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	2 (()))	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Online banking fee
			•
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 22/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	11/30/2023	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Online banking fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experioration benefit C/O	1	
	Date	Payee name	
	12/31/2023	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Online banking fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	•	
-	Data	Para and a second	
	Date	Payee name	
	10/17/2023	Gillepsie Young Republicans	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	P.O. Box 2975	
		Fredericksburg, TX 78624	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LXI LINDITORL	Candidate/Officeholder/Political Committee	
		Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	07/03/2023	Google, Inc.
6	Amount (\$) \$13.34	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
_	DUDDOCE	Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/01/2023	Google, Inc.
	Amount (\$) \$13.34	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
	DUDDOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/01/2023	Google, Inc.
	Amount (\$) \$13.37	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/11/2023	Google, Inc.
6	Amount (\$) \$72.00	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2023	Google, Inc.
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
	DUDDOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2023	Google, Inc.
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/02/2023	Google, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.36	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign service fee
		Campaign service rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/01/2023	Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.80	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign service fee
		Campaign service rec
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/07/2023	Google, Inc.
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign service fee
		Campaign service rec
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	12/01/2023	Google, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.80	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign service fee
		Campaight service ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	12/13/2023	Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign service fee
		Cumpaign service rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/05/2023	Payee name HEB Boerne
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.45	420 Bandera Rd
		Boerne, TX 78006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for political office
		Supplies to political chies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/01/2023	HEB Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.36	420 Bandera Rd
		Boerne, TX 78006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		Taci duning campaign daver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	10/18/2023	HEB
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.45	1503 RM 1431
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davies name
	Date 10/23/2023	Payee name HEB
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.87	1503 RM 1431
		Marble Falls, TX 78654
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 28/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663						
4	Date	5 Payee name						
	12/05/2023	Hall, Ciara						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$600.00	4323 S Congress Ave #2220						
		Austin, TX 78745						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Campaign work						
_	0 1: 0.11.7.7.1.							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	12/13/2023	Harland Clarke						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$89.23	15955 La Cantera Pkwy						
		San Antonio, TX 78256						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Campaign checks						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OI							
	Date	Payee name						
	10/18/2023	Harper ISD PTO						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$750.00	PO Box 68						
		Harper, TX 78631						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
		Candidate/Officeholder/Political Committee						
		Event sponsorship						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OI	o						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	d Payment	The Instruction Guide explains how	Ü	est-contract causi OTTLER (enter a category not listed above)					
1 Total pag	ues Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	29/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663					
4 Date		Payee name							
10/11/20	023	Hill Country Fellowship							
6 Amount ((\$)	7 Payee address; City; State; Zi	Code						
	\$1,000.00	200 Houston Clinton Dr,							
		Burnet, TX 78611							
	POSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description					
)F DITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee	!	Check if Austin, TX, officeholder living expense					
				Event sponsorship					
O Complete	ONLY if direct	Condidate/Officeholder name Office	- Cought	t Office hold					
	e <u>ONLY</u> if direct ure to benefit C/O		sought	t Office held					
Date		Payee name							
07/03/20	023	Hill Country Springs							
Amount ((\$)	Payee address; City; State; Zij	Code						
	\$3.82	10019 S I-35 Frontage Rd							
		Austin, TX 78747							
	POSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description					
)F DITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.					
	DITORLE			Check if Austin, TX, officeholder living expense					
	Water for political office								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
•	ure to benefit C/O		Sougri	t Office field					
Date		Payee name							
08/01/20		Hill Country Springs							
Amount (Payee address; City; State; Zi	Code						
	\$24.82	10019 S I-35 Frontage Rd							
		Austin, TX 78747							
_	POSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description					
)F DITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.					
				Check if Austin, TX, officeholder living expense					
				Water for political office					
Complete	ONI V if direct	Condidate/Officeholder name	- COLIGE:	t Office hold					
	e <u>ONLY</u> if direct ure to benefit C/O		sought	t Office held					
•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.					
