CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00090507 73 Date Received COMMITTEE Your Minute is Up **ELECTRONICALLY FILED** NAME 01/19/2021 TREASURER McMillian, Becky M NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed Other (specify) 8th day before election ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 07/01/2020 12/31/2020 **EXPLANATION OF CORRECTION** Error was due to a misinterpretation of what was asked to be recorded. Correction made on the Cover Sheet, page 2, line 5. "Total Political Contributions Maintained as of the Last Day of the Reporting Period." Originally we recorded \$0.00 thinking it meant total maintained from a loan. It has been adjusted to \$8,412.22. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Becky M McMillian Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the _____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 73 00090507 3 COMMITTEE NAME **OFFICE USE ONLY** Your Minute is Up Date Received **ELECTRONICALLY FILED** 01/19/2021 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 26703 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Becky M NAME NICKNAME LAST **SUFFIX** McMillian STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6906 Dogwood Hollow STREET **ADDRESS** (Residence or Business) Austin, TX 78750 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 779-8697 PHONE REPORT X January 15 30th day before election Exceeded \$500 Limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 07/01/2020 **THROUGH** 12/31/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Your Minute is Up			00090507		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Mr. Stephen Adler			
(Attach lists on plain	X Candidate				
paper to complete this report if necessary.)					
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL Mayor	D (officeriolaer)		
		l wayor			
SUPPORT					
(Candidate or Measure)		ELECTI	ON DATE		
X OPPOSE			Month	Day	Year
(Candidate or Measure)					
□ ACCICT	Measure				
ASSIST (Officeholder)		DESCRIPTION			
(Oniceriolaer)					
15 CONTRIBUTION	1. TOTAL POLITICAL CON	<u> </u> TRIBUTIONS OF \$50 OR LESS (OTHER THA	N PLEDGES.	I	
TOTALS		ES OF LOANS), UNLESS ITEMIZED	,	\$	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$30,325.79
EXPENDITURE	3 TOTAL BOLITICAL EXPE	ENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	<u> </u>	
TOTALS	3. TOTAL TOLITICAL EXIT	INDITORIES OF \$100 OR EESS, ONLESS HE	IVIIZED	\$	\$0.00
	4. TOTAL POLITICAL EX	XPENDITURES			
				\$	\$20,613.79
CONTRIBUTION	E TOTAL DOLLTICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		
BALANCE	REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DATOFINE	\$	\$8,412.22
					, , , , , , , , , , , , , , , , , , , ,
OUTSTANDING	1	UNT OF ALL OUTSTANDING LOANS AS OF	THE LAST		
LOAN TOTALS	DAY OF THE REPORTIN	IG PERIOD		\$	\$0.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of per and correct and includes all informatio			
		Title 15, Election Code.			
		Poolar N	A Mandillian		
			1 McMillian .mpaign Treasur	er	
AFFIX NOTARY	STAMP / SEAL ABOVE	o.g.ratare or oa	paigir ri cacai	.	
Sworn to and subscribed	hefore me, by the said	,1	his the		day
		n, witness my hand and seal of office.			ady
	·,				
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administer	ing oath
e.gstare or omoer du		and the second s	01 011100		

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 4 of 73 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Your Minute is Up 00090507 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Mr. Sabino Renteria (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Council Member, District 3 **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR X OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION ASSIST (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Ms. Paige Ellis (Attach lists on plain X CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Council Member, District 8 **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE X **MEASURE** (Candidate or Measure) **DESCRIPTION ASSIST** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Ms. Ann Kitchen (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Council Member, District 5 **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR X OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

					5 of 73
		EE NAME te is Up	18 Filer ID 00090507	(Ethi	ics Commission Filers)
19 SC	HEDUL	E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,242.76
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	83.03
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	20,613.79
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
13	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
14		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	
ı					

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/34 Rpt: 6/73	
2	FILER NAME Your Minute	is Up			3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/19/2020	5 Full name of contributor Albertson, Susan6 Contributor address; City; St 2311 W Parmer Lane	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$26.63
8	Principal occu Realtor	Austin, TX 78727 pation / Job title (See Instructions) <u> </u>	Employer (See Instruction: Citywide Realty	s)		
	Date 09/21/2020	Full name of contributor Albertson, Susan Contributor address; City; St 2311 W Parmer Lane Austin, TX 78727	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$105.58
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions Citywide Realty	s)		
	Date 10/27/2020	Full name of contributor Albertson, Susan Contributor address; City; St 2311 W Parmer Lane	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$237.16
	Principal occu Broker	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions Citywide Realty	<u> </u> s)		
	Date 10/08/2020	Full name of contributor Allen, Luke Contributor address; City; St 7201 RM 2222 Apartment 3208 Austin, TX 78730	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.63
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instruction: Lennar Homes	s)		
	Date 10/30/2020	Full name of contributor Arzu, Francisco Contributor address; City; St 8605 Cobblestone Austin, TX 78735	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.63
	Principal occu Sr Director	pation / Job title (See Instructions)	Employer (See Instruction: Dematic	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/34 Rpt: 7/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/29/2020	 Full name of contributor out-of-state PAC (ID#:_ Baccus, Ralph Contributor address; City; State; Zip Code 11005 Centennial Trail 		7	Amount of Contribution (\$)	\$263.47
		Austin, TX 78726				
8	Principal occu President	pation / Job title (See Instructions)	9 Employer (See Instructions Baccus Holdings	i)		
	Date 10/15/2020	Full name of contributor out-of-state PAC (ID#:_ Bagus, Paul Contributor address; City; State; Zip Code 6008 Maurys Tr Austin, TX 78730			Amount of Contribution (\$)	\$52.95
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 12/04/2020	Full name of contributor out-of-state PAC (ID#:_Barr, Alan Contributor address; City; State; Zip Code 7706 Stoneywood Dr			Amount of Contribution (\$)	\$52.95
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u>		
	Date 10/11/2020	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$16.11
	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	,		
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID#:_ Bergen, Maria Contributor address; City; State; Zip Code 6602 Debcoe Dr Austin, TX 78749)		Amount of Contribution (\$)	\$26.63
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/34 Rpt: 8/73	
2	FILER NAME Your Minute	is Un		3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 12/07/2020	 5 Full name of contributor out-of-state PAC (ID#:_ Berry, Frank 6 Contributor address; City; State; Zip Code 11401 Sweet Basil Ct 		7	Amount of Contribution (\$)	\$200.00
		Austin, TX 78726				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
	Date 09/19/2020	Full name of contributor out-of-state PAC (ID#:_ Best, Shannon Contributor address; City; State; Zip Code 4101 licorice lane Austin, TX 78728			Amount of Contribution (\$)	\$10.84
	Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions SAHM	5)		
	Date 10/27/2020	Full name of contributor out-of-state PAC (ID#:_ Bigley, Carol Contributor address; City; State; Zip Code 10713 Sans Souci Place			Amount of Contribution (\$)	\$26.63
		Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions Excel Benefits	<u> </u> 5)		
	Date 09/23/2020	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$26.63
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	Employer (See Instructions	 		
	Retired		Retired			
	Date 10/22/2020	Full name of contributor out-of-state PAC (ID#:_ Booe, Christina Contributor address; City; State; Zip Code 1124 Brookswood Ave Austin, TX 78721			Amount of Contribution (\$)	\$105.58
	Principal occu Banquet Dire	pation / Job title (See Instructions)	Employer (See Instructions W Hotel	s)		

	MONEI	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	·m.	1	Total pages Schedule A1: Sch: 4/34 Rpt: 9/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Your Minute	<u> </u>				00090507	
4	Date 11/04/2020	5 Full name of contributor out-of-state PAC (ID# Breed, Cynthia	#:)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code 6601 Robbie Creek Cv					
		Austin, TX 78750	_				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date	Full name of contributor ut-of-state PAC (ID#	#:			Amount of Contribution (\$)	
	10/22/2020	Breeden, Darrell					\$237.16
	Contributor address; City; State; Zip Code						
		4010 Great Plains Dr.					
		Austin, TX 78735					
	Principal occu	pation / Job title (See Instructions)	\neg	Employer (See Instructions	;) 		
	President			Breeden Benefit Group	,		
	Date	Full name of contributor	#:)		Amount of Contribution (\$)	
	09/23/2020	Brown, Hadra				()	\$54.00
		Contributor address; City; State; Zip Code					
		8812 Mesa drive					
		Aughin TV 707F0					
	Drincinal occu	Austin, TX 78759 pation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	Chief	sation 7 30b title (See instructions)		Home	•)		
	Date	Full name of contributor ut-of-state PAC (ID#	<u>и</u> .	```	_	Amount of Contribution (\$)	
	10/27/2020	Brunson, Leigh Ann	+			Amount of Contribution (\$)	\$26.63
	10/21/2020	Contributor address; City; State; Zip Code			l		Ψ20.00
		1409 Braided Rope					
		·					
		Austin, TX 78727	_				
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
		Full promos of contributors	<u> </u>		_	Amount of Contribution (f)	
	Date 11/01/2020	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	\$26.63
	11/01/2020						Ψ20.03
		Contributor address; City; State; Zip Code 3410 Foothill Parkway					
		5-15 Fourin Fanway					
		Austin, TX 78732					
		oation / Job title (See Instructions)		Employer (See Instructions	5)		
	N/A			N/A			

