

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00090507		2 Total pages filed: 73		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/19/2021	
3 COMMITTEE NAME Your Minute is Up		4 TREASURER NAME McMillian, Becky M			
5 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2020 THROUGH 12/31/2020		Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	

7 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.

8 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

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

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Your Minute is Up		<b>13 Filer ID</b> (Ethics Commission Filers) 00090507	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b> Mr. Stephen Adler	
		<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> Mayor	
	<input type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b> <div style="float: right; text-align: right;"> <b>ELECTION DATE</b>          Month    Day    Year       </div>	
		<b>DESCRIPTION</b>	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>		\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 30,325.79
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b>		\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 20,613.79
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 8,412.22
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 0.00

<b>16 AFFIDAVIT</b>		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
AFFIX NOTARY STAMP / SEAL ABOVE		<div style="margin-bottom: 5px;"> <u>Becky M McMillian</u> </div> Signature of Campaign Treasurer
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Your Minute is Up		<b>13 Filer ID</b> (Ethics Commission Filers) 00090507	
<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICE HOLDER NAME Mr. Sabino Renteria	
	<input type="checkbox"/> OFFICE HOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Council Member, District 3	
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR	
		DESCRIPTION	
<b>COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICE HOLDER NAME Ms. Paige Ellis	
	<input type="checkbox"/> OFFICE HOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Council Member, District 8	
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR	
		DESCRIPTION	
<b>COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICE HOLDER NAME Ms. Ann Kitchen	
	<input type="checkbox"/> OFFICE HOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Council Member, District 5	
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR	
		DESCRIPTION	

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
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<b>17</b> COMMITTEE NAME Your Minute is Up	<b>18</b> Filer ID (Ethics Commission Filers) 00090507
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<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,242.76
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 83.03
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,613.79
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/34 Rpt: 6/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/19/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code 2311 W Parmer Lane  Austin, TX 78727	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Citywide Realty
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Susan <hr/> Contributor address; City; State; Zip Code 2311 W Parmer Lane  Austin, TX 78727	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Citywide Realty
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Susan <hr/> Contributor address; City; State; Zip Code 2311 W Parmer Lane  Austin, TX 78727	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Citywide Realty
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Luke <hr/> Contributor address; City; State; Zip Code 7201 RM 2222 Apartment 3208 Austin, TX 78730	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Lennar Homes
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arzu, Francisco <hr/> Contributor address; City; State; Zip Code 8605 Cobblestone  Austin, TX 78735	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Sr Director		Employer (See Instructions) Dematic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/34 Rpt: 7/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/29/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baccus, Ralph <hr/> <b>6</b> Contributor address; City; State; Zip Code 11005 Centennial Trail Austin, TX 78726	<b>7</b> Amount of Contribution (\$) \$263.47
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Baccus Holdings
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagus, Paul <hr/> Contributor address; City; State; Zip Code 6008 Maurys Tr Austin, TX 78730	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Alan <hr/> Contributor address; City; State; Zip Code 7706 Stoneywood Dr Austin, TX 78731	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumann, David <hr/> Contributor address; City; State; Zip Code 16524 Kidd Ln Austin, TX 78734	Amount of Contribution (\$) \$16.11
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergen, Maria <hr/> Contributor address; City; State; Zip Code 6602 Debcoe Dr Austin, TX 78749	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/34 Rpt: 8/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/07/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Frank <b>6</b> Contributor address; City; State; Zip Code 11401 Sweet Basil Ct Austin, TX 78726	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/19/2020	Full name of contributor <input type="checkbox"/> 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
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bigley, Carol Contributor address; City; State; Zip Code 10713 Sans Souci Place Austin, TX 78759	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Excel Benefits
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstock, Randy Contributor address; City; State; Zip Code 9611 Holly Springs Drive Austin, TX 78748	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booe, Christina Contributor address; City; State; Zip Code 1124 Brookwood Ave Austin, TX 78721	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Banquet Director		Employer (See Instructions) W Hotel

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/34 Rpt: 9/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/04/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breed, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code 6601 Robbie Creek Cv  Austin, TX 78750	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breeden, Darrell <hr/> Contributor address; City; State; Zip Code 4010 Great Plains Dr.  Austin, TX 78735	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Breeden Benefit Group
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Hadra <hr/> Contributor address; City; State; Zip Code 8812 Mesa drive  Austin, TX 78759	Amount of Contribution (\$)  \$54.00
Principal occupation / Job title (See Instructions) Chief		Employer (See Instructions) Home
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Leigh Ann <hr/> Contributor address; City; State; Zip Code 1409 Braided Rope  Austin, TX 78727	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 11/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buch, Kathleen <hr/> Contributor address; City; State; Zip Code 3410 Foothill Parkway  Austin, TX 78732	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/34 Rpt: 10/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/27/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckner, Marg <hr/> <b>6</b> Contributor address; City; State; Zip Code 6209 Ledge Mountain Drive  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$237.16
<b>8</b> Principal occupation / Job title (See Instructions) Managing director international		<b>9</b> Employer (See Instructions) Retired
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canfield, Philip <hr/> Contributor address; City; State; Zip Code 2218 N. Fremont Street  Chicago, IL 78701	Amount of Contribution (\$)  \$1,052.95
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ariet Capital
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Gilbert <hr/> Contributor address; City; State; Zip Code 3701 Hidden Estates Dr.  Austin, TX 78727	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Project management		Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capone, Caryn <hr/> Contributor address; City; State; Zip Code 9312 Edwardson Lane  Austin, TX 78749	Amount of Contribution (\$)  \$131.89
Principal occupation / Job title (See Instructions) Channel Manager		Employer (See Instructions) Mosaic NetworX
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlett, Mary Jane <hr/> Contributor address; City; State; Zip Code 6510 Poncha Pass  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) own office building near Ben White and Manchaca Rd