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 30/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663					
4	Date	5 Payee name						
	09/01/2023	Hill Country Springs						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$10.83	10019 S I-35 Frontage Rd						
		Austin, TX 78747						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITORE		Check if Austin, TX, officeholder living expense					
		l Wa	ater for political office					
_	2		25.					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	<u>'</u>							
	Date	Payee name						
	10/03/2023	Hill Country Springs						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$9.82	10019 S I-35 Frontage Rd						
		Austin, TX 78747						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	,	Check if Austin, TX, officeholder living expense					
		Water for political office						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/01/2023	Hill Country Springs						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.83	10019 S I-35 Frontage Rd						
		Austin, TX 78747						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE		Check if Austin, TX, officeholder living expense					
		VVč	ater for political office					
	Computate ONU V # stills	Condidate/Officeholder nege	Office hall					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 31/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	12/01/2023	Hill Country Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.82	10019 S I-35 Frontage Rd	
		Austin, TX 78747	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel queside of Taylor Complete Cabedyle T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for political office	
L			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	_
	11/13/2023	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.31	6600 S MoPac Expy	
		Austin, TX 78749	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for political office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п 	
	Date	Payee name	
	08/09/2023	Hollingsworth & Hollingsworth Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$390.00	9418 E State Hwy 71	
		Spicewood, TX 78669	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Storage for campaign signs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/23/2023	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$207.55	1200 Barbara Jordan Blvd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for political office
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/11/2023	Homegoods Bee Cave
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$153.66	12700 Shops Pkwy
		Bee Cave, TX 78738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Cappines for pointed office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/15/2023	Homegoods Bee Cave
H	Amount (\$)	Payee address; City; State; Zip Code
	\$410.04	12700 Shops Pkwy
		Bee Cave, TX 78738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for political office
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 33/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	09/18/2023	Honest Marys	
6	Amount (\$) \$16.43	7 Payee address; City; State; Zip Code 9828 Great Hills Trl	
		Austin, TX 78759	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal during political travel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/03/2023	Hope For Heroes	
	Amount (\$) \$114.95	Payee address; City; State; Zip Code 8956 Reasearch Blvd	
		Austin, TX 78758	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser Donation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 09/21/2023	Payee name Hwy 290 General Store	
	Amount (\$) \$42.46	Payee address; City; State; Zip Code 1301 US 290	
		Dripping Springs, TX 78620	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during campaign travel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	·
	09/26/2023	JW Marriott	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$26.73	110 E 2nd ST	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Meal during political travel
			ivieal during political travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
٦	expenditure to benefit C/OI		Office field
H	Date	Davies name	
	11/17/2023	Payee name JW Marriott	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.12	110 E 2nd ST	
		Atir. TV 70704	
		Austin, TX 78701	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Meal during political travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/13/2023	Jimmy Johns 491	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.05	3203 Red River Rd	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Meal during political travel
_	Complete ONLY if direct	Candidata/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	12/22/2023	Juliet Italian Kitchen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$82.77	1500 Barton Springs Rd	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Beverage Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		l — — — — — — — — — — — — — — — — — — —	ring political travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	4	
	Date	Payee name	
	10/06/2023	Junction Bakery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.86	1508 Mt Vernon Ave #1718	
		Alexandria, VA 22301	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		l — — — — — — — — — — — — — — — — — — —	ring political travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	4	
	Date	Payee name	
	08/03/2023	KCFA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.00	P.O. Box 954	
		Boerne, TX 78006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Event tic	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gi ittee Le	ood/Beverage Expense ift/Awards/Memorials E egal Services he Instruction Gui	Expense		pense ages/	e 'Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 36/67 Rpt:	т	roxclair, Elle	n (The Honora	ble)					00085663		
4	Date	5 P:	ayee name									
	08/07/2023	1	CFA									
6	Amount (\$)		ayee address	; City;	State:	Zip Cod	de					
	\$16.00	1	.O. Box 955		Olulo,	p 000	40					
	+_0.00		3/. 000									
		 в	oerne, TX 7	8007								
8	PURPOSE			Categories listed at the	ton of this cab	edule)	(b)	Description				
	OF		ees (See	Calegories listed at the	s rob or mis scur	euuie)	,	_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		-					_	, TX,	officeholder living	expense	
								Event tickets				
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Office	holder name	C	Office souç	ght			Office he	eld	
	Date	P	ayee name									
	08/03/2023	L ĸ	endall Co. F	Republicans								
	Amount (\$)	Pi	ayee address	; City;	State;	Zip Cod	de					
	\$30.00	P	O Box 1044									
		В	oerne, TX 7	8006								
	PURPOSE	(a) C	ategory (See	Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	ees					=		de of Texas. Com		
								Check if Austin, Event tickets	, FX,	officeholder living	expense	
								FACILI (ICVC)				
\vdash	Complete ONLY if direct	l Cai	ndidate/Office	holder name		Office soug	aht			Office he	eld	
	expenditure to benefit C/O					554	J •			200 110	· -	
_	Date	P	ayee name									
	10/11/2023	1	erri Meigs P	hotography								
	Amount (\$)		ayee address		Stato:	Zip Cod	de					
	\$1,150.00	l	ayee address 307 Lake At		Siale,	_ 21μ C00	u c					
	Ψ1,130.00	-	JUI LANG AL	JULI DIVU								
		A	ustin, TX 78	703								
	PURPOSE	-		Categories listed at the	ton of this sch	edule)	(b)	Description				
	OF		dvertising E		2 top of tillo 9011	caule)	.		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		J							officeholder living	expense	
								Campaign ph	oto	graphy		
	Complete ONLY if direct		ndidate/Off:	holder no		Office asset	ab+			Office	ald.	
