

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090823		2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Thomas E.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/31/2022		
	NICKNAME LAST SUFFIX Wald				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 2322 Austin, TX 78768			Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sounthaly				
	NICKNAME LAST SUFFIX Outhavong				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1719 Deerfield Dr Austin, TX 78741				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 518-3666				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/30/2022 10/29/2022				
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Council Member, District 9 District 9		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Wald, Thomas E.	14 Filer ID (Ethics Commission Filers) 00090823
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,025.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,412.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,550.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,960.49

17 AFFADAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;">Thomas E. Wald</div><div style="border-bottom: 1px solid black; width: 400px;"></div></div> <p style="text-align: center;">Signature of Candidate or Officeholder</p>		
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	_____ Printed name of officer administering	_____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Wald, Thomas E.		19 Filer ID (Ethics Commission Filers) 00090823
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,025.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,850.85
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,412.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/07/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison, Doug <hr/> 6 Contributor address; City; State; Zip Code 1307 W 40th St Austin, TX 78756-3614	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) UT Austin
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Tina <hr/> Contributor address; City; State; Zip Code 4700 Hilwin Cir Austin, TX 78756-2806	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 10/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benz, Erick <hr/> Contributor address; City; State; Zip Code 497 Old Highway 35 S Hudson, WI 54016-8153	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) 3M
Date 10/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Isaac <hr/> Contributor address; City; State; Zip Code 1702 Briar St Austin, TX 78704-3422	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowther, Nancy <hr/> Contributor address; City; State; Zip Code 2102 Lewood Cir Austin, TX 78745-3534	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired/ADAPT OF TEXAS		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowther, Nancy <hr/> 6 Contributor address; City; State; Zip Code 2102 Lewood Cir Austin, TX 78745-3534	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired/ADAPT OF TEXAS		9 Employer (See Instructions) Not Employed
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Spencer <hr/> Contributor address; City; State; Zip Code 300 N Lamar Blvd Apt 427 Austin, TX 78703-4659	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) State of Texas
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Bradley <hr/> Contributor address; City; State; Zip Code 2506 Enfield Rd Apt D Austin, TX 78703-3853	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Bradley Houston
Date 10/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Joan <hr/> Contributor address; City; State; Zip Code 808 Kinney Ave Austin, TX 78704-1437	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) UTexas
Date 10/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Ed <hr/> Contributor address; City; State; Zip Code PO Box 6724 Austin, TX 78762-6724	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/05/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo, Monica <hr/> 6 Contributor address; City; State; Zip Code 911 Vanguard St Lakeway, TX 78734-5128	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Reimbursement Policy Advisor		9 Employer (See Instructions) Texas Children's Hospital
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Kimberly <hr/> Contributor address; City; State; Zip Code 98 San Jacinto Blvd Fsr 1007 Austin, TX 78701-4082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciano, Richard <hr/> Contributor address; City; State; Zip Code 2500 Greenlee Dr Austin, TX 78703-1715	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cattle Rancher		Employer (See Instructions) R2 Ranch LLC
Date 10/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuley, Lea <hr/> Contributor address; City; State; Zip Code 509 Clarke St Austin, TX 78745-1130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Solid-Esthetician		Employer (See Instructions) Healing Nature Skincare
Date 10/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKim, Mark <hr/> Contributor address; City; State; Zip Code 613 E 50th St Austin, TX 78751-2613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Main Street Renewal

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Robert <hr/> 6 Contributor address; City; State; Zip Code 3909 Grayson Ln Austin, TX 78722-1327	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) AMD
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pease, Dawn <hr/> Contributor address; City; State; Zip Code 1300 Pasadena Dr Austin, TX 78757-1948	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Travis County Health District
Date 10/05/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Joseph <hr/> Contributor address; City; State; Zip Code 1630 Waterston Ave Austin, TX 78703-3935	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Susan <hr/> Contributor address; City; State; Zip Code 3213 Lafayette Ave Austin, TX 78722-2251	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self Employed
Date 10/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter-Miller, Jennifer <hr/> Contributor address; City; State; Zip Code 3909 Grayson Ln Austin, TX 78722-1327	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) community organizer		Employer (See Instructions) Individual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Procter, Dan <hr/> 6 Contributor address; City; State; Zip Code 3206 Walnut Ave Austin, TX 78722-1636	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 09/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Razian, Anoosh <hr/> Contributor address; City; State; Zip Code 1003 Linden St Unit A Austin, TX 78702-3630	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist/Social Worker		Employer (See Instructions) Colors of Austin Counseling
Date 10/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Courtney <hr/> Contributor address; City; State; Zip Code 8313 Franwood Ln Austin, TX 78757-7516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Commscope
Date 10/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaub, Patricia <hr/> Contributor address; City; State; Zip Code 2003 E 2nd St Austin, TX 78702-4515	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) UT Austin
Date 10/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonelli, Lucia <hr/> Contributor address; City; State; Zip Code 1509 Kirkwood Rd Apt A Austin, TX 78722-1511	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) gg