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/34 Rpt: 11/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacon, Carlos <hr/> <b>6</b> Contributor address; City; State; Zip Code 209 Camperdown Elm Dr  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$237.16
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Chacon Enterprises LLC
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Brandon <hr/> Contributor address; City; State; Zip Code 2301 S Mopac Expwy Apt 115 Austin, TX 78746	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, George <hr/> Contributor address; City; State; Zip Code 10900 Research Blvd Suite 160-C #63 Austin, TX 78759	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Venturi Private Wealth
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Kristen <hr/> Contributor address; City; State; Zip Code 12700 Bismark Dr  Austin, TX 78748	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Director of Marketing and New Business		Employer (See Instructions) Illuminas
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Chris <hr/> Contributor address; City; State; Zip Code 5020 China Garden Dr  Austin, TX 78730	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) SVP Global Operations		Employer (See Instructions) SigmaSense, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/34 Rpt: 12/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/24/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conn, Trevor <hr/> <b>6</b> Contributor address; City; State; Zip Code 1001 Partida Trail  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) Director of Software Engineering		<b>9</b> Employer (See Instructions) Dell Technologies
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Laura <hr/> Contributor address; City; State; Zip Code 9425 Shady Oaks Drive  Austin, TX 78729	Amount of Contribution (\$)  \$54.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) N/A
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jennifer <hr/> Contributor address; City; State; Zip Code na  Austin, TX 78701	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Michelle <hr/> Contributor address; City; State; Zip Code 10009 Loxley Lane  Austin, TX 78717	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Txdot		Employer (See Instructions) Retired
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cupp, Charles <hr/> Contributor address; City; State; Zip Code 10216 Missel Thrush Dr  Austin, TX 78750	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Motor Coach Driver		Employer (See Instructions) Star Shuttle and Charters

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/34 Rpt: 13/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/23/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Colin <hr/> <b>6</b> Contributor address; City; State; Zip Code 418 North Buchanan Circle  Pacheco, CA 94553	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) Mastering engineer		<b>9</b> Employer (See Instructions) Self employed
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Marines, Regan <hr/> Contributor address; City; State; Zip Code 7305 Bering Cove  Austin, TX 78759	Amount of Contribution (\$)  \$526.63
Principal occupation / Job title (See Instructions) Health and Wellness Advocate		Employer (See Instructions) self
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Mark <hr/> Contributor address; City; State; Zip Code 54 Rainey St Unit 1206 Austin, TX 78701	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) President Goodman Sales & Distribution		Employer (See Instructions) Retired
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Travis <hr/> Contributor address; City; State; Zip Code PO Box 1105  Del Valle, TX 78617	Amount of Contribution (\$)  \$131.89
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Travis <hr/> Contributor address; City; State; Zip Code PO Box 1105  Del Valle, TX 78617	Amount of Contribution (\$)  \$131.89
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/34 Rpt: 14/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Jerry <b>6</b> Contributor address; City; State; Zip Code PO Box 1918 Johnson city, TX 78636	<b>7</b> Amount of Contribution (\$) \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) Ert lighting
Date 09/22/2020	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Apartments NOW
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dustin Contributor address; City; State; Zip Code 8721 Fenton Dr Austin, TX 78736	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Accu-Print
Date 09/21/2020	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Lieutenant		Employer (See Instructions) Austin Police Department
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emerson, Brad Contributor address; City; State; Zip Code 423 Ridgewood Road West Lake Hills, TX 78746	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Svp		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/34 Rpt: 15/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/21/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code 1803 Kingwood Cv  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Oracle
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Yasbel <hr/> Contributor address; City; State; Zip Code 9308 Sawyer Fay Ln  Austin, TX 78748-3107	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Habana Restaurant
Date 12/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fluty, Katherine <hr/> Contributor address; City; State; Zip Code 1775 Kammerer Ave  San Jose, CA 95116	Amount of Contribution (\$)  \$10.84
Principal occupation / Job title (See Instructions) Food Worker		Employer (See Instructions) EK Foods
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontaine, Joseph <hr/> Contributor address; City; State; Zip Code 3101 Shoreline Drive #711  Austin, TX 78728	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Dual Chief Engineer		Employer (See Instructions) Whitelodging Inc.
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frierson-Stroud, Leonor <hr/> Contributor address; City; State; Zip Code 7502 Creekbluff  Austin, TX 78750	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Physician