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/34 Rpt: 10/73	
2	FILER NAME Your Minute	is Up			3	Filer ID (Ethics Commissio 00090507	n Filers)
4		 5 Full name of contributor Buckner, Marg 6 Contributor address; City; Sta 6209 Ledge Mountain Drive 			7	Amount of Contribution (\$)	\$237.16
8		Austin, TX 78731 pation / Job title (See Instructions) rector international		9 Employer (See Instructions Retired	5)		
	Date 10/20/2020	Full name of contributor Canfield, Philip Contributor address; City; Sta 2218 N. Fremont Street Chicago, IL 78701				Amount of Contribution (\$)	\$1,052.95
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Ariet Capital	5)		
	Date 09/22/2020	Full name of contributor Cantu, Gilbert Contributor address; City; Sta 3701 Hidden Estates Dr. Austin, TX 78727	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$105.58
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 10/15/2020	Full name of contributor Capone, Caryn Contributor address; City; Sta 9312 Edwardson Lane Austin, TX 78749	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$131.89
	Principal occup	pation / Job title (See Instructions) nager		Employer (See Instructions Mosaic NetworX	5)		
	Date 09/24/2020	Full name of contributor Carlett, Mary Jane Contributor address; City; Sta 6510 Poncha Pass Austin, TX 78749	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Landlord	pation / Job title (See Instructions)		Employer (See Instructions own office building near		n White and Manchaca Ro	d

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/34 Rpt: 11/73	
2	FILER NAME Your Minute	is I In			3	Filer ID (Ethics Commission 00090507	n Filers)
_					L		
4	Date 10/14/2020	5 Full name of contributor uut-of-state PAC (ID# Chacon, Carlos	t:)	⁷ 	Amount of Contribution (\$)	\$237.16
		6 Contributor address; City; State; Zip Code					
		209 Camperdown Elm Dr					
		Austin, TX 78748					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	CEO			Chacon Enterprises LLC)		
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	10/30/2020	Christensen, Brandon				(,,	\$26.63
		Contributor address; City; State; Zip Code					
		2301 S Mopac Expwy					
		Apt 115					
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> ;)		
	N/A	,		N/A	,		
Date Full name of contributor out-of-state PAC (ID#:		į.)	Π	Amount of Contribution (\$)		
	11/27/2020	Clark, George	-)		, (+)	\$105.58
		Contributor address; City; State; Zip Code					+200.00
		10900 Research Blvd					
		Suite 160-C #63					
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	Partner	,		Venturi Private Wealth	•		
	Date	Full name of contributor out-of-state PAC (ID#	μ.		Г	Amount of Contribution (\$)	
	09/22/2020	Coleman, Kristen	·			Amount of Contribution (\$)	\$26.63
	03/22/2020				l		Ψ20.03
		Contributor address; City; State; Zip Code 12700 Bismark Dr					
		12700 DISITIALK DI					
		Austin, TX 78748					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of M	arketing and New Business		Illuminas			
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	10/19/2020	Collins, Chris					\$105.58
		Contributor address; City; State; Zip Code			l		
		5020 China Garden Dr					
		Austin, TX 78730					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Global	Operations		SigmaSense, LLC			

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	5		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm	ı .	1	Total pages Schedule A1: Sch: 7/34 Rpt: 12/73	
2	FILER NAME	ic I In				3	Filer ID (Ethics Commission 00090507	n Filers)
	Your Minute	·						
4	Date 09/24/2020	Full name of contributor Conn, Trevor	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$52.95
		6 Contributor address; City; S 1001 Partida Trail	tate; Zip Code					
		Leander, TX 78641						
8	Principal occu	pation / Job title (See Instruction:	5)	9 1	Employer (See Instructions)		
	Director of S	oftware Engineering		1	Dell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>)		Amount of Contribution (\$)	
	09/21/2020	Cook, Laura	out or state 1710 (IBM				, can con contains about (+)	\$54.00
	00/21/2020	Contributor address; City; S	toto: 7in Codo					φο που
		9425 Shady Oaks Drive	tate, Zip Code					
		9425 Shauy Oaks Dhive						
		Austin, TX 78729						
	Princinal occur	pation / Job title (See Instruction:	3)	1 ,	Employer (See Instructions) 		
	homemaker	pation / oob title (Oce mondetion)	5)		V/A	,		
					A (O 'I' . (b)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#05.00
	11/04/2020	Cooper, Jennifer						\$25.00
		Contributor address; City; S	tate; Zip Code					
		na						
		Austin, TX 78701						
	Principal occu	Learning pation / Job title (See Instruction:	5)		Employer (See Instructions)		
	N/A	(,		V/A	,		
	Doto	Full name of contributor					Amount of Contribution (ft)	
	Date 12/03/2020	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ተ ጋር ርጋ
	12/03/2020	Cummings, Michelle						\$26.63
		Contributor address; City; S	tate; Zip Code					
		10009 Loxley Lane						
		Austin, TX 78717						
	Principal occu	pation / Job title (See Instruction:	s)	П	Employer (See Instructions)		
	Txdot				Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/24/2020	Cupp, Charles	out or state 1710 (IBM				, can con contains about (+)	\$105.58
		Contributor address; City; S	tata: 7in Coda					,
		10216 Missel Thrush Dr	tate, Zip Code					
		10210 1013361 11110311 DI						
		Austin, TX 78750						
	Principal occu	pation / Job title (See Instruction:	s)	l i	Employer (See Instructions)		
	Motor Coach			;	Star Shuttle and Charter	s		
				1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/34 Rpt: 13/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/23/2020	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$26.63
		Pacheco, CA 94553				
8	Principal occu Mastering er	pation / Job title (See Instructions) ngineer	Employer (See Instructions Self employed	5)		
	Date 10/23/2020	Full name of contributor out-of-state PAC (ID#:_ De Marines, Regan Contributor address; City; State; Zip Code 7305 Bering Cove Austin, TX 78759			Amount of Contribution (\$)	\$526.63
	•	pation / Job title (See Instructions) Vellness Advocate	Employer (See Instructions self	s)		
	Date 10/27/2020	Full name of contributor out-of-state PAC (ID#:_ Dolan, Mark Contributor address; City; State; Zip Code 54 Rainey St Unit 1206 Austin, TX 78701			Amount of Contribution (\$)	\$52.95
		pation / Job title (See Instructions) podman Sales & Distribution	Employer (See Instructions Retired	5)		
	Date 10/27/2020	Full name of contributor out-of-state PAC (ID#:_ Doss, Travis Contributor address; City; State; Zip Code PO Box 1105 Del Valle, TX 78617		•	Amount of Contribution (\$)	\$131.89
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u>I</u> S)		
	Date 10/30/2020	Full name of contributor out-of-state PAC (ID#:_ Doss, Travis Contributor address; City; State; Zip Code PO Box 1105 Del Valle, TX 78617)		Amount of Contribution (\$)	\$131.89
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)		
			,			

	MONEI	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/34 Rpt: 14/73	
2	FILER NAME Your Minute	is Up			3	Filer ID (Ethics Commission 00090507	ı Filers)
4	Date 10/14/2020	 Full name of contributor	t:		7	Amount of Contribution (\$)	\$52.95
8	Principal occu Principal	Johnson city, TX 78636 pation / Job title (See Instructions)	9	Employer (See Instructions Ert lighting	<u> </u> s)		
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID# Drinnan, Michelle Contributor address; City; State; Zip Code 13314 Council Bluff Austin, TX 78727	±:		•	Amount of Contribution (\$)	\$52.95
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Apartments NOW	s)		
	Date 09/21/2020	Full name of contributor out-of-state PAC (ID# Ellis, Dustin Contributor address; City; State; Zip Code 8721 Fenton Dr Austin, TX 78736	t:)	•	Amount of Contribution (\$)	\$26.63
	Principal occu Vice Preside	pation / Job title (See Instructions)		Employer (See Instructions Accu-Print	<u> </u> s)		
	Date 09/21/2020	Full name of contributor out-of-state PAC (ID# Ellsworth, Brannon Contributor address; City; State; Zip Code 1110 Morrow St #A Austin, TX 78757	±:)		Amount of Contribution (\$)	\$52.95
	Principal occu Lieutenant	pation / Job title (See Instructions)		Employer (See Instructions Austin Police Departme			
	Date 10/13/2020	Full name of contributor out-of-state PAC (ID# Emerson, Brad Contributor address; City; State; Zip Code 423 Ridgewood Road West Lake Hills, TX 78746	t:)		Amount of Contribution (\$)	\$26.63
	Principal occu Svp	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	s for	rm.	1	Total pages Schedule A1: Sch: 10/34 Rpt: 15/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Your Minute	•			L	00090507	
4	Date 09/21/2020	5 Full name of contributor out-of-state PAC (ID Falk, Thomas)#:)	7	Amount of Contribution (\$)	\$26.63
		6 Contributor address; City; State; Zip Code 1803 Kingwood Cv					
		Austin, TX 78757					
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Oracle	5)		
	Date	Full name of contributor ut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	10/30/2020	Flores, Yasbel					\$237.16
	Contributor address; City; State; Zip Code						
	9308 Sawyer Fay Ln						
		Austin, TX 78748-3107					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Habana Restaurant			
	Date	Full name of contributor uut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	12/27/2020	Fluty, Katherine					\$10.84
		Contributor address; City; State; Zip Code					
		1775 Kammerer Ave					
		San Jose, CA 95116					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Food Worker	· · · · · · · · · · · · · · · · · · ·		EK Foods	,		
	Date	Full name of contributor)#·)	Г	Amount of Contribution (\$)	
	10/12/2020	Fontaine, Joseph		<i></i>		ranount of Continuation (4)	\$52.95
	10,11,1010	Contributor address; City; State; Zip Code			l		402.00
		3101 Shoreline Drive #711					
		Austin, TX 78728					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dual Chief E	ngineer		Whitelodging Inc.			
	Date	Full name of contributor ut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	10/10/2020	Frierson-Stroud, Leonor					\$105.58
		Contributor address; City; State; Zip Code					
		7502 Creekbluff					
		Austin, TX 78750					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Doctor	-		Physician			
_							

