# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00090810		2 Total pages f	iled: 29
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Daniela M		MI	OFFICE	USE ONLY
NAME		2 41 11 01 41 11			Date Received  ELECTRONIC	ALLY FILED
	NICKNAME	LAST Silva		SUFFIX	01/17/2023	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	V·	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	2410 Ventura Dr.	173011E#, CII	1,	ZIF CODE	Receipt #	Amount
ADDRESS  Change of Address	#2 Austin, TX 78741				Receipt #	Amount
Onlinge of Address	Austin, 1X 70741				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Roy C				
	NICKNAME	LAST		SUFFIX		
		Woody		Jr.		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 7433 Montezuma St.	D BOX PLEASE);	AP <sup>-</sup>	T / SUITE #; CIT`	Y; ST.	ATE; ZIP CODE
(Residence or Business)	Austin, TX 78744					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (512) 743-7289	NE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15 [	30th day before		Runoff  Exceeded modified	15th day after ca appointment (off X Final Report (Att	
				reporting limit		
9 PERIOD COVERED	Month Day Year 12/04/2022	TH	IROUGH	Month Day 01/17/20		
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE	Othor	
	Month Day Year 12/13/2022		eneral	X Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	HT (if known)	
	None				er, District 3 Distric	ct 3
	•			1		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Silva, Daniela M		14 Filer ID (00090810	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		I AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 501.85
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	SITEMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 30,328.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	<b>\$</b> 441.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
			Daniela M Silva	
		Signature o	f Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AΒ	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	eer administering	Printed name of officer administering	Title of office	r administering oath
<b>3</b>	Š	3		3

## **SUBTOTALS - C/OH**

## FORM COH **COVER SHEET PG 3**

				3 of 29				
<b>18</b> FILER NAM Silva, Dan	(Ethics Comm	ission Filers)						
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS     \$								
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X	SCHEDULE E: LOANS		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	30,328.79				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/29	
2	FILER NAME Silva, Daniel	а М		3 Filer ID (Ethics Commission Filers) 00090810
4	Date 12/06/2022	5 Full name of contributor		7 Amount of Contribution (\$) \$16.1
		6 Contributor address; City; State; Zip Code P.O. Box 160025		
8	Principal occur	Austin, TX 78716 pation / Job title (See Instructions)	9 Employer (See Instructions)	
Ū	Gig worker		Self employed	,
	Date 12/08/2022	Full name of contributor out-of-state PAC (ID#:_ Cantu, Ruben Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$26.6
		3605 Pennsylvania ave Austin, TX 78721		
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions) UT Austin	
	Date Full name of contributor out-of-state PAC (ID#:		)	Amount of Contribution (\$) \$10.8
	Principal occu Meltwater	pation / Job title (See Instructions)	Employer (See Instructions) Social Media Manager	
Date 12/09/2022		Full name of contributor out-of-state PAC (ID#:_Fontanesi, Serita  Contributor address; City; State; Zip Code  1335 Pringle Cir	Amount of Contribution (\$) \$21.3	
		Austin, TX 78742		
	Disruptor Co	pation / Job title (See Instructions) Ilaborative	Employer (See Instructions) Consultant	
	Date 12/13/2022	Full name of contributor out-of-state PAC (ID#:_ Franco, Samuel Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$263.4
		1604 Whitney Way  Austin, TX 78741		
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions	