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	moluer name	C	Office souç	ynt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/23/2023	Leander Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 551
		Leander, TX 78646
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	08/30/2023	Love's Comfort
_	Amount (\$)	Payee address; City; State; Zip Code
	\$86.02	PO Box 1044
	Ψ00.02	FO BOX 1044
	!	Boerne, TX 78006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LA LIBITETT	Check if Austin, TX, officeholder living expense
	!	Fuel during campaign travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 11/20/2023	Payee name MPIX
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.61	610 E Jefferson St
		Pittsburg, KS 66762
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing for campaign mailing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	11/28/2023	MPIX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.79	610 E Jefferson St
		Pittsburg, KS 66762
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing for campaign mailing
		Trinting for earlipsight maining
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	07/03/2023	Mail Box Office
H	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	1212 N US Hwy 281
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign mailbox fee
		Sampaign mailbox lee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/18/2023	Marble Falls ISD
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1800 Colt Circle
	Ψ200.00	1000 Colt Circle
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	12/05/2023	Marble Falls ISD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	1800 Colt Circle
		Marble Falls, TX 78654
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Tananasa 20 maion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
_	Date	Payee name
	08/11/2023	Michael's
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.80	5400 Brodie Ln
	Ψ10.00	5400 Blodie Ell
		Austin TV 7074F
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for political office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	08/28/2023	NNT 202 Main LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$13.80	202 Main St.
	Ψ10.00	202 Main Ot.
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food at campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/28/2023	NNT 202 Main LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	203 Main St.
		Marble Falls, TX 78655
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food at campaign event
		1 ood at eampaight event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Power name
	07/14/2023	Payee name Nespresse
L		Nespresso
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.00	111 West 33rd Street
		New York City, NY 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davies name
	Date 10/13/2023	Payee name
L		Nespresso
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.50	111 West 33rd Street
		New York City, NY 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card P	ayment		ns how to complete this form.	OTHER (enter a category not listed above)
1 Total pages	Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4:	1/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663
4 Date		5 Payee name		•
07/03/202	3	Nobilitea		
6 Amount (\$)	\$12.10	206 N. Milam	ite; Zip Code	
		Fredericksburg, TX 78624		
8 PURPO OF EXPENDIT		(a) Category (See Categories listed at the top of this Food/Beverage Expense	Check if tra	evel outside of Texas. Complete Schedule T. Sistin, TX, officeholder living expense Ents during campaign meeting
	ONLY if direct to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date		Payee name		
11/13/202	3	Office Depot		
Amount (\$)	\$13.51	Payee address; City; Sta	ate; Zip Code	
		Austin, TX 78701		
PURPO OF EXPENDI		(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Check if tra	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Or political office
	ONLY if direct to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date		Payee name		
12/19/202	3	Office Depot		
Amount (\$)	\$17.31	Payee address; City; Sta	ute; Zip Code	
		Austin, TX 78701		
PURPO OF EXPENDIT		(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Check if tra	ovel outside of Texas. Complete Schedule T. Instin, TX, officeholder living expense Or political office
	ONLY if direct to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/09/2023	Office Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.33	5300 S MoPac Expy
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/26/2023	Office Max
H	Amount (\$)	Payee address; City; State; Zip Code
	\$36.79	5300 S MoPac Expy
	4000	
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for political office
┡	Computate ONII V if disport	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
	11/16/2023	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.65	5300 S MoPac Expy
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 43/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
•	12/11/2023	Office Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.45	5300 S MoPac Expy
		Austin TV 70740
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	10/16/2023	Old Blanco Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	300 Main St.