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/34 Rpt: 16/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhardt, Shelley <hr/> <b>6</b> Contributor address; City; State; Zip Code 2521 Champions Corner Dr.  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Southwest Independent Insurance Services, Inc
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gholami, David <hr/> Contributor address; City; State; Zip Code 7201 Ranch Rd 2222 Apt # 2222 Austin, TX 78730	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CTG
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graeber, Courtney <hr/> Contributor address; City; State; Zip Code 5325 Valburn Circle  Austin, TX 78731	Amount of Contribution (\$)  \$158.21
Principal occupation / Job title (See Instructions) SAHM and Realtor		Employer (See Instructions) SAHM and Realtor
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Ashley <hr/> Contributor address; City; State; Zip Code 9701 Anchusa Trail  Austin, TX 78736	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Seton Main
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Peter <hr/> Contributor address; City; State; Zip Code 627 Allen St  Austin, TX 78702	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) El Presidente		Employer (See Instructions) ATX Eastside Properties LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/34 Rpt: 17/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/30/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code 627 Allen St  Austin, TX 78702	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) El Presidente		<b>9</b> Employer (See Instructions) ATX Eastside Properties LLC
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, David <hr/> Contributor address; City; State; Zip Code 6420 Ruxton Ln  Austin, TX 78749	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Stephen R <hr/> Contributor address; City; State; Zip Code 2905 Hillview Road  Austin, TX 78703-1120	Amount of Contribution (\$)  \$10.84
Principal occupation / Job title (See Instructions) physician(MD)		Employer (See Instructions) N/A
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halfhill, Matthew <hr/> Contributor address; City; State; Zip Code 901 5th St E Apt 1514 Austin, TX 78702	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Nice Kicks
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampsten, Phil <hr/> Contributor address; City; State; Zip Code 9402 Sherbrooke  Austin, TX 78729	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Hampsten Consulting, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/34 Rpt: 18/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harms, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code 1303 Pasaguarda Drive  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) Mom		<b>9</b> Employer (See Instructions) Stay at home mom.
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasty, William <hr/> Contributor address; City; State; Zip Code 1095 Deerfield Road  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Director Engineering		Employer (See Instructions) Lab126
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden, Joseph <hr/> Contributor address; City; State; Zip Code 701 N. Vista Ridge Blvd. 11104 Cedar Park, TX 78613	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self Employed
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healey, Patrick <hr/> Contributor address; City; State; Zip Code 5201 Buffalo Pass  Austin, TX 78745	Amount of Contribution (\$)  \$79.26
Principal occupation / Job title (See Instructions) Other		Employer (See Instructions) City Of Austin
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Deborah Delanna <hr/> Contributor address; City; State; Zip Code 7309 Augusta Circle  Plano, TX 75025	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) AMBA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/34 Rpt: 19/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/28/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code 7309 Augusta Circle  Plano, TX 75025	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) Principal Systems Engineer		<b>9</b> Employer (See Instructions) Raytheon
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Stephen <hr/> Contributor address; City; State; Zip Code 1301 S IH 35 Ste 200 Austin, TX 78741	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) BidPrime
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, David <hr/> Contributor address; City; State; Zip Code 7910 Turquoise Trl  Austin, TX 78749	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth <hr/> Contributor address; City; State; Zip Code 4900 Interlachen Lane  Austin, TX 78747	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) Retired
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Ken <hr/> Contributor address; City; State; Zip Code na  Austin, TX 78701	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/34 Rpt: 20/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/04/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyt, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code 5450 Bee Caves Rd Ste 2A West Lake Hills, TX 78746	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Trader		<b>9</b> Employer (See Instructions) Imbue Capital
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutsen, Melissa <hr/> Contributor address; City; State; Zip Code 7700 Vista Mejor Drive Austin, TX 78744	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) United Airlines
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Diane <hr/> Contributor address; City; State; Zip Code 2608 Chitina Court Cedar Park, TX 78613	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Retired
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kacee <hr/> Contributor address; City; State; Zip Code 8127 Mesa Drive #206-53 Austin, TX 78759	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The 360 Company
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kacee <hr/> Contributor address; City; State; Zip Code 8500 Adirondack Cove Austin, TX 78759	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The 360 Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/34 Rpt: 21/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kacee <hr/> <b>6</b> Contributor address; City; State; Zip Code 8500 Adirondack Cove  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$1,200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) The 360 Company
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janus, James <hr/> Contributor address; City; State; Zip Code 6716 Cornish Hen Ln  Austin, TX 78747	Amount of Contribution (\$)  \$131.89
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Corry <hr/> Contributor address; City; State; Zip Code 10123 Dianella Lane  Austin, TX 78759-3038	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) At home
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Karen <hr/> Contributor address; City; State; Zip Code 2069 Old Willow Rd  Northfield, IL 60093	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) 301 Holdings
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, William <hr/> Contributor address; City; State; Zip Code 10123 Dianella Lane  Austin, TX 78759	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Home