The Instruction Guide explains how to complete this form.  Sch: 2/3 Rpt: 5/  2 FILER NAME Silva, Daniela M  4 Date 12/08/2022 Hartman, David  6 Contributor address; City; State; Zip Code 300 Bowie Street 1008 Austin, TX 78703  8 Principal occupation / Job title (See Instructions) DuBois Bryant Campbell  Date 12/04/2022 Herrera moreno, Andrea Contributor address; City; State; Zip Code 4809 e oltorf st A Austin, TX 78741  Principal occupation / Job title (See Instructions) executive director  Date 12/10/2022 Full name of contributor Mace, Alexander Contributor address; City; State; Zip Code 1824 S. Interstate 35 Apt. 239 Austin, TX 78704  Principal occupation / Job title (See Instructions) Food Access Manager  Date Full name of contributor Contributor address; City; State; Zip Code 1824 S. Interstate 35 Apt. 239 Austin, TX 78704  Principal occupation / Job title (See Instructions) Food Access Manager  Date Full name of contributor Date Full name of contributor Principal occupation / Job title (See Instructions) Food Access Manager  Date Full name of contributor Amount of Contri Date Full name of contributor Amount of Contri Date Date Full name of contributor Amount of Contri Date Date Full name of contributor Amount of Contri	SCHEDULE A1	ONETARY POLITICAL CONTRIBUTIONS						
Silva, Daniela M  Date  12/08/2022    S Full name of contributor	n. 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/29	he Instruction Guide explains how to complete this for	The Instruc					
12/08/2022 Hartman, David 6 Contributor address; City; State; Zip Code 300 Bowie Street 1008 Austin, TX 78703  8 Principal occupation / Job title (See Instructions) DuBois Bryant Campbell  Date 12/04/2022 Herrera moreno, Andrea  Contributor address; City; State; Zip Code 4809 e Oltorf st A Austin, TX 78741  Principal occupation / Job title (See Instructions) executive director  Date 12/10/2022 Herrera moreno, Andrea  Principal occupation / Job title (See Instructions) executive director  Date 12/10/2022 Mace, Alexander  Contributor address; City; State; Zip Code 1824 S. Interstate 35 Apt. 239 Austin, TX 78704  Principal occupation / Job title (See Instructions) Food Access Manager  Date 12/15/2022 Full name of contributor out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers) 00090810							
1008   Austin, TX 78703     9   Employer (See Instructions)   DuBois Bryant Campbell   Date   Full name of contributor   out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$25.00	tate 5 Full name of contributor out-of-state PAC (ID#: 2/08/2022 Hartman, David	4 Date 12/08/2022					
DuBois Bryant Campbell  Date   Full name of contributor   out-of-state PAC (ID#:		300 Bowie Street 1008						
12/04/2022   Herrera moreno, Andrea   Contributor address; City; State; Zip Code   4809 e oltorf st   A   Austin, TX 78741		, , ,						
Date   Full name of contributor   out-of-state PAC (ID#:	Amount of Contribution (\$) \$52.95	Date Full name of contributor out-of-state PAC (ID#:)  12/04/2022 Herrera moreno, Andrea  Contributor address; City; State; Zip Code  4809 e oltorf st  A						
12/10/2022 Mace, Alexander  Contributor address; City; State; Zip Code  1824 S. Interstate 35  Apt. 239  Austin, TX 78704  Principal occupation / Job title (See Instructions) Food Access Manager  Date  12/15/2022 Plaza, Josue  Contributor address; City; State; Zip Code  714 McCullough Avenue  Apt 444  San Antonio, TX 78215  Principal occupation / Job title (See Instructions) Senior full stack developer  Date  Full name of contributor  Out-of-state PAC (ID#:  Principal occupation / Job title (See Instructions) Senior full stack developer  Date  Full name of contributor  Out-of-state PAC (ID#:  Turner, Heather  Amount of Contributor  Amount of Contributor  Amount of Contributor  Amount of Contributor								
Food Access Manager  Date	Amount of Contribution (\$) \$21.37	12/10/2022 Mace, Alexander  Contributor address; City; State; Zip Code  1824 S. Interstate 35  Apt. 239						
12/15/2022 Plaza, Josue  Contributor address; City; State; Zip Code 714 McCullough Avenue Apt 444 San Antonio, TX 78215  Principal occupation / Job title (See Instructions) senior full stack developer  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 12/12/2022  Turner, Heather		· · · · · · · · · · · · · · · · · · ·						
Senior full stack developer genvid  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 12/12/2022 Turner, Heather	\$21.37	2/15/2022 Plaza, Josue  Contributor address; City; State; Zip Code  714 McCullough Avenue  Apt 444						
12/12/2022 Turner, Heather		, ,						
7512 Uray Dr  Austin, TX 78724	Amount of Contribution (\$) \$21.37	12/12/2022 Turner, Heather  Contributor address; City; State; Zip Code  7512 Uray Dr						
Principal occupation / Job title (See Instructions)  Senior accountant  Employer (See Instructions)  E2open		rincipal occupation / Job title (See Instructions)						

JNEI	ARY POLITICAL CONTRII	SCHEDULE A1
e Instru	ction Guide explains how to comple	te this form.  1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/29
R NAME a, Daniel		3 Filer ID (Ethics Commission Filers) 00090810
96/2022	<ul> <li>Full name of contributor  out-of-state cervera, michael</li> <li>Contributor address; City; State; Zip Code 7312 East Ben White Blvd #15</li> <li>Austin, TX 78741</li> </ul>	PAC (ID#:) <b>7</b> Amount of Contribution (\$) \$21.37
cipal occu	1	9 Employer (See Instructions)
9	R NAME a, Danie 06/2022	5 Full name of contributor out-of-state cervera, michael 6 Contributor address; City; State; Zip Code 7312 East Ben White Blvd #15