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/34 Rpt: 16/73	
2	FILER NAME Your Minute	is Up		3 Filer ID (Ethics Commission Fi 00090507	ilers)
4	Date 09/22/2020	 Full name of contributor out-of-state PAC (ID#: Gerhardt, Shelley Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$105.58
		2521 Champions Corner Dr. Leander, TX 78641			
8	Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Southwest Independent		
	Date 09/25/2020	Contributor address; City; State; Zip Code 7201 Ranch Rd 2222 Aprt # 2222)	Amount of Contribution (\$)	\$26.63
	Principal occu Software De	Austin, TX 78730 pation / Job title (See Instructions) veloper	Employer (See Instructions)	
	Date 09/19/2020	Full name of contributor out-of-state PAC (ID#: Graeber, Courtney Contributor address; City; State; Zip Code 5325 Valburn Circle)	Amount of Contribution (\$)	\$158.21
	Principal occu SAHM and F	Austin, TX 78731 pation / Job title (See Instructions) Realtor	Employer (See Instructions SAHM and Realtor)	
	Date 09/17/2020	Full name of contributor out-of-state PAC (ID#: Granger, Ashley Contributor address; City; State; Zip Code 9701 Anchusa Trail		Amount of Contribution (\$)	\$105.58
		Austin, TX 78736	1		
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions Seton Main)	
	Date 11/11/2020	Full name of contributor out-of-state PAC (ID#: Gray, Peter Contributor address; City; State; Zip Code 627 Allen St Austin, TX 78702)	Amount of Contribution (\$)	\$105.58
	Principal occu El Presidente	pation / Job title (See Instructions) e	Employer (See Instructions ATX Eastside Properties		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 12/34 Rpt: 17/73	
2	FILER NAME Your Minute	is Up		3 Filer ID (Ethics Commission 00090507	Filers)
4	Date 12/30/2020	 Full name of contributor out-of-state PAC (ID#:_Gray, Peter Contributor address; City; State; Zip Code 627 Allen St)	7 Amount of Contribution (\$)	\$105.58
		Austin, TX 78702			
8	Principal occu El Presidente		9 Employer (See Instructions ATX Eastside Properties		
	Date 09/25/2020	Full name of contributor out-of-state PAC (ID#:_ Green, David Contributor address; City; State; Zip Code 6420 Ruxton Ln Austin, TX 78749)	Amount of Contribution (\$)	\$105.58
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions Retired		
	Date 10/30/2020	Full name of contributor out-of-state PAC (ID#:_ Griggs, Stephen R Contributor address; City; State; Zip Code 2905 Hillview Road Austin, TX 78703-1120		Amount of Contribution (\$)	\$10.84
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions N/A		
	Date 11/04/2020	Full name of contributor out-of-state PAC (ID#:_ Halfhill, Matthew Contributor address; City; State; Zip Code 901 5th St E Apt 1514 Austin, TX 78702		Amount of Contribution (\$)	\$225.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Nice Kicks)	
	Date 09/18/2020	Full name of contributor out-of-state PAC (ID#:_ Hampsten, Phil Contributor address; City; State; Zip Code 9402 Sherbrooke Austin, TX 78729)	Amount of Contribution (\$)	\$105.58
	Principal occu President/Ov	pation / Job title (See Instructions) wner	Employer (See Instructions Hampsten Consulting, L		

	MONEI	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 13/34 Rpt: 18/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Your Minute	<u> </u>				00090507	
4	Date 09/22/2020	5 Full name of contributor out-of-state PAC (ID#:_ Harms, Heather)	7	Amount of Contribution (\$)	\$26.63
		6 Contributor address; City; State; Zip Code 1303 Pasaguarda Drive					
		Austin, TX 78746					
8	Principal occu Mom	pation / Job title (See Instructions)	9	Employer (See Instructions Stay at home mom.	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/06/2020	Hasty, William					\$52.95
		Contributor address; City; State; Zip Code					
		1095 Deerfield Road					
		Dringing Carings TV 70000					
	Dringing coou	Dripping Springs, TX 78620 Dation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	Director Eng			Employer (See Instructions Lab126	')		
	Date)		Amount of Contribution (\$)	
	09/20/2020	Full name of contributor)		Amount of Continuation (4)	\$105.58
	00/20/2020	Contributor address; City; State; Zip Code					+200.00
		701 N. Vista Ridge Blvd.					
		11104					
		Cedar Park, TX 78613					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	President			Self Employed			
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/22/2020	Healey, Patrick Contributor address; City; State; Zip Code					\$79.26
		5201 Buffalo Pass					
		Austin, TX 78745					
	Principal occu Other	pation / Job title (See Instructions)		Employer (See Instructions City Of Austin	5)		
	Date	Full name of contributor uut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/28/2020	Hess, Deborah Delanna					\$26.63
		Contributor address; City; State; Zip Code					
		7309 Augusta Circle					
		Plano, TX 75025					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Agent			AMBA			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/34 Rpt: 19/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 10/28/2020	 Full name of contributor out-of-state PAC (ID#:_ Hess, Kenneth Contributor address; City; State; Zip Code 7309 Augusta Circle 		7	Amount of Contribution (\$)	\$26.63
		Plano, TX 75025				
8		pation / Job title (See Instructions) stems Engineer	9 Employer (See Instructions Raytheon	5)		
	Date 10/05/2020	Full name of contributor out-of-state PAC (ID#:_ Hetzel, Stephen Contributor address; City; State; Zip Code 1301 S IH 35 Ste 200 Austin, TX 78741			Amount of Contribution (\$)	\$105.58
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions BidPrime	i)		
	Date 09/17/2020	Full name of contributor out-of-state PAC (ID#:_ Horn, David Contributor address; City; State; Zip Code 7910 Turquoise Trl			Amount of Contribution (\$)	\$52.95
	Principal occu Retired	Austin, TX 78749 pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 10/27/2020	Full name of contributor out-of-state PAC (ID#:_ Howard, Ruth Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747			Amount of Contribution (\$)	\$52.95
	Principal occu Retired Teac	pation / Job title (See Instructions) cher	Employer (See Instructions Retired	5)		
	Date 11/04/2020	Full name of contributor out-of-state PAC (ID#:_ Howell, Ken Contributor address; City; State; Zip Code na Austin, TX 78701			Amount of Contribution (\$)	\$50.00
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/34 Rpt: 20/73	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Your Minute	•			L	00090507	
4	Date 11/04/2020	Full name of contributor Hoyt, Nicholas	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
		6 Contributor address; City; Sta 5450 Bee Caves Rd Ste 2A West Lake Hills, TX 78746					
8	Principal occu Trader	pation / Job title (See Instructions)	9	Employer (See Instructions Imbue Capital	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	09/22/2020	Hutsen, Melissa					\$52.95
		Contributor address; City; Sta 7700 Vista Mejor Drive	ıte; Zip Code				
		Austin, TX 78744					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Flight Attend	ant		United Airlines			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/27/2020	Ingram, Diane					\$52.95
		Contributor address; City; Sta	ite; Zip Code				
		2608 Chitina Court					
		Cedar Park, TX 78613					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ow	vner		Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/30/2020	Jackson, Kacee					\$237.16
		Contributor address; City; Sta	te; Zip Code		1		
		8127 Mesa Drive #206-53					
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Owner			The 360 Company			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2020	Jackson, Kacee					\$5,000.00
		Contributor address; City; Sta	ite; Zip Code				
		8500 Adirondack Cove					
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			The 360 Company			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 16/34 Rpt: 21/73	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Your Minute	<u> </u>	_			00090507	
4	Date 10/14/2020	5 Full name of contributor Jackson, Kacee	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,200.00
		6 Contributor address; City; State 8500 Adirondack Cove	e; Zip Code				
		Austin, TX 78759					
8	Principal occu Owner	pation / Job title (See Instructions)	9	Employer (See Instructions The 360 Company)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/28/2020	Janus, James	_				\$131.89
		Contributor address; City; State	e; Zip Code				
		6716 Cornish Hen Ln					
		Austin, TX 78747					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	N/A			N/A			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/28/2020	Johnson, Corry					\$26.63
		Contributor address; City; State	e; Zip Code				
		10123 Dianella Lane					
		Austin, TX 78759-3038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sales Manag	ger		At home			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/30/2020	Johnson, Karen	_				\$52.95
		Contributor address; City; State	e; Zip Code				
		2069 Old Willow Rd					
		Northfield, IL 60093					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Managing Pa	artner		301 Holdings			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/21/2020	Johnson, William					\$52.95
		Contributor address; City; State	e; Zip Code				
		10123 Dianella Lane					
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sales			Home			
_			I				

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/34 Rpt: 22/73	
2	FILER NAME Your Minute	ie I In			3	Filer ID (Ethics Commission 00090507	n Filers)
		-			L		
4	Date 09/23/2020	 5 Full name of contributor Keenan, Douglas P 6 Contributor address; City; St 	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$105.58
		2001 Port Royal Dr	ato, <u>-</u> ip code				
		Austin, TX 78746					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Principal Tec	chnical Consultant		KEENsult International			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2020	Kelley, Tiffany					\$52.95
		Contributor address; City; St	ate; Zip Code		1		
		11927 Brookwood Cir					
		Austin, TX 78750					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Client Succe	ss Executive		3M			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/21/2020	Kline, Jacob					\$52.95
		Contributor address; City; St	ate; Zip Code		1		
		2821 Stock Drive					
		Austin, TX 78741					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	N/A			N/A			
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/24/2020	Kulesza, Chester					\$105.58
		Contributor address; City; St	ate; Zip Code		1		
		11613 Hollister Drive					
		Austin, TX 78739					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	CFO			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/23/2020	Kuznieski, Bruno	_				\$26.63
		Contributor address; City; St	ate; Zip Code		1		
		7604 Mifflin Kenedy Terra					
		•					
		Austin, TX 78749					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	General Man	ager		Family Sports			
_							