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/34 Rpt: 22/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/23/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keenan, Douglas P <hr/> <b>6</b> Contributor address; City; State; Zip Code 2001 Port Royal Dr  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Principal Technical Consultant		<b>9</b> Employer (See Instructions) KEENSult International
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Tiffany <hr/> Contributor address; City; State; Zip Code 11927 Brookwood Cir  Austin, TX 78750	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Client Success Executive		Employer (See Instructions) 3M
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Jacob <hr/> Contributor address; City; State; Zip Code 2821 Stock Drive  Austin, TX 78741	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulesza, Chester <hr/> Contributor address; City; State; Zip Code 11613 Hollister Drive  Austin, TX 78739	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuznieski, Bruno <hr/> Contributor address; City; State; Zip Code 7604 Mifflin Kenedy Terrace  Austin, TX 78749	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Family Sports

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/34 Rpt: 23/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/20/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lastor, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code 10100 Lake Ridge Dr  Austin, TX 78733	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Engineering Manager		<b>9</b> Employer (See Instructions) Advanced Micro Devices
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavorgna, Theresa <hr/> Contributor address; City; State; Zip Code 1201 Piedmont Ave  Austin, TX 78757	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Private		Employer (See Instructions) Private
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Roman <hr/> Contributor address; City; State; Zip Code 9210 Hurley Cove  Austin, TX 78759	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Roman Leal Construction & Design
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lepore, Dan <hr/> Contributor address; City; State; Zip Code 3707 Hidden Estates Dr  Austin, TX 78727	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Senior Engineer		Employer (See Instructions) lbn
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Dana <hr/> Contributor address; City; State; Zip Code 1309 Anhalt Dr  Pflugerville, TX 78660	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Personal Trainer		Employer (See Instructions) Self employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/34 Rpt: 24/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/21/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code 12100 Terraza Cir Austin, TX 78726	<b>7</b> Amount of Contribution (\$) \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Engineer		<b>9</b> Employer (See Instructions) Bullock, Bennett & Assoc
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manis, Cynthia <hr/> Contributor address; City; State; Zip Code 8600 RM- 620 Austin, TX 78726	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Andrea <hr/> Contributor address; City; State; Zip Code na Austin, TX 78701	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maus, Layla <hr/> Contributor address; City; State; Zip Code 20721 Ed Acklin Rd Manor, TX 78653	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBee, Pamela <hr/> Contributor address; City; State; Zip Code 1405 Cedar Brook Drive Cedar Park, TX 78614	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Employee		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/34 Rpt: 25/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code 4204 Riverside Dr  Flower Mound, TX 75028	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Co Owner		<b>9</b> Employer (See Instructions) Home business
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillian, Sherrell <hr/> Contributor address; City; State; Zip Code 7603 Midpark Ct.  Austin, TX 78750	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions) Crossfield Technology
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillian, Sherrell <hr/> Contributor address; City; State; Zip Code 7603 Midpark Ct.  Austin, TX 78750	Amount of Contribution (\$)  \$47.68
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions) Crossfield Technology
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meadows, Joe <hr/> Contributor address; City; State; Zip Code 8518 Croydon Loop  Austin, TX 78748	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melfi, Dan <hr/> Contributor address; City; State; Zip Code 12916 Hunters Chase Dr  Austin, TX 78729	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) estimator		Employer (See Instructions) GC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/34 Rpt: 26/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/04/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrihew, Collin <hr/> <b>6</b> Contributor address; City; State; Zip Code na Austin, TX 78701	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messner, Chris <hr/> Contributor address; City; State; Zip Code 14240 Altocedro Dr Delray Beach, FL 33484	Amount of Contribution (\$) \$10.84
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Linda <hr/> Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 20 Austin, TX 78735	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Melissa <hr/> Contributor address; City; State; Zip Code 16705 Ennis Trl Austin, TX 78717	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self employed
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Melissa <hr/> Contributor address; City; State; Zip Code 16705 Ennis Trl Austin, TX 78717	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/34 Rpt: 27/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code 5732 Misty Hill Cove  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Self-Employed
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Londi & Dave <hr/> Contributor address; City; State; Zip Code 1904 Georgia Landing Cove  Austin, TX 78746	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Amanda <hr/> Contributor address; City; State; Zip Code 2411 McCall Road  Austin, TX 78703	Amount of Contribution (\$)  \$1,052.95
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self-employed
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newberry, Ronald <hr/> Contributor address; City; State; Zip Code 9501 Capital of TX Hwy Ste 302 Austin, TX 78759	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) AccountAbility
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilson, Bo <hr/> Contributor address; City; State; Zip Code 6401 Rialto Blvd. 1609 Austin, TX 78735	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Construction Mgmt		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/34 Rpt: 28/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/06/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oates, Andrea <b>6</b> Contributor address; City; State; Zip Code 12815 River Bnd  Austin, TX 78732	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) Account Manager		<b>9</b> Employer (See Instructions) personal
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogden, Susan Contributor address; City; State; Zip Code 2302 West 10th  Austin, TX 78703	Amount of Contribution (\$)  \$131.89
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self—Landlord
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogden, Susan Contributor address; City; State; Zip Code 2302 West 10th  Austin, TX 78703	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Susan Ogden
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, Ophelia Contributor address; City; State; Zip Code 10610 Morado Circle 2428  Austin, TX 78759	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Regional director		Employer (See Instructions) Young Americans for Liberty
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozen, Kara Contributor address; City; State; Zip Code 2525 West Anderson Lane STE B-1 Austin, TX 78757	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Ozen Salon And Spa of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/34 Rpt: 29/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/18/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code 12300 lostwood Cir  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Sales Director		<b>9</b> Employer (See Instructions) Principal
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penry, Steven <hr/> Contributor address; City; State; Zip Code 2618 Nature View Loop  Driftwood, TX 78619	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Sales rep		Employer (See Instructions) company
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Susan <hr/> Contributor address; City; State; Zip Code 8339 LaPlata Loop  Austin, TX 78737	Amount of Contribution (\$)  \$54.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomeroy, Allen <hr/> Contributor address; City; State; Zip Code 1815 Village Oak Ct  Austin, TX 78704	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Jennifer <hr/> Contributor address; City; State; Zip Code 1810 Rockcliff Rd  Austin, TX 78746	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/34 Rpt: 30/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/21/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijano, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code 7308 Black Mountain Dr  Austin, TX 79736	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) Project Manager		<b>9</b> Employer (See Instructions) DWH
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Railey, James <hr/> Contributor address; City; State; Zip Code 10300 Jollyville Rd Apt 520 Austin, TX 78759	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauls, Douglass <hr/> Contributor address; City; State; Zip Code 2301 Matterhorn Ln  Austin, TX 78704	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self Employed
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redfern, Ryan <hr/> Contributor address; City; State; Zip Code 7501 Shadowridge Run 146  Austin, TX 78749	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CBRM
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves-Cavaliero, Kristie <hr/> Contributor address; City; State; Zip Code 12200 Terraza Circle  Austin, TX 78726	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Associate Director of Field Medical		Employer (See Instructions) Novartis Medical Affairs