PLEDGED CONTRIBUTIONS	SCHEDULE B	<b>}</b>
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 7/29	
2 FILER NAME Silva, Daniela M	3 Filer ID (Ethics Commission Filers) 00090810	
TOTAL OF UNITEMIZED PLEDGES	\$ 0	.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:)	8 Amount of pledge (\$) In-kind description (If applicable)	
7 Pledgor Address; City; State; Zip Code	I I I I Check if travel outside of Texas. Complete Schedu	ule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru		

	LOANS					SCH	EDULE E
	The Instruction	n Guide explains how to co	orm.		pages Schedule E 1/1 Rpt: 8/29		
2	FILER NAME Silva, Daniela M				3 Filer I 0009	D (Ethics Comm	ission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<b>,</b>	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amou	nt (\$)
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rat	
						11 Maturity Da	te
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruct	ons)	•	
14	Description of Coll None	ateral		15 Check if personal funds	were deposit	ed into political ac (See Instruc	
	GUARANTOR INFORMATION	17 Name of guarantor	-	I		19 Amount Gu	aranteed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruct	ons)	-1	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 9/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/14/2022	Alanis, Angelina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.00	2506 Aldford Dr
		Austin, TX 78745
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Net Pay
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u>'</u>
	Date	Payee name
	12/08/2022	Angelina, Alanis
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	2506 Aldford Dr
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Net Pay
	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2022	Angelina, Alanis
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2506 Aldford Dr
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Net Pay
		Tvett dy
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a extension and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/20 Rpt: 10/29	Silva, Daniela M 00090810	
4	Date	5 Payee name	_
	12/18/2022	Benavides, Christian	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	9226 Jollyville RD	
		Apt 130	
		Austin, TX 78759	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Net Pay	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	12/18/2022	Blue Victory Consulting	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	1500 Crossing Place	
		#631	
		Austin, TX 78741	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Consulting Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	12/08/2022	Brown, Bethny	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.00	3851 Avenue F	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Net Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	H	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp.
Contributions/ Donations Made By - Giff(Alwards/Memory

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services			Vages	s/Contract Labor		OTHER (enter a	category not listed above	e)
				The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/20 Rpt: 11/29		Silva, Danie	la M						00090810		
4	Date	5	Payee name									
	12/14/2022		Brown, Beth	ny								
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$154.00		3851 Avenu			•						
			Austin, TX 7	9751								
Ļ	BUBBOOF	(-)					(1-)					
8	PURPOSE OF	(a)		e Categories listed a		hedule)	(a)	Description	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE		Salaries/wa	ges/Contract	Labor					officeholder living	•	
								Net Pay			, . ,	
								,				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/O						<b>9</b>					
$\vdash$	Date		Payee name									
	12/07/2022		Payee name Caballero, R	oherto								
		L			04-4-	7:- 0-	-1-					
	Amount (\$)		Payee addres		State	e; Zip Co	ue					
	\$99.00		3302 Briaroa	aks Dr								
			Garland, TX	75044								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE							ш	, TX,	officeholder living	g expense	
								Net Pay				
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	experientare to benefit 6/6/											
	Date		Payee name									
	12/13/2022		Circle K									
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$16.24		2222 E Olto	rf St								
			Austin, TX 7	8741								
	PURPOSE	(a)	Category (sa	e Categories listed a	t the top of this so	hedule)	(b)	Description				
	OF	l`´		age Expense	it the top of this se	ricudic)	` ′		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	g expense	
								Snacks for po	oll g	reeting		
		L										
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
l												

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 12/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/09/2022	Cloud Tree Studios & Gallery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$440.00	3411 E 5th St
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if to use outside of Tourse Complete Schedule Tourse Comp
	EXPENDITURE	Event space Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Space
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
L	12/19/2022	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,990.89	2106 BLALOCK DR
L		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/13/2022	Dorantes, Miriam
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	6407 Springdale Rd
		8209
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Net Pay
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/OI	<u>'</u>

