

# 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) 00090781		2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Celia M.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/17/2023		
	NICKNAME LAST SUFFIX Israel				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 16489  Austin, TX 78761			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Lupe				
	NICKNAME LAST SUFFIX Morin				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3306 Gallup Cove  Austin, TX 78745				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 658-4085				
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2023    07/08/2023				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Mayor District Austin	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Israel, Celia M.	14 Filer ID	(Ethics Commission Filers)
		00090781	

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.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,828.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$	34,389.10
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

Celia M. Israel

\_\_\_\_\_  
Signature of Candidate or Officeholder

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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<b>18 FILER NAME</b> Israel, Celia M.		<b>19 Filer ID</b> (Ethics Commission Filers) 00090781
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,828.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 34,389.10
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/21
<b>2</b> FILER NAME Israel, Celia M.		<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boshart, Catherine <b>6</b> Contributor address; City; State; Zip Code 5217 Crooked Oak Cv  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) pR		<b>9</b> Employer (See Instructions) H+K Strategies
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Anna Contributor address; City; State; Zip Code 730 Belvin Street  San Marcos, TX 78666	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Sarah Contributor address; City; State; Zip Code 401 Congress Ave., Suite 2100  Austin, TX 78748	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Of Counsel		Employer (See Instructions) Winstead PC
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarich, Casilda Contributor address; City; State; Zip Code 207 S. Lake Creek Drive  Round Rock, TX 78681	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Chief Operations Officer		Employer (See Instructions) Con Mi MADRE
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehresman, Katya Contributor address; City; State; Zip Code 3707 Tom Green St Apt 4  Austin, TX 78705	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Grassroots Organizer		Employer (See Instructions) Common Cause Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/21
<b>2</b> FILER NAME Israel, Celia M.		<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinkerbusch, Dwight <hr/> <b>6</b> Contributor address; City; State; Zip Code 1809 Drake Ave  Austin, TX 78704	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Development		<b>9</b> Employer (See Instructions) The Cooks' Nook
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geruso, April <hr/> Contributor address; City; State; Zip Code 2309 Robert Browning Street  Austin, TX 78723	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) ADG Resilience Consulting, LLC
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Anthony <hr/> Contributor address; City; State; Zip Code 1212 Guadalupe Street  Austin, TX 78701	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) hawk, llc
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langmore, John <hr/> Contributor address; City; State; Zip Code 501 N I35 Ste 116  Austin, TX 78702	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller-Fellows, Sarah <hr/> Contributor address; City; State; Zip Code 12006 Swallow Drive  Austin, TX 78750	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Director of Impact		Employer (See Instructions) Girls Empowerment Network

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/21
<b>2</b> FILER NAME Israel, Celia M.		<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Rosamaria <hr/> <b>6</b> Contributor address; City; State; Zip Code 4638 Hibiscus Valley Dr.  Austin, TX 78739	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) El Buen Samaritano
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purnell, Neva <hr/> Contributor address; City; State; Zip Code 3014 Windsor Rd  Austin, TX 78703	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kelly <hr/> Contributor address; City; State; Zip Code 1013 Lambie Street, C  Austin, TX 78702	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Logitech
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Jason <hr/> Contributor address; City; State; Zip Code 3505 Ambleside Dr.  Austin, TX 78759	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Texas Real Estate Commission
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Patrick <hr/> Contributor address; City; State; Zip Code 730 Belvin Street  San Marcos, TX 78666	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Corridor Title

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/21
<b>2</b> FILER NAME Israel, Celia M.		<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoenfield, Miriam <hr/> <b>6</b> Contributor address; City; State; Zip Code 1505 Concordia Avenue Austin, TX 78722	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) UT Austin
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smiley, Martha <hr/> Contributor address; City; State; Zip Code 401 Congress Ave Austin, TX 78701	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Benjamin <hr/> Contributor address; City; State; Zip Code 904 Poplar St., Apt. 104 Austin, TX 78705	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Patient Navigator		Employer (See Instructions) AIDS Services of Austin
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Blanca Nereida <hr/> Contributor address; City; State; Zip Code 12001 Dessau Rd Apt 1415 Austin, TX 78754	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) School Administrator		Employer (See Instructions) Round Rock ISD
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney, Claudia <hr/> Contributor address; City; State; Zip Code 7500 Montague Dr Austin, TX 78729	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/21
<b>2</b> FILER NAME Israel, Celia M.		<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney, Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code 7500 Montague Dr  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Legal Officer		<b>9</b> Employer (See Instructions) Adelanto HealthCare Ventures, L.L.C.
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha Coppage <hr/> Contributor address; City; State; Zip Code 14745 Merriltown #311  Austin, TX 78728	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired Texas classroom teacher		Employer (See Instructions) Retired
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini, Carlos <hr/> Contributor address; City; State; Zip Code 401 West 15th Street Austin  Austin, TX 78701	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Adelanto HealthCare Ventures, L.L.C.