	MONEI	ARY POLITICAL CONT	RIBUTION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this for	m.	1	Total pages Schedule A1: Sch: 18/34 Rpt: 23/73	
2	FILER NAME Your Minute	is Up			3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/20/2020	Lastor, Dennis 6 Contributor address; City; State; Zip C 10100 Lake Ridge Dr	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.58
Ω	Principal occur	Austin, TX 78733 pation / Job title (See Instructions)	la la	Employer (See Instructions	.) 		
0	Engineering		ľ	Advanced Micro Devices			
	Date 10/10/2020	Full name of contributor out-of Lavorgna, Theresa Contributor address; City; State; Zip C 1201 Piedmont Ave Austin, TX 78757	-state PAC (ID#:			Amount of Contribution (\$)	\$26.63
	Principal occu Private	pation / Job title (See Instructions)		Employer (See Instructions Private	<u>;)</u>		
	Date 10/07/2020	Leal, Roman Contributor address; City; State; Zip C 9210 Hurley Cove	-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Owner	,		Roman Leal Construction		& Design	
	Date 09/22/2020	Full name of contributor out-of Lepore, Dan Contributor address; City; State; Zip C 3707 Hidden Estates Dr Austin, TX 78727	-state PAC (ID#:)		Amount of Contribution (\$)	\$105.58
	Principal occu Senior Engin	pation / Job title (See Instructions)		Employer (See Instructions Ibm	5)		
	Date 10/30/2020		-state PAC (ID#:			Amount of Contribution (\$)	\$237.16
	Principal occu Personal Tra	pation / Job title (See Instructions) iner		Employer (See Instructions Self employed	5)		
			·				

	MONEI	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 19/34 Rpt: 24/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Your Minute	<u> </u>			L	00090507	
4	Date 09/21/2020	5 Full name of contributor out-of-state PAC (I Maloney, Kimberly	D#:)	7	Amount of Contribution (\$)	\$105.58
		6 Contributor address; City; State; Zip Code 12100 Terraza Cir					
		Austin, TX 78726					
8	Principal occu	oation / Job title (See Instructions)	9	Employer (See Instructions			
	Sr. Engineer			Bullock, Bennett & Asso	С		
	Date	Full name of contributor ut-of-state PAC (I	D#:			Amount of Contribution (\$)	
	10/07/2020	Manis, Cynthia					\$500.00
		Contributor address; City; State; Zip Code			1		
		8600 RM- 620					
		Austin, TX 78726					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Retired			Retired			
	Date	Full name of contributor ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	11/04/2020	Martinez, Andrea					\$75.00
		Contributor address; City; State; Zip Code					
		na					
		Austin, TX 78701					
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	N/A	satistity cost title (cost instituctions)		N/A	,,		
		Full name of contributor	D#:		_	Amount of Contribution (\$)	
	Date 09/23/2020	Full name of contributor out-of-state PAC (I Maus, Layla	D#:)		Amount of Contribution (\$)	\$52.95
	09/23/2020	Contributor address; City; State; Zip Code					φυ2.90
		20721 Ed Acklin Rd					
		Manor, TX 78653					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	self			self			
	Date	Full name of contributor ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	09/21/2020	McBee, Pamela					\$52.95
		Contributor address; City; State; Zip Code					
		1405 Cedar Brook Drive					
		Cedar Park, TX 78614					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Employee			City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 20/34 Rpt: 25/73	
2	FILER NAME Your Minute	is Un		3	Filer ID (Ethics Commission 00090507	n Filers)
4		 5 Full name of contributor out-of-state PAC (ID#: McCracken, Karen 6 Contributor address; City; State; Zip Code 4204 Riverside Dr)	7	Amount of Contribution (\$)	\$105.58
		Flower Mound, TX 75028				
8	Principal occu Co Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Home business	5)		
	Date 09/15/2020	Full name of contributor out-of-state PAC (ID#:_McMillian, Sherrell Contributor address; City; State; Zip Code 7603 Midpark Ct. Austin, TX 78750			Amount of Contribution (\$)	\$263.47
	Principal occu Office Admin	pation / Job title (See Instructions)	Employer (See Instructions Crossfield Technology	5)		
	Date 12/04/2020	Full name of contributor out-of-state PAC (ID#:_McMillian, Sherrell Contributor address; City; State; Zip Code 7603 Midpark Ct. Austin, TX 78750			Amount of Contribution (\$)	\$47.68
	Principal occu Office Admin	pation / Job title (See Instructions) nistrator	Employer (See Instructions Crossfield Technology	<u> </u> 5)		
	Date 10/01/2020	Full name of contributor out-of-state PAC (ID#:_Meadows, Joe Contributor address; City; State; Zip Code 8518 Croydon Loop			Amount of Contribution (\$)	\$26.63
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	Employer (See Instructions	<u>()</u>		
	N/A	pation / cos tale (cos motions)	N/A	,		
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#: Melfi, Dan Contributor address; City; State; Zip Code 12916 Hunters Chase Dr Austin, TX 78729)		Amount of Contribution (\$)	\$52.95
	Principal occu estimator	pation / Job title (See Instructions)	Employer (See Instructions GC	5)		

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 21/34 Rpt: 26/73	
2	FILER NAME Your Minute	is Up			3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 11/04/2020	 Full name of contributor out-of-state PAI out-of-st	C (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu N/A	Austin, TX 78701 Dation / Job title (See Instructions)	9	Employer (See Instructions N/A) ;)		
	Date 09/18/2020	Full name of contributor out-of-state PAR Messner, Chris Contributor address; City; State; Zip Code 14240 Altocedro Dr Delray Beach, FL 33484	C (ID#:)		Amount of Contribution (\$)	\$10.84
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 09/21/2020	Full name of contributor out-of-state PAI Miller, Linda Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 20 Austin, TX 78735	C (ID#:)		Amount of Contribution (\$)	\$105.58
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 10/07/2020	Full name of contributor out-of-state PAI Mitchell, Melissa Contributor address; City; State; Zip Code 16705 Ennis Trl Austin, TX 78717	C (ID#:			Amount of Contribution (\$)	\$52.95
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 10/22/2020	Full name of contributor out-of-state PAI Mitchell, Melissa Contributor address; City; State; Zip Code 16705 Ennis Trl Austin, TX 78717	C (ID#:)		Amount of Contribution (\$)	\$105.58
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Self employed	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/34 Rpt: 27/73
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission Filers) 00090507
4	Date 09/22/2020	 Full name of contributor out-of-state PAC (ID#:_ Morrow, Jessica Contributor address; City; State; Zip Code 5732 Misty Hill Cove)	7	Amount of Contribution (\$) \$52.95
		Austin, TX 78759			
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Self-Employed	s)	
	Date 09/29/2020	Full name of contributor out-of-state PAC (ID#:_ Murray, Londi & Dave Contributor address; City; State; Zip Code 1904 Georgia Landing Cove Austin, TX 78746)		Amount of Contribution (\$) \$263.47
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none	s)	
	Date 09/18/2020	Full name of contributor out-of-state PAC (ID#:_ Myers, Amanda Contributor address; City; State; Zip Code 2411 McCall Road			Amount of Contribution (\$) \$1,052.95
	Principal occu Real estate	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions Self-employed	<u> </u> 5)	
	Date 09/17/2020	Full name of contributor out-of-state PAC (ID#:_ Newberry, Ronald Contributor address; City; State; Zip Code 9501 Capital of TX Hwy Ste 302 Austin, TX 78759)		Amount of Contribution (\$) \$105.58
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions AccountAbility	5)	
	Date 10/29/2020	Full name of contributor out-of-state PAC (ID#:_Nilson, Bo Contributor address; City; State; Zip Code 6401 Rialto Blvd. 1609 Austin, TX 78735			Amount of Contribution (\$) \$52.95
	Principal occu Construction	pation / Job title (See Instructions) Mgmt	Employer (See Instructions N/A	s)	
		·			