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1: Sch: 5/20 Rpt: 13/29	2 FILER NAME Silva, Daniela M	3	B Filer ID (Ethics Commission Filers) 00090810		
_	Date 13/29					
4	12/14/2022	5 Payee name Dorantes, Miriam				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$124.96	6407 Springdale Rd				
		8209				
		Austin, TX 78723				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. 'X, officeholder living expense		
				nt for election night food		
				-		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office held		
	Date	Payee name				
	12/15/2022	Dorantes, Miriam				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$200.00	6407 Springdale Rd				
		8209				
	BUDE	Austin, TX 78723				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Descrip		tside of Texas. Complete Schedule T.		
	EXPENDITURE	Check	k if Austin, T	X, officeholder living expense		
		Net Pa	ay			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held		
	expenditure to benefit C/O			Office field		
	Date	Payee name				
	12/05/2022	Facebook				
	Amount (\$) \$250.00	Payee address; City; State; Zip Code One Hacker Way				
	φ250.00	One Hacker way				
		Menlo Park, CA 94025				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Descrip		tside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense		X, officeholder living expense		
		Facebo	ook ads			
	Complete ONII V Stationer	Condidate/Officeholder regree		Office hold		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held		

#### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food//
Contributions/ Donations Made By - Gift/Au

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction G	·		/ages	s/Contract Labor		OTHER (enter a	category not listed abo	ve)
Ļ		-			ulue explains in	OW to col	iiipid	ete tilis ioiili.	-			>
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	on Filers)
	Sch: 6/20 Rpt: 14/29		Silva, Danie	la M						00090810		
4	Date	5	Payee name									
	12/12/2022		Facebook									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
ľ	\$400.00	ľ	One Hacker		State,	Zip Co	uc					
	φ400.00		One macker	vvay								
			Menlo Park,	CA 94025								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Advertising			·		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							<b>—</b>		officeholder living	g expense	
								Facebook ad	S			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										
_	Date	Г	Payee name									
	12/13/2022		Facebook									
_		┡										
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$24.81		One Hacker	Way								
			Menlo Park,	CA 94025								
-	PURPOSE	(a)	Category	ee Categories listed at	N 4 # 4h-1 h	4.4-3	(b)	Description				
	OF	``'	Advertising		the top of this sched	aule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising	Lxperise				<b>=</b>		officeholder living		
								Facebook ad	S			
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	fice sou	aht			Office he	eld	
	expenditure to benefit C/O						9					
_		_										
	Date		Payee name									
	01/13/2023		Facebook									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$202.10		One Hacker	· Way								
			Menlo Park,	CA 94025								
	DUDDOOF	(-)					/I- \					
	PURPOSE OF	(a)		ee Categories listed at t	the top of this sched	dule)	(a)	Description	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE		Advertising	Expense						officeholder living	•	
								Final Faceboo			у схренос	
								Tillai Taccso	0.0	ado Siiii ig		
<u> </u>	Complete ONII V if direct	Ц	Condidate /Cff	aabaldar := = :== :	0.5	fine and	ak.			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Offic	ceholder name	Of	fice sou	ynt			Office h	ziu	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel in District Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to complete	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt: 15/29	Silva, Daniela M	00090810
4		5 Payee name	
L	12/19/2022	Gladiator Consulting	
6		7 Payee address; City; State; Zip Code	
	\$500.00	11516 Brandon Parke Trail	
		Austin, TX 78750	
8	PURPOSE OF		Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Consulting fee
L			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/20/2022	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.12	1600 Amphitheatre Parkway	
		Mountain View CA 04042	
	DUDDOCE	Mountain View, CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			eam drive fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
	Date	Payee name	
	12/07/2022	Holm, Charles	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$445.50	2202 W N Loop Blvd 281	
		Austin, TX 78756	
	PURPOSE OF		Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			let Pay
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- CAPCHIGHT TO DETICITE C/OI		
	<del></del>		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/20 Rpt: 16/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/14/2022	Holm, Charles
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$385.00	2202 W N Loop Blvd 281
		Austin, TX 78756
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Net Pay
		1.33.7 3.9
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Date	Dougo nama
	12/18/2022	Payee name
		Jessica, Robertson
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	10403 Golden Meadow Dr, Unit A
		Unit A
		Austin, TX 78758-4918
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Net Pay
		Net1 dy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 12/04/2022	Payee name
		Joe's Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.74	2305 E 7th ST
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Food
		Fuou
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 17/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/18/2022	Kinda Tropical
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$231.12	3501 E 7th St
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Team lunch
		roun tailon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	12/15/2022	Krueger, Mariana
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	4803 Bundyhill Dr
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Net Pay
		Hott dy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/18/2022	Krueger, Mariana
	Amount (\$)	Payee address; City; State; Zip Code
	\$823.50	4803 Bundyhill Dr
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Net Pay
_	Operation Objects "	On didn't 10 ff a halden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 10/20 Rpt: 18/29	Silva, Daniela M  00090810
4	Date	5 Payee name
	12/14/2022	Laduca, Gace
6	Amount (\$) \$94.50	7 Payee address; City; State; Zip Code 4610 Milburn Ln  Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Net Pay
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/07/2022	Laduca, Grace
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.00	4610 Milburn Ln
	DUDDOCT	Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Net Pay
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2022	Laduca, Grace
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4610 Milburn Ln
		Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Net Pay
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