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/12 Rpt: 9/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/27/2023	<b>5</b> Payee name ADP	
<b>6</b> Amount (\$) \$38.08	<b>7</b> Payee address; City; State; Zip Code 14205 North Mopac Expressway  Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2023	Payee name ADP	
Amount (\$) \$282.99	Payee address; City; State; Zip Code 14205 North Mopac Expressway  Austin, TX 78728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tax form fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2023	Payee name ADP	
Amount (\$) \$92.71	Payee address; City; State; Zip Code 14205 North Mopac Expressway  Austin, TX 78728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/12 Rpt: 10/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 03/03/2023	<b>5</b> Payee name ADP	
<b>6</b> Amount (\$) \$38.08	<b>7</b> Payee address; City; State; Zip Code 14205 North Mopac Expressway  Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2023	Payee name BumperActive	
Amount (\$) \$331.45	Payee address; City; State; Zip Code 5907 Burnet Rd  Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2023	Payee name BumperActive	
Amount (\$) \$1,193.28	Payee address; City; State; Zip Code 5907 Burnet Rd  Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/12 Rpt: 11/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/31/2023	<b>5</b> Payee name BumperActive	
<b>6</b> Amount (\$) \$296.13	<b>7</b> Payee address; City; State; Zip Code 5907 Burnet Rd  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name Emerson, William	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3204 Texas Topaz Dr  Austin, TX 78744	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2023	Payee name Encino Broadcasting, LLC	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2304 BIRCHINGTON DR  Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense radio ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/12 Rpt: 12/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/31/2023	<b>5</b> Payee name FIRST INSURANCE	
<b>6</b> Amount (\$) \$56.17	<b>7</b> Payee address; City; State; Zip Code 9737 Great Hills Trl  Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense insurance
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2023	Candidate/Officeholder name Office sought Office held	
Payee name FIRST INSURANCE		
Amount (\$) \$56.17	Payee address; City; State; Zip Code 9737 Great Hills Trl  Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Insurance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2023	Candidate/Officeholder name Office sought Office held	
Payee name Feigen, Taryn		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13111 Fieldgate Dr  Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/12 Rpt: 13/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 02/01/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1600  San Antonio, TX 78296	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense return check fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2023	Payee name Frost Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 1600  San Antonio, TX 78296	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2023	Payee name Garza, Celinda	
Amount (\$) \$263.79	Payee address; City; State; Zip Code 7107 Tawny Circle  Austin, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff office food and beverage reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/12 Rpt: 14/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/24/2023	<b>5</b> Payee name Hart, Mallory	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 6706 Tulane Drive  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense operations consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2023	Candidate/Officeholder name Office sought Office held	
Payee name Hart, Mallory		
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 6706 Tulane Drive  Austin, TX 78723	
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 operations consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2023	Candidate/Officeholder name Office sought Office held	
Payee name Hart, Mallory		
Amount (\$) \$4,220.72	Payee address; City; State; Zip Code 6706 Tulane Drive  Austin, TX 78723	
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 operations consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/12 Rpt: 15/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 03/06/2023	<b>5</b> Payee name Herrera, Isabel	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 3501 SOUTH 1ST STREET  Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2023	Payee name Israel, Celia	
Amount (\$) \$523.19	Payee address; City; State; Zip Code 7107 Tawny Circle  Austin, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies and move out reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name Israel, Celia	
Amount (\$) \$47.00	Payee address; City; State; Zip Code 7107 Tawny Circle  Austin, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for office reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/12 Rpt: 16/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 03/06/2023	<b>5</b> Payee name Mahmud, Parisa	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 11704 Palisades Parkway  Austin, TX 78732	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2023	Payee name Messaging, Audience, Presentation	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code 2400 S. 4th Street  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name NUMERO	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 200 Spectrum Center Drive Ste 300 Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/12 Rpt: 17/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/17/2023	<b>5</b> Payee name NUMERO	
<b>6</b> Amount (\$) \$77.23	<b>7</b> Payee address; City; State; Zip Code 200 Spectrum Center Drive Ste 300 Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name NUMERO	
Amount (\$) \$68.37	Payee address; City; State; Zip Code 200 Spectrum Center Drive Ste 300 Irvine, CA 92618	
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 donation fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2023	Payee name PLV INC	
Amount (\$) \$5,786.64	Payee address; City; State; Zip Code 610 S. INDUSTRIAL BLVD. #141 Euless, TX 76040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/12 Rpt: 18/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 01/18/2023	<b>5</b> Payee name Patrick, Mary	
<b>6</b> Amount (\$) \$71.26	<b>7</b> Payee address; City; State; Zip Code 612 Genard St  Austin, TX 78751	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing reimbursement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2023	Payee name Powell, Ingrid	
Amount (\$) \$1,310.48	Payee address; City; State; Zip Code 2511 WOODMONT AVENUE, C  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/18/2023	Payee name Sha, Sabrina	
Amount (\$) \$3,050.00	Payee address; City; State; Zip Code 3312 Robinson Ave  Austin, TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/12 Rpt: 19/21	<b>2</b> FILER NAME Israel, Celia M.	<b>3</b> Filer ID (Ethics Commission Filers) 00090781
<b>4</b> Date 03/06/2023	<b>5</b> Payee name Staiger, Abbigayle	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 620 EVENING SUN DR  Propser, TX 75078	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name Thuma , Rich	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6701 BURNET ROAD, Apt 252  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name Vasquez, Alberto	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4600 ELMONT DR  Austin, TX 78741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
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: 12/12 Rpt: 20/21	2 FILER NAME Israel, Celia M.	3 Filer ID (Ethics Commission Filers) 00090781
4 Date 02/07/2023	5 Payee name Worley Printing Co.	
6 Amount (\$) \$70.36	7 Payee address; City; State; Zip Code 76 Elm Terrace  Springfield, IL 31108	
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 printed materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

Page 21 of 21

**1 C/OH NAME**

Israel, Celia M.

**2 Filer ID**

(Ethics Commission Filers)

00090781

**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.

Celia M. Israel

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are not an officeholder \*\***

**A CAMPAIGN FUNDS**

Check only one:

☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

**B ASSETS**

Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from 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.

Celia M. Israel

Signature of Candidate

**5 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 of Officeholder