		Blanco, TX 78624
		T
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Fundraiser Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/14/2023	Patriot Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1103 US 87
		Comfort, TX 78013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/25/2023	Proof and Copper
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.63	209 E Main St
		Johnson City, TX 78636
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
		most saming outpargit station
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
l	12/01/2023	Radio Coffee
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$12.14	3504 Montopolis Dr
	Ψ12.14	3304 Montopolis Di
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refreshments during campaign meeting
		Refreshitions during earlipaign meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	v
H	Date	Dougo nama
	11/16/2023	Payee name Republican Party of Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	807 Brazos St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reelection Filing fee
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 45/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	07/21/2023	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.24	1405 Ranch Road 620 S	
		Austin, TX 78734	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fuel during campaign travel	
		r der dannig earnpaign adver	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
—	Data	Para a same	
	Date	Payee name	
	07/24/2023	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.25	1405 Ranch Road 620 S	
		Austin, TX 78734	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fuel during campaign travel	
_	Compulate ONLY if direct	Condidate/Office helds name Office accepts	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/15/2023	Smith, Stacy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$382.25	1429 Carson Way	
		Burnet, TX 78611	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense	
		Reimbursement	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Trav
Printing Expense Trav
Salaries/Wages/Contract Labor OTH

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	-
	11/16/2023	Soul Wine Co.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,107.31	4514 Bob Wire Rd	
		Spicewood, TX 78669	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	l	ustin, TX, officeholder living expense
		Event fees	5
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	'		
	Date	Payee name	
	09/22/2023	Southwest Alrlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$711.97	2702 Love Field Dr.	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Haver in District	avel outside of Texas. Complete Schedule T.
		,	ustin, TX, officeholder living expense campaign travel
		7	oampaign davoi
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	10/05/2023	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.00	2702 Love Field Dr.	

		Dallas, TX 75235	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if tra	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	ustin, TX, officeholder living expense
		Fee during	g campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/06/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	2702 Love Field Dr.
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fee during campaign travel
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2023	Spicewood Hardware
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	20700 State Hwy 71
		Spicewood, TX 78669
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for political office
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/16/2023	Spicewood Hardware
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.11	20700 State Hwy 71
		Spicewood, TX 78669
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 48/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	07/10/2023	Square Space, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.38	8 Clarkson St	
		New York City, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Online platform fees	
		Offiline platform fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
_	Date	Davies same	
		Payee name	
	08/08/2023	Square Space, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.90	8 Clarkson St	
		New York City, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Website host fee	
		Website flost fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date 10/05/2023	Payee name	
		Square Space, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.00	8 Clarkson St	
		New York City, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website host fee	
		Website Host ICC	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 49/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	10/06/2023	Square Space, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.00	8 Clarkson St	
		New York City, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice overneda/rental Expense	el outside of Texas. Complete Schedule T.
		Website hos	in, TX, officeholder living expense
		Website Hos	ic roc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cine neid
_	Date	Payee name	
	10/10/2023	Square Space, Inc.	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.90	8 Clarkson St	
	Ψ-0.30	o oldingon of	
		New York City, NY 10014	
_	DUDDOCE	· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Depted Expanse	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	in, TX, officeholder living expense
		Website hos	st fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/08/2023	Square Space, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.91	8 Clarkson St	
		New York City, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austi Website hos	in, TX, officeholder living expense
		website nos	it lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		ng Expe ies/Wag	ense jes/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains how t	o comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 50/67 Rpt:		Troxclair, Ell	en (The Honor	able)				00085663		
4	Date	5	Payee name					•			
	12/07/2023		Square Space	ce, Inc.							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code					
	\$43.90		8 Clarkson S	St							
			New York C	ity, NY 10014							
8	PURPOSE	(a)				(h	Description				
ľ	OF	(")		e Categories listed at t nead/Rental Ex	the top of this schedule)	("		l outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		011100 01011	ioda/i toritai Ex	po.100		Check if Austin	n, TX	, officeholder living	g expense	
							Website hos	t fe	е		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	Office	sough	it		Office h	eld	
	experioritire to beriefit C/Or										
	Date		Payee name								
	09/08/2023		Square Space	ce, Inc							
	Amount (\$)		Payee addres	s; City;	State; Zip	Code)				
	\$43.90		8 Clarkson S	St							
			New York C	ity, NY 10014							
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this schedule)	(b	Description				
	OF EXPENDITURE			nead/Rental Ex			<u> </u>			plete Schedule T.	