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 23/34 Rpt: 28/73	
2	FILER NAME Your Minute	is I In			3	Filer ID (Ethics Commission 00090507	on Filers)
_		<u> </u>			Ļ		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/06/2020 Oates, Andrea			ľ	Amount of Contribution (\$)	\$52.95	
		6 Contributor address; City; State; Zip Code12815 River Bnd					
		Austin, TX 78732					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Account Mar	ager		personal			
	Date	Full name of contributor ut-of-state PAC (ID#	#: <u></u>)		Amount of Contribution (\$)	
	10/24/2020	Ogden, Susan					\$131.89
		Contributor address; City; State; Zip Code					
		2302 West 10th					
	5	Austin, TX 78703	_		Ĺ		
	Owner	pation / Job title (See Instructions)		Employer (See Instructions Self—Landlord	5)		
					_		
	Date 12/14/2020	Full name of contributor ut-of-state PAC (ID# Ogden, Susan	#:)		Amount of Contribution (\$)	\$5,000.00
	Contributor address; City; State; Zip Code					\$5,000.00	
		2302 West 10th					
		2002 West 1011					
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Susan Ogden			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	10/30/2020	Overton, Ophelia					\$26.63
		Contributor address; City; State; Zip Code					
		10610 Morado Circle 2428					
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Regional dire	ector		Young Americans for Li	ber	ty	
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	10/14/2020	Ozen, Kara					\$237.16
		Contributor address; City; State; Zip Code					
		2525 West Anderson Lane					
		STE B-1 Austin, TX 78757					
	Principal occur	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Owner	(222		Ozen Salon And Spa of		stin	
_				p. w			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/34 Rpt: 29/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/18/2020	 5 Full name of contributor out-of-state PAC (ID#:_Pena, Julie 6 Contributor address; City; State; Zip Code 12300 lostwood Cir 		7	Amount of Contribution (\$)	\$105.58
		Austin, TX 78748				
8	Principal occu Sales Directo	pation / Job title (See Instructions) or	9 Employer (See Instructions Principal	5)		
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID#:_ Penry, Steven Contributor address; City; State; Zip Code 2618 Nature View Loop Driftwood, TX 78619			Amount of Contribution (\$)	\$105.58
	Principal occu Sales rep	pation / Job title (See Instructions)	Employer (See Instructions company	()		
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID#:_Phillips, Susan Contributor address; City; State; Zip Code 8339 LaPlata Loop Austin, TX 78737			Amount of Contribution (\$)	\$54.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	<u> </u>		
	Date 12/04/2020	Full name of contributor out-of-state PAC (ID#:_ Pomeroy, Allen Contributor address; City; State; Zip Code 1815 Village Oak Ct Austin, TX 78704)		Amount of Contribution (\$)	\$105.58
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/07/2020	Full name of contributor out-of-state PAC (ID#:_ Powell, Jennifer Contributor address; City; State; Zip Code 1810 Rockcliff Rd)		Amount of Contribution (\$)	\$26.63
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/34 Rpt: 30/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	n Filers)
4		 5 Full name of contributor		7	Amount of Contribution (\$)	\$52.95
8	Principal occu	Austin, TX 79736 pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Project Mana	ager	DWH			
	Date 10/15/2020	Full name of contributor out-of-state PAC (ID#:_Railey, James Contributor address; City; State; Zip Code 10300 Jollyville Rd Apt 520 Austin, TX 78759			Amount of Contribution (\$)	\$26.63
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	i)		
	Date 10/19/2020	Full name of contributor out-of-state PAC (ID#:_Rauls, Douglass Contributor address; City; State; Zip Code 2301 Matterhorn Ln			Amount of Contribution (\$)	\$105.58
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Self Employed			
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID#:_ Redfern, Ryan Contributor address; City; State; Zip Code 7501 Shadowridge Run 146 Austin, TX 78749			Amount of Contribution (\$)	\$263.47
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions CBRM	5)		
	Date 10/28/2020	Full name of contributor out-of-state PAC (ID#:_ Reeves-Cavaliero, Kristie Contributor address; City; State; Zip Code 12200 Terraza Circle Austin, TX 78726			Amount of Contribution (\$)	\$237.16
		pation / Job title (See Instructions) rector of Field Medical	Employer (See Instructions Novartis Medical Affairs	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/34 Rpt: 31/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	Filers)
4		Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$52.95
		2611 West 49th St Austin, TX 78731				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
	Date 10/19/2020	Full name of contributor out-of-state PAC (ID#:_Rhodes, Kris Contributor address; City; State; Zip Code 9901 Ullswater lane Austin, TX 78750)		Amount of Contribution (\$)	\$52.95
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)		
	Date 09/19/2020	Full name of contributor out-of-state PAC (ID#:_ Richarte, Steve Contributor address; City; State; Zip Code 910 Stillhouse Springs Round Rock, TX 78681)		Amount of Contribution (\$)	\$26.63
	Principal occu Precision Op	pation / Job title (See Instructions)	Employer (See Instructions DJO Surgical	<u> </u> 5)		
	Date 09/24/2020	Contributor address; City; State; Zip Code 915 Ken Street			Amount of Contribution (\$)	\$52.95
		Austin, TX 78758 pation / Job title (See Instructions) strator/Accountant	Employer (See Instructions Law firm	5)		
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID#:_ Rouse, Jennifer Contributor address; City; State; Zip Code 2316 Sully Creek Dr Austin, TX 78748)		Amount of Contribution (\$)	\$79.26
	Principal occu Marketing Ar	pation / Job title (See Instructions)	Employer (See Instructions Forrester	5)		
	Marketing Ar	nalyst	Forrester			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 27/34 Rpt: 32/73
2	FILER NAME	is Un		3 Filer ID (Ethics Commission Filers) 00090507
10/20/2020 R 6 C				7 Amount of Contribution (\$) \$526.63
		Round Rock, TX 78665		
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions RSB	s)
	Date 10/22/2020	Full name of contributor out-of-state PAC (ID#:_Salazar, April Contributor address; City; State; Zip Code 11282 Taylor Draper Lane Apt 721 Austin, TX 78759)	Amount of Contribution (\$) \$237.16
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Salazar Construction an	
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_Sanchez, George Contributor address; City; State; Zip Code 3905 Walsh Ranch Blvd)	Amount of Contribution (\$)
	Principal occu Owner	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions BrightStar Care	s)
	Date 09/20/2020	Full name of contributor out-of-state PAC (ID#:_ Saparo, Susan Contributor address; City; State; Zip Code 6628 Haswell Ln Austin, TX 78749		Amount of Contribution (\$) \$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)
	Date 09/21/2020	Full name of contributor out-of-state PAC (ID#:_ Sautter, Bethany Contributor address; City; State; Zip Code 13400 Briarwick Dr Unit 1705 Austin, TX 78729		Amount of Contribution (\$) \$26.63
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions Cloudflare	is)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	. Total pages Schedule A1: Sch: 28/34 Rpt: 33/73	
2	FILER NAME Your Minute	is Up		3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/24/2020	 Full name of contributor out-of-state PAC (ID#:_ Segina, Richard Contributor address; City; State; Zip Code 4210 Canoas Dr)	7	Amount of Contribution (\$)	\$105.58
8	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)	9 Employer (See Instructions	·/		
0	General Mar		Stryker	·)		
	Date 10/15/2020	Full name of contributor out-of-state PAC (ID#:_ Serna, Janet Contributor address; City; State; Zip Code PO Box 50258 Austin, TX 78763			Amount of Contribution (\$)	\$26.63
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 12/22/2020	Full name of contributor out-of-state PAC (ID#:_ Shafer, Rebecca Contributor address; City; State; Zip Code 3100 Evanston Ln Austin, TX 78745			Amount of Contribution (\$)	\$26.63
	Principal occu Self employe	pation / Job title (See Instructions)	Employer (See Instructions Self employed	<u>I</u> 5)		
	Date 11/04/2020	Full name of contributor out-of-state PAC (ID#:_ Shakespeare, Steven Contributor address; City; State; Zip Code 3108 Wild Canyon Loop Austin, TX 78732			Amount of Contribution (\$)	\$225.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions US Money Reserves	5)		
	Date 10/15/2020	Full name of contributor out-of-state PAC (ID#:_Shepherd, Jim Contributor address; City; State; Zip Code 4825 Chadbury Cove Austin, TX 78727			Amount of Contribution (\$)	\$105.58
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	s)		

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 29/34 Rpt: 34/73	
2	FILER NAME	- II.			3	Filer ID (Ethics Commission	n Filers)
	Your Minute	<u> </u>			L	00090507	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 09/21/2020 Shields, Deacon			7	Amount of Contribution (\$)	\$52.95	
		Contributor address; City; State; Zip Code2813 Rio Grande					
		Austin, TX 78705					
8	Principal occu Principal	oation / Job title (See Instructions)	9	Employer (See Instructions Blue Water Fund	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Π	Amount of Contribution (\$)	
	10/18/2020	Silvas, Joseph				`,	\$105.58
		Contributor address; City; State; Zip Code					
		2865 Kingsbury Ave					
		Richland Hills, TX 76118					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Recruiter			Self			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	11/04/2020	11/04/2020 Song, Jennifer				\$225.00	
		Contributor address; City; State; Zip Code					
		na					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	N/A			N/A			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	09/18/2020	Southwell, Brent					\$500.00
		Contributor address; City; State; Zip Code					
		3658 Glen Haven Blvd					
		Houston, TX 77025					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	business ow	ner		self employed			
	Date	Full name of contributor uut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	10/23/2020	Stevens, P. Diane					\$26.63
		Contributor address; City; State; Zip Code					
		5744 Republic of TX. Blvd.					
		Austin, TX 78735					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Self employed			
_							

	MONEI	ARY POLITICAL CONTRIBU	HON	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 30/34 Rpt: 35/73	
2	FILER NAME Your Minute	is Un			3	Filer ID (Ethics Commission 00090507	n Filers)
4	Date 09/23/2020	 Full name of contributor out-of-state PAC Swail, Bradley Contributor address; City; State; Zip Code 1511 Wilson Heights Dr 	(ID#:)	7	Amount of Contribution (\$)	\$54.00
8	Principal occu Host/Produc	Austin, TX 78746 pation / Job title (See Instructions) er	9	Employer (See Instructions Austin City Councilman		dcast	
	Date 10/22/2020	Full name of contributor out-of-state PAC Swift, Douglas Contributor address; City; State; Zip Code 1803 Elton Ln Austin, TX 78703	(ID#:)		Amount of Contribution (\$)	\$210.84
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Vista Disposal	5)		
	Date 12/07/2020	Full name of contributor out-of-state PAC Taylor, Kendrick Contributor address; City; State; Zip Code 1064 Belfast Lane Ventura, CA 93001-3813	(ID#:)		Amount of Contribution (\$)	\$105.58
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/25/2020	Full name of contributor out-of-state PAC Terreson, David Contributor address; City; State; Zip Code 3812 Agape Lane Austin, TX 78735	(ID#:)		Amount of Contribution (\$)	\$105.58
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Cardiotexas	5)		
	Date 12/25/2020	Full name of contributor out-of-state PAC Thomas, Troy Contributor address; City; State; Zip Code 108 Hensley Circle Austin, TX 78738	(ID#:			Amount of Contribution (\$)	\$105.58
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Samsung	5)		