l	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 19/29	Silva, Daniela M		00090810
4	Date	5 Payee name		•
	12/05/2022	Landgraf, Stephanie		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$49.17	6506 Shirley Ave		
l				
		Austin, TX 78752		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Post card writing party reimbusement
				1 ost card writing party reimbasement
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
H	Date	Payee name		
	12/25/2022	MailChimp		
⊢	Amount (\$)	Payee address; City; State; Zip Co	do	
	\$95.94	675 Ponce de Leon Ave NE	ue	
	ψ95.94			
		Suite 5000		
		Atlanta, GA 30308		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Email Platform
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	12/08/2022	Martinez, Xenia		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$335.00	1016 Camino la Costa		
		Apt 1302		
		Austin, TX 78752		
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Net Pay
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Office Held
$\vdash$				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 12/20 Rpt: 20/29	2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00090810	)
	•	i I	
4	Date	5 Payee name	
	12/14/2022	Martinez, Xenia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$280.00	1016 Camino la Costa	
	,	Apt 1302	
		i i	
		Austin, TX 78752	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		Net Pay	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Oi		
	Date	Payee name	
	12/15/2022	Martinez, Xenia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1016 Camino la Costa	
	Ψ100.00		
		Apt 1302	
		Austin, TX 78752	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Net Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<b>n</b>	
	Date	Payee name	
	12/15/2022	Moreno, Reza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	1709 Clifford Ave	
	Ψ400.00	1703 Cilliota Ave	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Net Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			-

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 21/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/05/2022	Newton, Caleb
6	Amount (\$) \$63.33	<b>7</b> Payee address; City; State; Zip Code 3209 S IH 35
	Ψ03.33	APT 1052
		Austin, TX 78741
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbusrement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2022	Newton, Caleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3209 S IH 35
		APT 1052
		Austin, TX 78741
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Net Pay
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2022	Panesso, Diego
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.00	4424 Guines Ranch Loop 1030
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Net Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<del>1</del>

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	Tatalana O. I. I. T.	
1	Total pages Schedule F1:	
L	Sch: 14/20 Rpt: 22/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/14/2022	Panesso, Diego
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$154.00	4424 Guines Ranch Loop 1030
	Ψ104.00	4424 Guilles Mariett Loop 1000
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Net Pay
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	1 
	Date	Payee name
	12/19/2022	Rebollar-Vergara, Nelly
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.90	7005 apperson st
	Ψ-11.50	1000 apperson st
		Del Valle, TX 78617
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Net Pay
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/11/2022	Robertson, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$358.31	2000 Burton Dr #103
		Unit A
		Austin, TX 78758-4918
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbursement for lit
		Normodisorment for it.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 23/29	Silva, Daniela M 00090810
4	Date	5 Payee name
	12/12/2022	Robertson, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$413.52	Austin, TX 78741
		Unit A
		Austin, TX 78758-4918
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense  Reimbursement for lit
		Telinbursement for lit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del></del>
	Date	Payee name
	12/06/2022	Robinson, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,167.20	10403 Golden Meadow Dr, Unit A
		Unit A
		Austin, TX 78758-4918
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbusrement for lit and yard signs
		Reinbustement for lit and yard signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	12/12/2022	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$271.87	13742 Harper St
		Santa Ana, CA 92703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Text/Phonebanking
		TOAUT HORIODAINING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 16/20 Rpt: 24/29	2 FILER NAME Silva, Daniela M		Filer ID 00090810	(Ethics Commission Filers)			
4	Date 12/16/2022	5 Payee name Scale to Win	•					
6	Amount (\$) \$835.78	7 Payee address; City; State; Zip Code 13741 Harper St						
8	PURPOSE OF EXPENDITURE	Santa Ana, CA 92703  (a) Category (See Categories listed at the top of this schedule) Fees  (b)	Description Check if travel outside Check if Austin, TX, of Text/Phonebankir	fficeholder living				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office hel	d			
	Date 12/17/2022	Payee name Silva, Daniela						
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2410 Ventura Dr #2 Austin, TX 78741						
	PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Description  Check if travel outside  Check if Austin, TX, of  Reimbusrement for	fficeholder living	expense			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office hel	d			
	Date 12/16/2022	Payee name Solidarity Strategies						
	Amount (\$) \$5,513.69	Payee address; City; State; Zip Code P.O. Box 15260						
		Washington, DC 20003						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside Check if Austin, TX, of Mailers					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office hel	d			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/20 Rpt: 25/29 Silva, Daniela M 00090810 4 Date Payee name 12/15/2022 Stephanie, Landgraf 6 Amount (\$) Payee address; State; Zip Code \$250.00 6506 Shirley Ave Austin, TX 78752 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Net Pay Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/15/2022 Su, Emily Amount (\$) Payee address; City; State; Zip Code \$100.00 706 W MLK JR BLVD 512B Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Net Pay Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/07/2022 Thompson, Alyssa Amount (\$) Payee address: City: State; Zip Code \$566.60 2101 W. Anderson LN Apt 725 Austin, TX 78757 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Net Pay** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1: Sch: 18/20 Rpt: 26/29	2 FILER NAME Silva, Daniela M  3 Filer ID (Ethics Commission Filers) 00090810			
4	Date 12/14/2022	5 Payee name Thompson, Alyssa			
6	Amount (\$) \$709.50	7 Payee address; City; State; Zip Code 2101 W. Anderson LN Apt 725 Austin, TX 78757			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Net Pay			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date 12/15/2022	Payee name Thompson, Alyssa			
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2101 W. Anderson LN Apt 725 Austin, TX 78757			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Net Pay			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date 12/08/2022	Payee name Trevino, Taylor			
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 2000 Burton Dr #103 Austin, TX 78741			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Net Pay			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

### SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 19/20 Rpt: 27/29	Silva, Daniela M 00090810				
4	Date	5 Payee name				
	12/15/2022	UFCU				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$20.00	130 E Ben White Blvd				
		Austin, TX 78704				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Banking fee				
		Daiming 100				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/OI					
$\vdash$	Data					
	Date	Payee name				
	12/05/2022	Walter, Eleanor				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$528.00	2910 Medical Arts St				
		Apt 206				
		Austin, TX 78705				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Net Pay				
	Operation ONLY if allowed	Our did to 10 ff as had done as many				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/15/2022	Walter, Eleanor				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$200.00	2910 Medical Arts St				
		Apt 206				
		Austin, TX 78705				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Net Pay				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	5.psa.a.s to 25.15.1. 5/5/1					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 20/20 Rpt: 28/29	Silva, Daniela M 00090810				
4	Date	5 Payee name				
	12/17/2022	Walter, Eleanor				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$748.00	2910 Medical Arts St				
		Apt 206				
		Austin, TX 78705				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Net Pay				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialitare to benefit C/Oi	'				
	Date	Payee name				
	12/07/2022	Wheat, Brian				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$195.00	3905 Chase Cir				
		Apt B				
		Austin, TX 78721				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Net Pay				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	experialture to benefit C/Or					
	Date	Payee name				
	12/14/2022	Wheat, Brian				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$97.50	3905 Chase Cir				
		Apt B				
		Austin, TX 78721				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Net Pay				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				

		FORM C/OH - FR			
	The Instruction Guide explains how to complete this form.  ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 29 of 29			
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)			
	Silva, Daniela M	00090810			
3	SIGNATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
	Danie	ela M Silva			
		ndidate / Officeholder			
1	FILER WHO IS NOT AN OFFICEHOLDER				
4	** Complete A & B below only if you are not an officeholder **				
	•				
	A CAMPAIGN FUNDS				
	Check only one:				
	X I do not have unexpended contributions or unexpended interest or income earned from politi	ical contributions.			
	I have unexpended contributions or unexpended interest or income earned from political conconvert unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may not runexpended interest or income earned on political contributions longer than six years after filmust dispose of unexpended political contributions and unexpended interest or income earned with the requirements of Election Code 254.204.	tical contributions to personal use. I also retain unexpended contributions or ling this report. Further, I understand that I			
	B ASSETS				
	Check only one:				
	I do not retain assets purchased with political contributions or interest or other income from p	political contributions.			
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.				
	David	ela M Silva			
		e of Candidate			
	Signature	e of Candidate			
5	OFFICEHOLDER *** Complete this section only if you are an officeholder **				
	** Complete this section only if you are an officeholder **				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
	Signature	e of Officeholder			