							ш		, officeholder living	g expense	
							Website hos	l le	t		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Office	sough	ıt		Office h	eld	
	expenditure to benefit C/O		zandidate/Onic	enoluei name	Office	Sougn			Office In	eiu	
	Data	<u> </u>									
	Date		Payee name	larble Falls							
	09/11/2023	_	Starbucks M								
	Amount (\$)		Payee addres		State; Zip	Code					
	\$32.58		301 Gatewa	У							
			Marble Falls	, TX 78654							
	PURPOSE OF	(a)			the top of this schedule)	(b	Description				
	EXPENDITURE		Food/Bevera	age Expense					ide of Texas. Com , officeholder living	nplete Schedule T.	
							Refreshmen				
									0 1	J	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	nt .		Office h	eld	
	expenditure to benefit C/O					J					
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ıple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 51/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663
4	Date	5 Payee name		•
	07/19/2023	Starbucks		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$9.06	2410 620		
		Austin, TX 78738		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	- 1		Check if Austin, TX, officeholder living expense
				Refreshments during campaign travel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	10/18/2023	Starbucks		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$7.77	2410 620		
		Austin, TX 78738		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Refreshments for political meeting
				Refreshivents for political meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O	•	1110	Office field
	Data	D		
	Date 10/09/2023	Payee name TDCJ		
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$259.80	8712 Shoal Creek Blvd #290		
		A TV 70757		
		Austin, TX 78757		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Supplies for political office
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
_				

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Con	Gift/Awards/Memorials Expense F	Polling Expens Printing Exper Salaries/Wage			Travel in District Travel Out of District OTHER (enter a category not listed above)
	ordan dara r dyment		The Instruction Guide explains ho	ow to comp	lete this form.		
1	Total pages Schedule F1:	1				3	Filer ID (Ethics Commission Filers)
	Sch: 52/67 Rpt:	$oxed{oxed}$	Troxclair, Ellen (The Honorable)				00085663
4	Date	5	Payee name				
	10/23/2023		TDCJ				
6	Amount (\$)	7	Payee address; City; State;	Zip Code			
	\$9.77		8712 Shoal Creek Blvd #290				
			Austin, TX 78757				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule) (b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense		<u> </u>		de of Texas. Complete Schedule T. officeholder living expense
					Supplies for po		
					Cupplies for p	0111	iloar omoc
_	Commission ONII V if disposi	<u>_</u>	Office dealers and the control of th				Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice sought			Office held
	Date		Payee name				
	10/27/2023		TDCJ				
	Amount (\$)		Payee address; City; State;	Zip Code			
	\$118.40		8712 Shoal Creek Blvd #290				
			Austin, TX 78757				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense		<u> </u>		de of Texas. Complete Schedule T.