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	rm.	1	Total pages Schedule A1: Sch: 31/34 Rpt: 36/73	
2	FILER NAME	. In			3	Filer ID (Ethics Commission 00090507	n Filers)
4	Your Minute is Up Date 5 Full name of contributor out-of-state PAC (ID#:)#:			Amount of Contribution (\$)	\$52.95
		6 Contributor address; City; State; Zip Code 12100 Metric Blvd #1734 Austin, TX 78758					
8	Principal occu CST	oation / Job title (See Instructions)	9	Employer (See Instructions Surgery Center	5)		
	Date 10/14/2020	Full name of contributor out-of-state PAC (ID Torba, Denise Contributor address; City; State; Zip Code 12100 Metric Blvd #1734 Austin, TX 78758	D#:)		Amount of Contribution (\$)	\$131.89
	Principal occu CST	pation / Job title (See Instructions)		Employer (See Instructions Surgery Center	s)		
	Date 09/25/2020	Full name of contributor out-of-state PAC (ID Truong, Minh Contributor address; City; State; Zip Code 11217 Matisse Trail)#:			Amount of Contribution (\$)	\$26.63
		Austin, TX 78726					
	Principal occu Not disclose	pation / Job title (See Instructions)		Employer (See Instructions Not disclose	s)		
	Date 12/30/2020	Full name of contributor out-of-state PAC (ID Tys, Nicholas Contributor address; City; State; Zip Code 305 Vale St Rollingwood, TX 78746)#: <u> </u>			Amount of Contribution (\$)	\$100.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/20/2020	Full name of contributor out-of-state PAC (ID Veith, Christine Contributor address; City; State; Zip Code 5632 Republic of Texas Blvd Austin, TX 78735	D#:			Amount of Contribution (\$)	\$26.63
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/34 Rpt: 37/73	
2	FILER NAME Your Minute is Up				Filer ID (Ethics Commission 00090507	n Filers)
4			7	Amount of Contribution (\$)	\$26.63	
8	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/07/2020 Veri, Catherine Contributor address; City; State; Zip Code 6709 Magenta Ln Austin, TX 78739				Amount of Contribution (\$)	\$52.95
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Marketecture)		
	Date 10/18/2020	Full name of contributor out-of-state PAC (ID#:_ Veri, Catherine Contributor address; City; State; Zip Code 6709 Magenta Ln Austin, TX 78739			Amount of Contribution (\$)	\$237.16
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Marketecture)		
	Date 10/10/2020	Full name of contributor out-of-state PAC (ID#:_Webb, Candace Contributor address; City; State; Zip Code 2208 A West Stassney Lane Austin, TX 78745			Amount of Contribution (\$)	\$26.63
	Principal occu Credentialing	pation / Job title (See Instructions) g Specialist	Employer (See Instructions CBHE)		
	Date 10/07/2020	Full name of contributor out-of-state PAC (ID#:_ Weideman, Dawn Contributor address; City; State; Zip Code 5002 Dry Oak Trail Austin, TX 78749			Amount of Contribution (\$)	\$200.00
	Principal occu NA	pation / Job title (See Instructions)	Employer (See Instructions NA)		

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 33/34 Rpt: 38/73	
2	FILER NAME Your Minute	ic Un			3	Filer ID (Ethics Commission 00090507	n Filers)
_					Ŀ		
4	Date 11/20/2020	5 Full name of contributor out-of-state PAC (II Widner, James	D#:)	ľ	Amount of Contribution (\$)	\$105.58
		6 Contributor address; City; State; Zip Code 3807 Hunterwood Pt					
		Austin, TX 78746					
8	Principal occu N/A	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (II	<u> </u> D#·		Π	Amount of Contribution (\$)	
	10/20/2020	Williams, Samantha	<i></i>			γ πισαιτι στ σστιαισσαστι (ψ)	\$237.16
		Contributor address; City; State; Zip Code			ł		
		10801 Laurel Creek Dr					
		Austin, TX 78726					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Home mana	ger		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)		
09/21/2020		Willis, David					\$105.58
		Contributor address; City; State; Zip Code	1				
		5201 Avon Pl					
		Austin, TX 78723					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Machinist			N/A			
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	09/22/2020	Wolfe, Leigh					\$79.26
		Contributor address; City; State; Zip Code	1				
		105 Timber Ridge Cv					
		Austin, TX 78733					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Therapist			Self-Employed			
	Date	Full name of contributor ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	10/19/2020	Wood, Brian					\$263.47
		Contributor address; City; State; Zip Code]		
		5002 Sevan Cv.					
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			

	MONET	TARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	.E А1
	The Instru	ection Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 34/34 Rpt: 39/73		
2	FILER NAME Your Minute			3	Filer ID (Ethics Commission 00090507	on Filers)
4					Amount of Contribution (\$)	\$263.47
8	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 09/21/2020	Full name of contributor out-of-state PAC (ID#:_Yukich, Amy Contributor address; City; State; Zip Code 2900 N Quinlan Park Rd Suite 240-345 Austin, TX 78732			Amount of Contribution (\$)	\$105.58
	Principal occu Self	upation / Job title (See Instructions)	Employer (See Instructions	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: 40/73 FILER NAME 3 Filer ID (Ethics Commission Filers) Your Minute is Up 00090507 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/15/2020 Frick, Daniel (Mr.) \$51.17 I 7 Contributor address; City; State; Zip Code 3209 IH 35 South APT 1032 Austin, TX 78741 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) self self 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/21/2020 Frick, Daniel (Mr.) \$31.86 Wordpress, Domain Contributor address; City; State; Zip Code Registration 3209 IH 35 South APT 1032 Austin, TX 78741 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/33 Rpt: 41/73	Your Minute is Up 00090507
4	Date	5 Payee name
	10/12/2020	Academy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.40	12250 Research Blvd
		Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	_/	Check if Austin, TX, officeholder living expense
		campaign supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Power name
	10/26/2020	Payee name Academy
		•
	Amount (\$) \$50.86	Payee address; City; State; Zip Code 12250 Research Blvd
	Φ00.00	12250 Research Bivu
		A
		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/08/2020	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.36	4616 W Howard Ln
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense campaign supplies, bull horns
		campaign supplies, buil noms
_	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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/33 Rpt: 42/73	Your Minute is Up	00090507
4	Date	5 Payee name	
	11/01/2020	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.74	4616 W Howard Ln	
		Austin, TX 78728	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		campaign su	
		oumpaig.	pp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
T	Date	Payee name	
	11/01/2020	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.15	4616 W Howard Ln	
		Austin, TX 78728	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/i undialising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		campaign su	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	ł	
	Date	Payee name	
	11/23/2020	Bevil, Josh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	9100 Mountain Ride Dr.	
		4C	
		Austin, TX 78759	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
		Check if Austin	ı, TX, officeholder living expense
		Contracted w	OIK
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		S.IIIGG FIGHT
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 com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/33 Rpt: 43/73	Your Minute is Up		00090507
4	Date	5 Payee name		
	11/05/2020	Brown, Jason		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$150.00	PO Box 5461		
		Ketchikan, AR 99901		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				sign holder
Ļ	Opening ONE V if direct	Condidate (Office helder a condi	1-4	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	nt	Office held
	Date	Payee name		
	11/03/2020	COA Parking Meters		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$38.71	downtown		
		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 expense
				parining oxposite
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O	-i		
F	Date	Payee name		
	10/05/2020	Casa Chapala		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$724.02	9041 Research Blvd		
		Ste 100		
		Austin, TX 78758		
	PURPOSE	T.	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 God/2010/dgo 2/xpoilido		Check if Austin, TX, officeholder living expense
				food provided for volunteers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	experientare to beliefft C/O			

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/33 Rpt: 44/73	Your Minute is Up		00090507
4	Date	5 Payee name		
	11/04/2020	Castanede, Ashley		
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Co611 Conway Dr	de	
	+ 200.00			
		San Marcos, TX 78666		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				sign holder
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
L	·			
	Date 11/01/2020	Payee name Costco		
			,do	
	Amount (\$) \$148.47	Payee address; City; State; Zip Co 10401 Research Blvd	ue	
	Ψ140.47	10401 Nescalett Biva		
		Austin, TX 78759		
	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 provided for volunteers
				, soo provided for relations
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	10/26/2020	Criagslist		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.00	na		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description
	OF	Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Advertising & Marketing
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght	Office held
	expenditure to benefit C/O		J	

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: 5/33 Rpt: 45/73	Your Minute is Up 00090507
4	Date	5 Payee name
	11/03/2020	Domino's Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$181.73	8141 Mesa Dr
		Ste C
		Austin, TX 78759
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 provided for volunteers
		lood provided for volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/22/2020	EZ Texting
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	na
		Austin, TX 78758
	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 communication platform within work staff
		Communication platform within work stair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	11/22/2020	EZ Texting
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	na
		Austin, TX 78758
	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
		communication platform within work staff
	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

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	e this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 6/33 Rpt: 46/73	Your Minute is Up	00090507
4	Date 11/22/2020	5 Payee name EZ Texting	
6	Amount (\$) \$5.00	7 Payee address; City; State; Zip Code na	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication platform within work staff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/26/2020	Payee name EZ Texting	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code na	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication platform within work staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 11/26/2020	Payee name EZ Texting	
	Amount (\$) \$5.00	Payee address; City; State; Zip Code na	
		Austin, TX 78758	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication platform within work staff
	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 - 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/33 Rpt: 47/73 Your Minute is Up 00090507 4 Date Payee name 11/29/2020 EZ Texting 6 Amount (\$) Payee address; City; State; Zip Code \$5.00 na Austin, TX 78758 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communication platform within work staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2020 **EZ Texting** Amount (\$) Payee address; City; State; Zip Code \$6.48 na Austin, TX 78758 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communication platform within work staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2020 **EZ** Texting Amount (\$) Payee address: City; State; Zip Code \$40.00 na Austin, TX 78758 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communication platform within work staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ense Travel in Dis
pense Travel Out o
ages/Contract Labor OTHER (ent