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/34 Rpt: 31/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/03/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code 2611 West 49th St  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Kris <hr/> Contributor address; City; State; Zip Code 9901 Ullswater lane  Austin, TX 78750	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richarte, Steve <hr/> Contributor address; City; State; Zip Code 910 Stillhouse Springs  Round Rock, TX 78681	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Precision Operator 2		Employer (See Instructions) DJO Surgical
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenhouse, Margaret <hr/> Contributor address; City; State; Zip Code 915 Ken Street  Austin, TX 78758	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Firm Administrator/Accountant		Employer (See Instructions) Law firm
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Jennifer <hr/> Contributor address; City; State; Zip Code 2316 Sully Creek Dr  Austin, TX 78748	Amount of Contribution (\$)  \$79.26
Principal occupation / Job title (See Instructions) Marketing Analyst		Employer (See Instructions) Forrester

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/34 Rpt: 32/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/20/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Reese <hr/> <b>6</b> Contributor address; City; State; Zip Code 3400 East Palm Valley Blvd  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$526.63
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) RSB
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, April <hr/> Contributor address; City; State; Zip Code 11282 Taylor Draper Lane Apt 721 Austin, TX 78759	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Salazar Construction and Remodeling
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, George <hr/> Contributor address; City; State; Zip Code 3905 Walsh Ranch Blvd  Round Rock, TX 78681	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) BrightStar Care
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saparo, Susan <hr/> Contributor address; City; State; Zip Code 6628 Haswell Ln  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sautter, Bethany <hr/> Contributor address; City; State; Zip Code 13400 Briarwick Dr Unit 1705 Austin, TX 78729	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Cloudflare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/34 Rpt: 33/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/24/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segina, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code 4210 Canoas Dr  Austin, TX 78730	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) General Manager		<b>9</b> Employer (See Instructions) Stryker
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Janet <hr/> Contributor address; City; State; Zip Code PO Box 50258  Austin, TX 78763	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Rebecca <hr/> Contributor address; City; State; Zip Code 3100 Evanston Ln  Austin, TX 78745	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shakespeare, Steven <hr/> Contributor address; City; State; Zip Code 3108 Wild Canyon Loop  Austin, TX 78732	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) US Money Reserves
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Jim <hr/> Contributor address; City; State; Zip Code 4825 Chadbury Cove  Austin, TX 78727	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/34 Rpt: 34/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/21/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Deacon <hr/> <b>6</b> Contributor address; City; State; Zip Code 2813 Rio Grande  Austin, TX 78705	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) Blue Water Fund
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silvas, Joseph <hr/> Contributor address; City; State; Zip Code 2865 Kingsbury Ave  Richland Hills, TX 76118	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Self
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Song, Jennifer <hr/> Contributor address; City; State; Zip Code na  Austin, TX 78701	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwell, Brent <hr/> Contributor address; City; State; Zip Code 3658 Glen Haven Blvd  Houston, TX 77025	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) self employed
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, P. Diane <hr/> Contributor address; City; State; Zip Code 5744 Republic of TX. Blvd.  Austin, TX 78735	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/34 Rpt: 35/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/23/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swail, Bradley <hr/> <b>6</b> Contributor address; City; State; Zip Code 1511 Wilson Heights Dr  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$54.00
<b>8</b> Principal occupation / Job title (See Instructions) Host/Producer		<b>9</b> Employer (See Instructions) Austin City Councilman Podcast
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Douglas <hr/> Contributor address; City; State; Zip Code 1803 Elton Ln  Austin, TX 78703	Amount of Contribution (\$)  \$210.84
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Vista Disposal
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kendrick <hr/> Contributor address; City; State; Zip Code 1064 Belfast Lane  Ventura, CA 93001-3813	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terreson, David <hr/> Contributor address; City; State; Zip Code 3812 Agape Lane  Austin, TX 78735	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiotexas
Date 12/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Troy <hr/> Contributor address; City; State; Zip Code 108 Hensley Circle  Austin, TX 78738	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Samsung