	EXI ENDITORE				ш		officeholder living expense
					Supplies for po	Oli	tical office
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice sought			Office held
	Date	Ī	Payee name				
	11/14/2023		TDCJ				
				Zin Codo			
	Amount (\$)	1		Zip Code			
	\$124.49		8712 Shoal Creek Blvd #290				
			Austin, TX 78757				
	DUDDOGE	-		las			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule) (b)	Description	utoi	de of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense				officeholder living expense
					Supplies for st		
							
	Complete ONLY if direct	Щ	Candidate/Officeholder name Off	fice sought			Office held
	expenditure to benefit C/OI		Andread Hame OII	nce sougill			Office field
	•						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/27/2023	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,271.94	8712 Shoal Creek Blvd #290
		Austin, TX 78757
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	08/09/2023	TFRW Convention 2023 PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 171146
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Convention sponsorship fee
		Convention Sponsorship lee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/12/2023	Target
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.99	3702 Ranch Rd 620 S
		Bee Cave, TX 78738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies for political office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	11/06/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.99	3702 Ranch Rd 620 S
		Bee Cave, TX 78738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davies name
	11/13/2023	Payee name
L		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.22	3702 Ranch Rd 620 S
		Bee Cave, TX 78738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	07/17/2023	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.19	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for campaign travel
		Fuel for campaign traver
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary(Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/10/2023	Texaco Lakeway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.82	2200 Lakeway Blvd
		Lakeway, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/08/2023	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.13	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Davida nama
	09/25/2023	Payee name Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.02	2200 Lakeway Blvd
	Ψ03.02	2200 Lakeway Bivu
		Lakeway, TX 78734
	PURPOSE	· ·
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiord to benefit 0/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/06/2023	Texaco Lakeway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.56	2200 Lakeway Blvd
		Lakeway, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		r der dannig earnpaign adver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	10/13/2023	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.82	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		ruei dulling campaigh travei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/01/2023	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.25	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		Fuel duling campaign travel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 57/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	·
	11/06/2023	Texaco Lakeway	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$78.80	2200 Lakeway Blvd	
		Lakeway, TX 78734	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	OF EXPENDITURE		x if travel outside of Texas. Complete Schedule T.
			rif Austin, TX, officeholder living expense Iring campaign travel
		1 351 33	aning campaign dave.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	11/20/2023	Texaco Lakeway	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$91.08	2200 Lakeway Blvd	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Lakeway, TX 78734	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF		iform if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Fuel du	ıring campaign travel
	0 1: 0.11.7.7.1.		0%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	11/27/2023	Texaco Lakeway	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.02	2200 Lakeway Blvd	
		Lakeway, TX 78734	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Haver in District	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		l —	uring campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	12/04/2023	Texaco Lakeway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.03	2200 Lakeway Blvd
		Lakeway, TX 78734
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		r der dannig earnpaign adver
Ļ	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/07/2023	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.23	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		r der during campaign daver
	Computate ONLY if diseast	Condidate/Office helder name Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	12/20/2023	Texaco Lakeway
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.58	2200 Lakeway Blvd
		Lakeway, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	07/20/2023	Texas Federation of Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$262.24	PO Box 171146
		Austin, TX 78717
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/11/2023	Texas GOP County Chair
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1108 Lavaca St, Suite 110 # 623
	+ =,000.00	
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2023	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 2910
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Photography
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 60/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	11/13/2023	Tomas Segura Photo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	307 China Cove
		Elgin, TX 78621
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campagin photography
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	09/26/2023	Payee name Towne Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.54	110 E. 2nd St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for campaign event
		T dixing for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/06/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.74	823 Congress Ave. Ste 150
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Postage for campaign mailer
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1		2 FILER NAME Translair Filer (The Henerable)	3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 61/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date 07/13/2023	5 Payee name USPS	
6	Amount (\$) \$6.31	7 Payee address; City; State; Zip Code 823 Congress Ave. Ste 150	
		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage for mail
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/12/2023	Payee name USPS	
	Amount (\$) \$65.55	Payee address; City; State; Zip Code 823 Congress Ave. Ste 150	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage for campaign mailer
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/28/2023	Payee name USPS	
	Amount (\$) \$19.80	Payee address; City; State; Zip Code 823 Congress Ave. Ste 150	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage for campaign mailer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	ndidate/Officeholder/Politica Card Payment	The Instruction Guide explains how to co	-	es/Contract Labor OTHER (enter a category not listed above) plete this form.