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1: Sch: 8/33 Rpt: 48/73	2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4	Date 12/03/2020	5 Payee name EZ Texting		·
6	Amount (\$) \$10.44	7 Payee address; City; State; Zip Codena Austin, TX 78758	е	
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 communication platform within work staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date 12/03/2020	Payee name EZ Texting		
	Amount (\$) \$40.00	Payee address; City; State; Zip Codina Austin, TX 78758	е	
	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 communication platform within work staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date 12/03/2020	Payee name EZ Texting		
	Amount (\$) \$40.00	Payee address; City; State; Zip Cod na	е	
		Austin, TX 78758		
	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 communication platform within work staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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 form.					
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 9/33 Rpt: 49/73		Your Minute is Up		00090507	
4	Date	5	Payee name		·	
	12/06/2020		EZ Texting			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$36.25		na			
			Austin, TX 78758			
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.	
	EXI ENDITORE				Check if Austin, TX, officeholder living expense	
					communication platform within work staff	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held	
	expenditure to benefit C/OI		Sandidate/Oniceholder Hame Onice Sou	igiit	Office field	
\vdash	Date	<u> </u>	Davis and a			
	12/06/2020		Payee name EZ Texting			
		L				
	Amount (\$)		Payee address; City; State; Zip Co	oae		
	\$14.32		na			
			:			
			Austin, TX 78758			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Taylor Complete Schoolule T	
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					communication platform within work staff	
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held	
	expenditure to benefit C/OI	Н				
	Date		Payee name			
	12/06/2020		EZ Texting			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$5.00		na			
			Austin, TX 78758			
	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.	
	EXPENDITURE		· ·		Check if Austin, TX, officeholder living expense	
					communication platform within work staff	
		L		<u> </u>	-70	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	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

	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: 10/33 Rpt: 50/73	Your Minute is Up 00090507
4	Date	5 Payee name
	12/06/2020	EZ Texting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	na
		Austin, TX 78758
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 communication platform within work staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/08/2020	EZ Texting
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	na
		Austin, TX 78758
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		communication platform within work staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	12/08/2020	Payee name EZ Texting
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	na
	Ψ40.00	iid
		Austin, TX 78758
	PURPOSE	<u> </u>
	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	Check if Austin, TX, officeholder living expense
		communication platform within work staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit G/OI	<u> </u>

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	lete this form.
1	Total pages Schedule F1: Sch: 11/33 Rpt: 51/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4	Date 12/14/2020	5 Payee name EZ Texting	,
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code na Austin, TX 78758	
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 communication platform within work staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held
	Date 12/21/2020	Payee name EZ Texting	
	Amount (\$) \$5.00	Payee address; City; State; Zip Code na Austin, TX 78758	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication platform within work staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 12/21/2020	Payee name EZ Texting	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code na	
		Austin, TX 78758	
	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 communication platform within work staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	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

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: 12/33 Rpt: 52/73	Your Minute is Up 00090507
4	Date	5 Payee name
	12/29/2020	EZ Texting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	na
		Austin, TX 78758
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
		communication platform within work staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	12/29/2020	EZ Texting
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	na
		Austin, TX 78758
	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 communication platform within work staff
		Communication platform within work start
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/27/2020	Eagle Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$596.17	221 Texas Ave
		Ste B
		Round Rock, TX 78664
Г	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 Adversting expense
		Auversung expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
H		
ı		

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: 13/33 Rpt: 53/73	Your Minute is Up 00090507
4	Date	5 Payee name
	10/05/2020	Eagle Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$147.22	221 Texas Ave
		Ste B
		Round Rock, TX 78664
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	10/05/2020	Eagle Office
_	Amount (\$)	Payee address; City; State; Zip Code
	\$53.10	221 Texas Ave
	Ψ33.10	Ste B
		Round Rock, TX 78664
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/05/2020	Eagle Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$290.47	221 Texas Ave
		Ste B
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Advertising expense
	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

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

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: Sch: 14/33 Rpt: 54/73	2 FILER NAME Your Minute is Up 3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/05/2020	5 Payee name Eagle Office
6 Amount (\$) \$345.37	7 Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/19/2020	Payee name Eagle Office
Amount (\$) \$1,869.48	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/19/2020	Payee name Eagle Office
Amount (\$) \$283.67	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete <u>ONLY</u> 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
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 Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/33 Rpt: 55/73	Your Minute is Up	00090507
4	Date	5 Payee name	
	10/19/2020	Eagle Office	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$183.75	221 Texas Ave	
	l	Ste B	
		Round Rock, TX 78664	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	7 Advertising Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	I		& Marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ч	
	Date	Payee name	
	10/19/2020	Eagle Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,055.27	221 Texas Ave	
	I	Ste B	
	1	Round Rock, TX 78664	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T.
	— /** ————	Check if Austi	tin, TX, officeholder living expense
	l	/ dvordoning	a Marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	11/02/2020	Eagle Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$141.05	221 Texas Ave	
	l	Ste B	
		Round Rock, TX 78664	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T.
	LAFENDITORE	,	tin, TX, officeholder living expense
		Advertising (& Marketing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

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 co	mple	ete this form.
1	Total pages Schedule F1: Sch: 16/33 Rpt: 56/73	2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4	Date 11/02/2020	5 Payee name Eagle Office		·
6	Amount (\$) \$233.17	7 Payee address; City; State; Zip Co 221 Texas Ave Ste B Round Rock, TX 78664	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising & Marketing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 11/02/2020	Payee name Eagle Office		
	Amount (\$) \$638.94	Payee address; City; State; Zip Co 221 Texas Ave Ste B Round Rock, TX 78664	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising & Marketing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 11/02/2020	Payee name Eagle Office		
	Amount (\$) \$816.19	Payee address; City; State; Zip Co 221 Texas Ave Ste B Round Rock, TX 78664	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising & Marketing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	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

	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: 17/33 Rpt: 57/73	Your Minute is Up 00090507
4	Date	5 Payee name
	12/21/2020	Eagle Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$248.08	221 Texas Ave
		Ste B
_		Round Rock, TX 78664
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising & Marketing
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/11/2020	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.55	3525 Far West Blvd
		Austin, TX 78731
	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
		check printing fee
		onest pinting for
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	
	Date 11/15/2020	Payee name Gibson, Adalai
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 6601 Rialto Dr
	φ300.00	
		4004
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contracted work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/O	•

SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 18/33 Rpt: 58/73	Your Minute is Up 00090507
	3CII. 10/33 Kpt. 30/73	·
4	Date	5 Payee name
	11/11/2020	Girard Diversified Interests
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,016.52	412 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Recall Adler Ball
		Necali Adiel Ball
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	<u> </u>
	Date	Payee name
	09/24/2020	Hafer, Robyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	7704 Roland Dr
	Ψ130.00	7704 Notatia Di
		McKinney, TX 75070
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Logo work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/12/2020	Home Depot
-	Amount (\$)	Payee address; City; State; Zip Code
	\$56.23	1200 Home Depot Blvd
	Ψ30.23	1200 Home Depot Divu
		Sunset Valley, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		campaign supplies
	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 -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
•	Sch: 19/33 Rpt: 59/73		00090507
4	Date	5 Payee name	
	10/15/2020	Home Depot	
6	Amount (\$) \$37.87	7 Payee address; City; State; Zip Code 1200 Home Depot Blvd	
		Sunset, TX 78745	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	side of Texas. Complete Schedule T.
	LXI LINDITORL		K, officeholder living expense
		campaign supp	lies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	11/04/2020	Johnson, Janie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	3304 Levy Ln	
	,		
		Killeen, TX 76542	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Salaries/Wages/Cortifact Eabor 1 L	side of Texas. Complete Schedule T.
		sign holder	(, officeholder living expense
		Sign noider	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	10/25/2020	JotForm Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.78	111 Pine St	
		Ste 1815	
		San Francisco, CA 94111	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	side of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Nertial Expense	(, officeholder living expense
			rm used to type in all signature
		names	y,
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	OHIOC Sought	5,1100 11010

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 co	·	ete this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 20/33 Rpt: 60/73	Your Minute is Up		00090507
4 Date	5 Payee name		•
10/25/2020	JotForm Inc		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$31.39	111 Pine St.		
	Ste 1815		
	San Francisco, CA 94111		
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
			database platform used to type in all signature names
9 Complete ONLY if direct	Candidate/Officeholder name Office sor	uaht	Office held
expenditure to benefit C/O		ugnt	Office field
Date	Payee name		
11/24/2020	JotForm Inc		
		odo	
Amount (\$) \$107.17	Payee address; City; State; Zip Ci	oue	
Φ107.17			
	Ste 1815		
	San Francisco, CA 94111		
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
			database platform used to type in all signature
			names
Complete ONLY if direct	Candidate/Officeholder name Office soil	ught	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
12/27/2020	JotForm Inc		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$106.92	111 Pine St		
	Ste 1815		
	San Francisco, CA 94111		
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.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			database platform used to type in all signature names
Commission ONE VISCHIE	Condidate/Officeholder name	1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office south	ugnt	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 this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/33 Rpt: 61/73	Your Minute is Up	00090507
4	Date	5 Payee name	
	11/01/2020	LAZ Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.00	downtown	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		parking expe	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/12/2020	Lowe's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.08	8000 Shoal Creek Blvd	
		Austin, TX 78757	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation// analysing Expense	outside of Texas. Complete Schedule T.
		campaign su	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/15/2020	McMillian, Becky	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,150.00	6906 Dogwood Hollow	
		Austin, TX 78750	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Salary and the	avei expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilide 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 this form.
1	Total pages Schedule F1: Sch: 22/33 Rpt: 62/73	2 FILER NAME Your Minute is Up 3 Filer ID (Ethics Commission Filers) 00090507
4	Date 11/01/2020	5 Payee name Michael's
6	Amount (\$) \$86.56	7 Payee address; City; State; Zip Code 10225 Research Blvd Ste 2000 Austin, TX 78759
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/12/2020	Payee name Office Depot
	Amount (\$) \$106.89	Payee address; City; State; Zip Code 701 S Capital of TX Hwy Ste 500 West Lake Hills, TX 78746
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/01/2020	Payee name Party City
	Amount (\$) \$62.75	Payee address; City; State; Zip Code 11150 Research Blvd
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense supplies for fundraising
	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 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	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: 23/33 Rpt: 63/73	Your Minute is Up 00090507
4	Date	5 Payee name
	11/03/2020	Pierott, Alice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	2609 Rosewood Ave
		4901
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		sign holder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	11/03/2020	Popp, Jeffrey
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	9052 Galewood
		119
		Austin, TX 78758
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		sign holder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	11/08/2020	Ramirez, Josefina
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	7515 Lazy Creek Drive
		Austin, TX 78724
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		sign holder
	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