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/34 Rpt: 36/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 09/19/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torba, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code 12100 Metric Blvd #1734 Austin, TX 78758	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions) CST		<b>9</b> Employer (See Instructions) Surgery Center
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torba, Denise <hr/> Contributor address; City; State; Zip Code 12100 Metric Blvd #1734 Austin, TX 78758	Amount of Contribution (\$)  \$131.89
Principal occupation / Job title (See Instructions) CST		Employer (See Instructions) Surgery Center
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Minh <hr/> Contributor address; City; State; Zip Code 11217 Matisse Trail  Austin, TX 78726	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Not disclose		Employer (See Instructions) Not disclose
Date 12/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tys, Nicholas <hr/> Contributor address; City; State; Zip Code 305 Vale St  Rollingwood, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veith, Christine <hr/> Contributor address; City; State; Zip Code 5632 Republic of Texas Blvd  Austin, TX 78735	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/34 Rpt: 37/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/21/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veith, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code 5632 Republic of Texas Blvd  Austin, TX 78735	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veri, Catherine <hr/> Contributor address; City; State; Zip Code 6709 Magenta Ln  Austin, TX 78739	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Marketecture
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veri, Catherine <hr/> Contributor address; City; State; Zip Code 6709 Magenta Ln  Austin, TX 78739	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Marketecture
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Candace <hr/> Contributor address; City; State; Zip Code 2208 A West Stassney Lane  Austin, TX 78745	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Credentialing Specialist		Employer (See Instructions) CBHE
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weideman, Dawn <hr/> Contributor address; City; State; Zip Code 5002 Dry Oak Trail  Austin, TX 78749	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/34 Rpt: 38/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/20/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widner, James <hr/> <b>6</b> Contributor address; City; State; Zip Code 3807 Hunterwood Pt  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Samantha <hr/> Contributor address; City; State; Zip Code 10801 Laurel Creek Dr  Austin, TX 78726	Amount of Contribution (\$)  \$237.16
Principal occupation / Job title (See Instructions) Home manager		Employer (See Instructions) N/A
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, David <hr/> Contributor address; City; State; Zip Code 5201 Avon Pl  Austin, TX 78723	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions) N/A
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, Leigh <hr/> Contributor address; City; State; Zip Code 105 Timber Ridge Cv  Austin, TX 78733	Amount of Contribution (\$)  \$79.26
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self-Employed
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Brian <hr/> Contributor address; City; State; Zip Code 5002 Sevan Cv.  Austin, TX 78731	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/34 Rpt: 39/73
<b>2</b> FILER NAME Your Minute is Up		<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/13/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code 4516 Slickrock Cove  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$263.47
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Ouida <hr/> Contributor address; City; State; Zip Code 3406 Shinoak Dr.  Austin, TX 78731	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yukich, Amy <hr/> Contributor address; City; State; Zip Code 2900 N Quinlan Park Rd Suite 240-345 Austin, TX 78732	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 40/73	
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/15/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frick, Daniel (Mr.) 7 Contributor address; City; State; Zip Code 3209 IH 35 South APT 1032 Austin, TX 78741	8 Amount of contribution (\$) \$51.17	9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) self		11 Employer (FOR NON-JUDICIAL) (See instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frick, Daniel (Mr.) Contributor address; City; State; Zip Code 3209 IH 35 South APT 1032 Austin, TX 78741	Amount of contribution (\$) \$31.86	In-kind contribution description Wordpress, Domain Registration
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) self		Employer (FOR NON-JUDICIAL) (See instructions) self	
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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/33 Rpt: 41/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/12/2020	<b>5</b> Payee name Academy	
<b>6</b> Amount (\$) \$97.40	<b>7</b> Payee address; City; State; Zip Code 12250 Research Blvd  Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2020	Payee name Academy	
Amount (\$) \$50.86	Payee address; City; State; Zip Code 12250 Research Blvd  Austin, TX 78759	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Amazon	
Amount (\$) \$62.36	Payee address; City; State; Zip Code 4616 W Howard Ln  Austin, TX 78728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies, bull horns
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/33 Rpt: 42/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/01/2020	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$75.74	<b>7</b> Payee address; City; State; Zip Code 4616 W Howard Ln  Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2020	Payee name Amazon	
Amount (\$) \$55.15	Payee address; City; State; Zip Code 4616 W Howard Ln  Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2020	Payee name Bevil, Josh	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 9100 Mountain Ride Dr. 4C Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contracted work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/33 Rpt: 43/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/05/2020	<b>5</b> Payee name Brown, Jason	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code PO Box 5461  Ketchikan, AR 99901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name COA Parking Meters	
Amount (\$) \$38.71	Payee address; City; State; Zip Code downtown  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Casa Chapala	