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaulding, Lindamarie <hr/> 6 Contributor address; City; State; Zip Code 2696 Deer Creek Emerald Way N Deerfield Beach, FL 33442-8640	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired Diplomat		9 Employer (See Instructions) Dept of State
Date 10/05/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Symmank, Christopher <hr/> Contributor address; City; State; Zip Code 4709 Munson St Austin, TX 78721-0003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Heyden <hr/> Contributor address; City; State; Zip Code 6006 Cary Dr Austin, TX 78757-3112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Urban Planner		Employer (See Instructions) Black + Vernoo Architecture and Urban Design
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Peter <hr/> Contributor address; City; State; Zip Code 1307 Leona St Austin, TX 78702-2119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) AUSTIN YELLOW BIKE
Date 10/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Keith <hr/> Contributor address; City; State; Zip Code 11961 Overlook Pass Austin, TX 78738-6000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) KRP LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/18
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Sarah <hr/> 6 Contributor address; City; State; Zip Code 11961 Overlook Pass Austin, TX 78738-6000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) KRP LLP
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westenbarger, Dave <hr/> Contributor address; City; State; Zip Code 1707 E 38Th 1/2 St Austin, TX 78722-1211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) data analyst		Employer (See Instructions) Texas Commission on Environmental Quality
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Susan <hr/> Contributor address; City; State; Zip Code 1946 Hudson Ave Apt 3 Cincinnati, OH 45212-3760	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Billing Specialist		Employer (See Instructions) IKRON Corporation

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 11/18	
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 10/13/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, Tom		9 Loan Amount (\$) \$1,009.99
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 4016 Maplewood Ave Austin, TX 78722-1518		10 Interest Rate
			11 Maturity Date 11/08/2022
12 Principal occupation / Job title (See Instructions) Executive Director		13 Employer (See Instructions) Red Line Parkway Initiative	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 10/18/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, Tom		Loan Amount (\$) \$5,190.86
Is lender a financial institution? No	Lender address; City; State; Zip Code 4016 Maplewood Ave Austin, TX 78722-1518		Interest Rate
			Maturity Date 11/08/2022
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Red Line Parkway Initiative	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 12/18	
2 FILER NAME Wald, Thomas E.		3 Filer ID (Ethics Commission Filers) 00090823	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 10/20/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, Tom		9 Loan Amount (\$) \$825.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 4016 Maplewood Ave Austin, TX 78722-1518		10 Interest Rate
			11 Maturity Date 11/08/2022
12 Principal occupation / Job title (See Instructions) Executive Director		13 Employer (See Instructions) Red Line Parkway Initiative	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 10/28/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, Tom		Loan Amount (\$) \$825.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 4016 Maplewood Ave Austin, TX 78722-1518		Interest Rate
			Maturity Date 11/08/2022
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Red Line Parkway Initiative	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 13/18	2 FILER NAME Wald, Thomas E.	3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/02/2022	5 Payee name Campaign Verify	
6 Amount (\$) \$95.00	7 Payee address; City; State; Zip Code 1215 31st St NW Washington, DC 20007-3423	
8 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 Identity verification
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2022	Payee name Checkmark Typesetting	
Amount (\$) \$810.79	Payee address; City; State; Zip Code 3217 N Interstate 35 Austin, TX 78722-2203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing pedicab signs stickers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2022	Payee name Checkmark Typesetting	
Amount (\$) \$476.30	Payee address; City; State; Zip Code 3217 N Interstate 35 Austin, TX 78722-2203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing stickers
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.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 14/18	2 FILER NAME Wald, Thomas E.	3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/03/2022	5 Payee name Collective Campaigns	
6 Amount (\$) \$1,473.40	7 Payee address; City; State; Zip Code 9901 Brodie Ln Ste # 160 Austin, TX 78748-5892	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2022	Payee name Collective Campaigns	
Amount (\$) \$500.80	Payee address; City; State; Zip Code 9901 Brodie Ln Ste # 160 Austin, TX 78748-5892	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2022	Payee name Google LLC	
Amount (\$) \$13.58	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
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 Google Voice account - monthly
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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 15/18	2 FILER NAME Wald, Thomas E.	3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/01/2022	5 Payee name Google LLC	
6 Amount (\$) \$12.09	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 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 Google Workspace account - monthly
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2022	Payee name Hotcards	
Amount (\$) \$744.91	Payee address; City; State; Zip Code 22 N Main St FI 2 Chagrin Falls, OH 44022-3006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 printing door hangers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2022	Payee name Hotcards	
Amount (\$) \$1,009.99	Payee address; City; State; Zip Code 22 N Main St FI 2 Chagrin Falls, OH 44022-3006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 printing mailers
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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 16/18	2 FILER NAME Wald, Thomas E.	3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/18/2022	5 Payee name Hotcards	
6 Amount (\$) \$5,190.86	7 Payee address; City; State; Zip Code 22 N Main St FI 2 Chagrin Falls, OH 44022-3006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 setup and postage for mailers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2022	Payee name Lowe's Home Centers LLC	
Amount (\$) \$70.04	Payee address; City; State; Zip Code 8000 Shoal Creek Blvd Austin, TX 78757-8039	
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 Supplies to install road signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2022	Payee name NGP VAN	
Amount (\$) \$159.90	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN account - monthly
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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 17/18	2 FILER NAME Wald, Thomas E.	3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/03/2022	5 Payee name Paragon Payment Solutions	
6 Amount (\$) \$142.00	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 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 Merchant fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2022	Payee name Squarespace Inc.	
Amount (\$) \$62.55	Payee address; City; State; Zip Code 225 Varick St Fl 12 New York, NY 10014-4383	
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 Web hosting upgrade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2022	Payee name The Austin Chronicle	
Amount (\$) \$825.00	Payee address; City; State; Zip Code 4000 N Interstate 35 Austin, TX 78751-4801	
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 Print ad
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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 18/18	2 FILER NAME Wald, Thomas E.	3 Filer ID (Ethics Commission Filers) 00090823
4 Date 10/28/2022	5 Payee name The Austin Chronicle	
6 Amount (\$) \$825.00	7 Payee address; City; State; Zip Code 4000 N Interstate 35 Austin, TX 78751-4801	
8 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 Print ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held