	The Instruction Guide explains how to co	omplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 24/33 Rpt: 64/73	Your Minute is Up			00090507	
4 Date	5 Payee name		I		
10/01/2020	Restaurant Depot				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$344.75	820 Blackson Ave				
	Austin, TX 78752				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside		
LAI LINDITORE			Check if Austin, TX,		g expense
			ampaign suppli	es	
Complete ONLY if direct	Candidate/Officeholder name Office sou	l abt		Office he	7ld
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ugni		Office fi	eiu
Data					
Date	Payee name				
11/04/2020	Schlotzky's				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$311.41	2545 W. Anderson Lane				
	Austin, TX 78757				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
EXPENDITURE	Food/Beverage Expense		Check if travel outsion Check if Austin, TX,		
		L	ood provided for		
			•		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
11/03/2020	Scroggins, David				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$150.00	2609 Rosewood Ave				
	4901				
	Austin, TX 78702				
PURPOSE		(h) D	accerintion		
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		escription Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE	Salaries/Wages/Corniact Labor		Check if Austin, TX,		
		si	ign holder		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office h	eld
experiorare 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	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: 25/33 Rpt: 65/73	Your Minute is Up 00090507							
4	Date	5 Payee name							
	11/03/2020	Smith, Ian							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$150.00	3415 Hunter Rd.							
		Austin, TX 78664							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Sign Holder							
		Significaci							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
ľ	expenditure to benefit C/O								
F	Date	Payee name							
	11/04/2020	Smith, Natalie							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$150.00	3401 W Parmer Ln							
	¥200.00								
		Austin, TX 78727							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
		Check if Austin, TX, officeholder living expense							
		sign holder							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
H	Date	Payee name							
	10/08/2020	Speakeasy							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,903.50	412 Congress Ave							
	Ψ1,000.00	TIL GOINGIGGO / WG							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.							
	EX. ENDITORE	Check if Austin, TX, officeholder living expense							
		event for Recall Adler Ball							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·							
\vdash									

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: 26/33 Rpt: 66/73	Your Minute is Up 00090507
4	Date	5 Payee name
	10/23/2020	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.16	N/A
		Austin, TX 78758
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 Stripe fee incurred on donations
		Suipe lee incurred on donations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	10/26/2020	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.95	N/A
		Austin, TX 78758
	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
		Stripe fee incurred on donations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/27/2020	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.89	N/A
		Austin, TX 78758
	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
		Stripe fee incurred on donations
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
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	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/33 Rpt: 67/73	Your Minute is Up	00090507
4	Date	5 Payee name	
Ļ	10/28/2020	Stripe	
6	Amount (\$) \$12.47	7 Payee address; City; State; Zip CodeN/A	
	Φ12.47	INA	
		Austin, TX 78758	
8	PURPOSE		Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		5	Stripe fee incurred on donations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
T	Date	Payee name	
	10/29/2020	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.32	N/A	
		Austin, TX 78758	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees L	Check if Austin, TX, officeholder living expense
		S	Stripe fee incurred on donations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	-		
	Date 10/30/2020	Payee name Stripe	
L	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.05	N/A	
		Austin, TX 78758	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Pescription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		L S	Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	

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 Cara r ayment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/33 Rpt: 68/73	Your Minute is Up		00090507
4	Date	5 Payee name		·
l	11/02/2020	Stripe		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$7.84	N/A		
l				
l		Austin, TX 78758		
8	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	LAFLINDITORL			Check if Austin, TX, officeholder living expense
l				Stripe fee incurred on donations
9	Complete ONLY if direct	Condidate/Officeholder regree	a. la 4	Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnı	Office field
⊨	Data	B		
l	Date 11/03/2020	Payee name		
┡		Stripe	-1-	
l	Amount (\$)	Payee address; City; State; Zip Co	ae	
l	\$24.32	N/A		
l		A . (f) TV 70750		
L		Austin, TX 78758		
l	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	Fees		Check if Austin, TX, officeholder living expense
l				Stripe fee incurred on donations
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	11/04/2020	Stripe		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$29.36	N/A		
l				
l		Austin, TX 78758		
	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				Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
				onpe lee mounted on donations
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		a	Silico Hold

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 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:		3 Filer ID (Ethics Commission Filers)
	Sch: 29/33 Rpt: 69/73	Your Minute is Up	00090507
4	Date	5 Payee name	
	11/16/2020	Stripe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.58	N/A	
		Austin, TX 78758	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense curred on donations
		Suipe ice in	curred on donations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
5	expenditure to benefit C/OI		Office Held
_	Date	David and a second	
	11/24/2020	Payee name Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.58	N/A	
		Austin, TX 78758	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			curred on donations
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	12/01/2020	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.58	N/A	
		Austin, TX 78758	
	PURPOSE	() -	
	OF	, <u> </u>	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Stripe fee in	curred on donations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale 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/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/33 Rpt: 70/73		Your Minute is Up		00090507
4	Date	5	Payee name		
	12/07/2020		Stripe		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$2.95		N/A		
			Austin, TX 78758		
8	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		Fees		Check if Austin, TX, officeholder living expense
					Stripe fee incurred on donations
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	Office held
	experialiture to benefit C/Oi				
	Date		Payee name		
	12/08/2020		Stripe		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$10.16		N/A		
			: =\		
			Austin, TX 78758		
	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		Fees		Check if Austin, TX, officeholder living expense
					Stripe fee incurred on donations
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	Office held
	experience to belief cree	_			
	Date		Payee name		
	12/09/2020		Stripe		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$11.21		N/A		
			Austin TV 707E0		
	DUDDOCE	(-)	Austin, TX 78758	/I->	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Fees	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		rees		Check if Austin, TX, officeholder living expense
					Stripe fee incurred on donations
				L	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	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 this form.							
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 31/33 Rpt: 71/73	Your Minute is Up	00090507						
4		5 Payee name							
Ļ	12/24/2020	Stripe							
6	Amount (\$) \$1.63	7 Payee address; City; State; Zip Code N/A							
	φ1.03	N/A							
		Austin, TX 78758							
8	PURPOSE		ation						
ľ	OF		ck if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense						
		Stripe	fee incurred on donations						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
9	expenditure to benefit C/OI		Office field						
⊨	Date	Payee name							
	12/30/2020	Stripe							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$6.42	N/A							
		Austin, TX 78758							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion						
	OF EXPENDITURE	1 003	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense						
		I — I —	fee incurred on donations						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
L	expenditure to benefit C/OI	Н							
	Date	Payee name							
L	12/10/2020	Taco Cabana							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$131.37	9605 Research Blvd							
		Augtin TV 707E0							
	DUDDOCE	Austin, TX 78759							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Descri	OTION ck if travel outside of Texas. Complete Schedule T.						
l	EXPENDITURE	1 00d/Develage Expense	ck if Austin, TX, officeholder living expense						
		food p	rovided for volunteers						
dash	Complete ONII V if direct	Candidata/Officeholder name	Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	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 this form.							
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 32/33 Rpt: 72/73	Your Minute is Up		00090507			
4	Date	5 Payee name		<u> </u>			
l	11/03/2020	Tucker, Terrance					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$60.00	1002 Disraeli Circle					
		Pflugerville, TX 78660					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense contracted work			
l				Contracted work			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held			
ľ	expenditure to benefit C/O		giit	Office field			
⊨	Date	Payee name					
	10/12/2020	Vaqueros					
	Amount (\$)	Payee address; City; State; Zip Co	nda				
	\$124.43	1801 S Capital of Texas Hwy	ue				
	Ψ124.40	1001 3 Capital of Texas Tiwy					
l		Austin, TX 78746					
┡	DUDDOCE		/b)	5			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense			
l				food provided for volunteers			
L							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held			
L	experientare to benefit G/O	1					
l	Date	Payee name					
	12/20/2020	Victory Promotions					
l	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$1,015.18	114 Parker Street					
		Watertown , NY 13601					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	PPE		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense online order of facemasks			
				22			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held			
	expenditure to benefit C/O		-				

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	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Salaries/\	xpense Vages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:					- 1	Filer ID	(Ethics Commission Filers)	
	Sch: 33/33 Rpt: 73/73	Your Minu	ite is Up				00090507		
4	Date	5 Payee nam	e						
	10/12/2020	Walmart							
6	Amount (\$)	7 Payee addı	ress; City;	State; Zip Co	ode				
	\$65.11	2525 W A	nderson Ln						
		Austin, TX	(78757						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description				П
	OF EXPENDITURE	Solicitation	n/Fundraising Expens	e	_			plete Schedule T.	
					campaign s		officeholder living	expense	
					Campaign	арріі	C S		
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sou	<u>l</u> ıght		Office he	eld	