Amount (\$) \$724.02	Payee address; City; State; Zip Code 9041 Research Blvd Ste 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/33 Rpt: 44/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/04/2020	<b>5</b> Payee name Castanede, Ashley	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 611 Conway Dr  San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2020	Payee name Costco	
Amount (\$) \$148.47	Payee address; City; State; Zip Code 10401 Research Blvd  Austin, TX 78759	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2020	Payee name Criagslist	
Amount (\$) \$7.00	Payee address; City; State; Zip Code na  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/33 Rpt: 45/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/03/2020	<b>5</b> Payee name Domino's Pizza	
<b>6</b> Amount (\$) \$181.73	<b>7</b> Payee address; City; State; Zip Code 8141 Mesa Dr Ste C Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/33 Rpt: 46/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/22/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/33 Rpt: 47/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/29/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2020	Candidate/Officeholder name Office sought Office held	
Payee name EZ Texting		
Amount (\$) \$6.48	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2020	Candidate/Officeholder name Office sought Office held	
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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/33 Rpt: 48/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/03/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$10.44	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2020	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2020	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/33 Rpt: 49/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/06/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$36.25	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/06/2020	Candidate/Officeholder name EZ Texting	
Amount (\$) \$14.32	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/06/2020	Candidate/Officeholder name EZ Texting	
Amount (\$) \$5.00	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/06/2020	Candidate/Officeholder name EZ Texting	
Amount (\$) \$5.00	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/33 Rpt: 50/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/06/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name EZ Texting	
Amount (\$) \$5.00	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/33 Rpt: 51/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/14/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/33 Rpt: 52/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/29/2020	<b>5</b> Payee name EZ Texting	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code na  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2020	Payee name EZ Texting	
Amount (\$) \$5.00	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2020	Payee name Eagle Office	
Amount (\$) \$596.17	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adversting expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/33 Rpt: 53/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/05/2020	<b>5</b> Payee name Eagle Office	
<b>6</b> Amount (\$) \$147.22	<b>7</b> Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Eagle Office	
Amount (\$) \$53.10	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Eagle Office	
Amount (\$) \$290.47	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/33 Rpt: 54/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/05/2020	<b>5</b> Payee name Eagle Office	
<b>6</b> Amount (\$) \$345.37	<b>7</b> Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/33 Rpt: 55/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/19/2020	<b>5</b> Payee name Eagle Office	
<b>6</b> Amount (\$) \$183.75	<b>7</b> Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/19/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,055.27	Payee name Eagle Office 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/02/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$141.05	Payee name Eagle Office 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/33 Rpt: 57/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/21/2020	<b>5</b> Payee name Eagle Office	
<b>6</b> Amount (\$) \$248.08	<b>7</b> Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2020	Payee name Frost Bank	
Amount (\$) \$20.55	Payee address; City; State; Zip Code 3525 Far West Blvd  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense check printing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2020	Payee name Gibson, Adalai	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6601 Rialto Dr 4004 Austin, TX 78735	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contracted work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/33 Rpt: 58/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/11/2020	<b>5</b> Payee name Girard Diversified Interests	
<b>6</b> Amount (\$) \$1,016.52	<b>7</b> Payee address; City; State; Zip Code 412 Congress Ave  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recall Adler Ball
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2020	Payee name Hafer, Robyn	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 7704 Roland Dr  McKinney, TX 75070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Home Depot	
Amount (\$) \$56.23	Payee address; City; State; Zip Code 1200 Home Depot Blvd  Sunset Valley, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/33 Rpt: 59/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/15/2020	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$37.87	<b>7</b> Payee address; City; State; Zip Code 1200 Home Depot Blvd  Sunset, TX 78745	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Johnson, Janie	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 3304 Levy Ln  Killeen, TX 76542	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2020	Payee name JotForm Inc	
Amount (\$) \$75.78	Payee address; City; State; Zip Code 111 Pine St Ste 1815 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/33 Rpt: 60/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/25/2020	<b>5</b> Payee name JotForm Inc	
<b>6</b> Amount (\$) \$31.39	<b>7</b> Payee address; City; State; Zip Code 111 Pine St. Ste 1815 San Francisco, CA 94111	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2020	Payee name JotForm Inc	
Amount (\$) \$107.17	Payee address; City; State; Zip Code 111 Pine St Ste 1815 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2020	Payee name JotForm Inc	