1 Total	pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
S	ch: 62/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663
4 Date		5 Payee name		<u> </u>
07/28	3/2023	Valero TX0140		
6 Amou	nt (\$) \$92.39	7 Payee address; City; State; Zip Co 12202 RANCH ROAD 620 N Austin, TX 78750	ode	
8 Pl	JRPOSE	(a) Category (see Categories listed at the top of this schedule)	(b)) Description
	OF ENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during campaign travel
	lete <u>ONLY</u> if direct diture to benefit C/O	Candidate/Officeholder name Office sou	ıght	t Office held
Date		Payee name		
12/05	5/2023	Van Arnam, Catherine		
Amou	nt (\$) \$600.00	Payee address; City; State; Zip Co 1800 Edelweiss Drive Cedar Park, TX 78613	ode	
DI	IDDOCE		(h)	0 a
	JRPOSE OF ENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(a)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work
	elete <u>ONLY</u> if direct editure to benefit C/O	Candidate/Officeholder name Office sou	ıght	t Office held
Date		Payee name		
12/17	7/2023	Van Arnam, Catherine		
Amou	nt (\$) \$250.00	Payee address; City; State; Zip Co 1800 Edelweiss Drive	ode	
		Cedar Park, TX 78613		
	JRPOSE OF ENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work
	lete <u>ONLY</u> if direct diture to benefit C/O	Candidate/Officeholder name Office sou	ight	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	07/03/2023	Vaudeville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.89	230 E Main
		Fredericksburg, TX 78624
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for campagin meeting
		1 ood for eampagin meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Power name
	09/13/2023	Payee name Vinaigrette
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.97	2201 College Ave
L		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal during political travel
		Wied during pointed travel
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	08/08/2023	VistaPrint
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.78	100 Hayden Avenue
		Lexington, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing for campaign mailers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 64/67 Rpt:	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	<u> </u>
	08/09/2023	VistaPrint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$107.69	100 Hayden Avenue	
		Lexington, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Printing for campaign mailers
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		0" 11
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	10/30/2023	VistaPrint	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,101.58	100 Hayden Avenue	
		Lexington, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Printing for campaign mailers
			The state of the s
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/01/2023	Walgreens Cedar Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.12	1495 Cypress Creek Rd	
		<i>7</i> 1	
		Cedar Park, TX 78613	
	PURPOSE		Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Since Sverioual Northal Expense	Check if Austin, TX, officeholder living expense
			Supplies for political office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 65/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663		
4	Date	5 Payee name		
	08/31/2023	Walgreens		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$28.12	1495 Cypress Creek Rd		
		Cedar Park, TX 78613		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense		
		Check if Austin, TX, officeholder living expense Supplies for political office		
		Supplies for political office		
<u> </u>	0 1. 0			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	experiantare to benefit ere			
	Date	Payee name		
	10/18/2023	Walgreens		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$13.57	1495 Cypress Creek Rd		
		Cedar Park, TX 78613		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Supplies for political office		
		Supplies for political office		
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Osporantal o to bottom of of t			
	Date	Payee name		
	08/25/2023	Walmart.com		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$406.96	702 SW 8th St		
		Bentonville, AR 72716		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	- -	Check if Austin, TX, officeholder living expense		
		Supplies for political office		
_	Complete CNU V 'C "	Condidate/Officeholder name		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political C	Committee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F1: 2	2 FILER NAME		3 Filer ID (Ethics Commission Filer	rs)
Sch: 66/67 Rpt:	Troxclair, Ellen (The Honorable)		00085663	
4 Date	5 Payee name			
08/28/2023	Walmart.com			
6 Amount (\$) \$242.94	7 Payee address; City; State; Zip Cr 702 SW 8th St Bentonville, AR 72716	ode		
8 PURPOSE ((a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense political office	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office son	ught	Office held	
Date	Payee name			
12/31/2023	WinRed			
Amount (\$) \$1,720.30	Payee address; City; State; Zip Ci 1776 Wilson Blvd Ste 530 Arlington, VA 22209	ode		
PURPOSE ((6) 0 .	(b) Description		
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ne contributions.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so	ught	Office held	
Date	Payee name			
07/10/2023	WinRed			
Amount (\$) \$250.00	Payee address; City; State; Zip Ci 1776 Wilson Blvd Ste 530	ode		
	Arlington, VA 22209			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	I 🖳	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rrm fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sor	ught	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/67 Rpt:	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	10/20/2023	XLR8
6	Amount (\$) \$21.65	7 Payee address; City; State; Zip Code 1002 N Walter St
		Burnet, TX 78611
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-Shirt
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2023	Yellow Dog Coffee
	Amount (\$) \$7.04	Payee address; City; State; Zip Code 9807 State Hwy 71
		Spicewood, TX 78669
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refreshments during campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held