Amount (\$) \$106.92	Payee address; City; State; Zip Code 111 Pine St Ste 1815 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/33 Rpt: 61/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/01/2020	<b>5</b> Payee name LAZ Parking	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code downtown  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Lowe's	
Amount (\$) \$108.08	Payee address; City; State; Zip Code 8000 Shoal Creek Blvd  Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2020	Payee name McMillian, Becky	
Amount (\$) \$3,150.00	Payee address; City; State; Zip Code 6906 Dogwood Hollow  Austin, TX 78750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary and travel expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/33 Rpt: 62/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/01/2020	<b>5</b> Payee name Michael's	
<b>6</b> Amount (\$) \$86.56	<b>7</b> Payee address; City; State; Zip Code 10225 Research Blvd Ste 2000 Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/33 Rpt: 63/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/03/2020	<b>5</b> Payee name Pierott, Alice	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 2609 Rosewood Ave 4901 Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name Popp, Jeffrey	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 9052 Galewood 119 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2020	Payee name Ramirez, Josefina	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 7515 Lazy Creek Drive  Austin, TX 78724	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/33 Rpt: 64/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/01/2020	<b>5</b> Payee name Restaurant Depot	
<b>6</b> Amount (\$) \$344.75	<b>7</b> Payee address; City; State; Zip Code 820 Blackson Ave  Austin, TX 78752	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Schlotzky's	
Amount (\$) \$311.41	Payee address; City; State; Zip Code 2545 W. Anderson Lane  Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name Scroggins, David	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 2609 Rosewood Ave 4901 Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/33 Rpt: 65/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/03/2020	<b>5</b> Payee name Smith, Ian	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 3415 Hunter Rd.  Austin, TX 78664	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Holder
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Smith, Natalie	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 3401 W Parmer Ln  Austin, TX 78727	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Speakeasy	
Amount (\$) \$1,903.50	Payee address; City; State; Zip Code 412 Congress Ave  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event for Recall Adler Ball
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/33 Rpt: 66/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/23/2020	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$12.16	<b>7</b> Payee address; City; State; Zip Code N/A  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/26/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$47.95	Payee name Stripe  Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/27/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$29.89	Payee name Stripe  Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/33 Rpt: 67/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/28/2020	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$12.47	<b>7</b> Payee address; City; State; Zip Code N/A  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$43.32	Payee name Stripe  Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/30/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$19.05	Payee name Stripe  Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/33 Rpt: 68/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/02/2020	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$7.84	<b>7</b> Payee address; City; State; Zip Code N/A  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2020	Candidate/Officeholder name Payee name Stripe	
Amount (\$) \$24.32	Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2020	Candidate/Officeholder name Payee name Stripe	
Amount (\$) \$29.36	Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/33 Rpt: 69/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/16/2020	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$5.58	<b>7</b> Payee address; City; State; Zip Code N/A  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.58	Payee name Stripe  Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.58	Payee name Stripe  Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/33 Rpt: 70/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/07/2020	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$2.95	<b>7</b> Payee address; City; State; Zip Code N/A  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name Stripe	
Amount (\$) \$10.16	Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2020	Payee name Stripe	
Amount (\$) \$11.21	Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/33 Rpt: 71/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 12/24/2020	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$1.63	<b>7</b> Payee address; City; State; Zip Code N/A  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2020	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$6.42	Payee address; City; State; Zip Code N/A  Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2020	Candidate/Officeholder name Office sought Office held	
Payee name Taco Cabana		
Amount (\$) \$131.37	Payee address; City; State; Zip Code 9605 Research Blvd  Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/33 Rpt: 72/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 11/03/2020	<b>5</b> Payee name Tucker, Terrance	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 1002 Disraeli Circle  Pflugerville, TX 78660	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contracted work
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Vaqueros	
Amount (\$) \$124.43	Payee address; City; State; Zip Code 1801 S Capital of Texas Hwy  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2020	Payee name Victory Promotions	
Amount (\$) \$1,015.18	Payee address; City; State; Zip Code 114 Parker Street  Watertown , NY 13601	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PPE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online order of facemasks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/33 Rpt: 73/73	<b>2</b> FILER NAME Your Minute is Up	<b>3</b> Filer ID (Ethics Commission Filers) 00090507
<b>4</b> Date 10/12/2020	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) \$65.11	<b>7</b> Payee address; City; State; Zip Code 2525 W Anderson Ln  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held