# 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 00086310		2 Total pages f	iled: 77
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Francine		MI	OFFICE	USE ONLY
NAME		Francine			Date Received  ELECTRONIC	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	10/11/2022	
		Ly				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT 1104 Catalpa Cir	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING ADDRESS	1104 Catalpa Cli				Receipt #	Amount
Change of Address	Irving, TX 75063				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Francine				
	NICKNAME	LAST		SUFFIX		
		Ly				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	AP <sup>-</sup>	T / SUITE #; CITY	; ST.	ATE; ZIP CODE
TREASURER ADDRESS	1104 Catalpa Cir					
(Residence or Business)	Irving, TX 75063					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(972) 863-2935					
8 REPORT TYPE	January 15	X 30th day before	election	Runoff		ampaign treasurer
	July 15	8th day before 6	election $\square$	Exceeded modified	appointment (off Final Report (Att	
		<b>_</b>		reporting limit	_ · ·	,
9 PERIOD COVERED	Month Day Year 07/01/2022	T⊔	IROUGH	Month Day 09/29/202	Year	
	07/01/2022		11.00011	09/29/202	22	
10 ELECTION	ELECTION DATE			ELECTION TYPE	□ ou	
	Month Day Year 11/08/2022		rimary	Runoff	Other	
		[X] <sup>G</sup>	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u>'</u>		12 OFFICE SOUGH		
				State Senator D	istrict 12	
	,			•		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 177

13 C / OH NAME	Ly, Francine		14 Filer ID 00086310	(Ethics Commi	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditure These expenditures may have been made without th d officeholders are required to report this information	e candidate's or offic	eholder's know	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	6		
16 CONTRIBUTION TOTALS		LIIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	37,326.38
EXPENDITURE TOTALS	3. TOTAL UNITEN		\$	0.00	
	4. TOTAL POLITION		\$	27,856.52	
CONTRIBUTION BALANCE	5. TOTAL POLITION REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	ST DAY OF THE	\$	17,818.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C RTING PERIOD	OF THE LAST DAY	\$	24,960.72
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
		_			
			Francine Ly Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AE	OVE			
		said	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering	oath
Signature or office	co. adminiotoring	ed name of one of dammistering	The of office	adminiotoring	Jani

#### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 177

			3	of 177
18 FILER NAME Ly, Francine		<b>19</b> Filer ID 00086310	(Ethics Commission F	-ilers)
20 SCHEDULE S			SUBTOTAL AM	OUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 3	7,126.38
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	200.00
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	1,000.00
4. X S	SCHEDULE E: LOANS		<b>\$</b> 2	4,960.72
5. X S	\$	2,895.80		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 2	4,960.72
9. 📗 S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. 📗 S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/41 Rpt: 4/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/18/2022	<ul><li>5 Full name of contributor Aguilar, Norma and Gasto</li><li>6 Contributor address; City; S</li></ul>	tate; Zip Code	)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu Not Employe			Employer (See Instructions     Not Employed	5)		
	Date 08/02/2022	Full name of contributor Ando, Christine  Contributor address; City; S  Baltimore, MD 21230	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.78
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 08/01/2022	Full name of contributor Andres-Tysch, Ezra Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$2.78
	•	Los Angeles, CA 90004 pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
07/20/2022		Full name of contributor Ascencio, Yanira Contributor address; City; S Midlothian, TX 76065	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Principal occu Administrativ	pation / Job title (See Instructions	5)	Employer (See Instructions Dallas County	<u>l</u> S)		
	Date 08/17/2022	Full name of contributor Baker, Meyassa Contributor address; City; S Dallas, TX 75244	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions	s) 	Employer (See Instructions Tntp	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/41 Rpt: 5/177
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission Filers) 00086310
4	Date 07/20/2022	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$1,000.00
		Coppell, TX 75019-6039				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)	
	Date 08/08/2022	Full name of contributor out-of-state PAC (ID#:_ Baron, Lisa Blue Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$5,000.00
	Principal occur	Dallas, TX 75205 pation / Job title (See Instructions)		Employer (See Instructions	·/_	
	Attorney	pation / Job title (See matrictions)		Self-Employed	,	
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Beal, Stanley  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$25.00
		Flower Mound, TX 75028				
	Office worke	pation / Job title (See Instructions)		Employer (See Instructions LifeCycle Dental	5)	
	Date 09/07/2022	Full name of contributor out-of-state PAC (ID#:_ Beal, Stanley  Contributor address; City; State; Zip Code  Flower Mound, TX 75028		)		Amount of Contribution (\$) \$20.00
	Principal occu Office worke	pation / Job title (See Instructions)		Employer (See Instructions LifeCycle Dental	5)	
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Bearce, Amy Contributor address; City; State; Zip Code Schertz, TX 78154		)		Amount of Contribution (\$) \$1.00
	Principal occu freelance wri	pation / Job title (See Instructions) ter		Employer (See Instructions self-employed	5)	
			<u> </u>	. ,		

	MONEI	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 3/41 Rpt: 6/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/13/2022	<ul> <li>Full name of contributor  out-of-si  Berel-Harrop, Sarah</li> <li>Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor</li> </ul>	tate PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Retired	Farmers Branch, TX 75234 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 07/20/2022	Bhattacharya, Advay  Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$80.00
	Principal occu Student	Flower Mound, TX 75022 pation / Job title (See Instructions)		Employer (See Instructions Student	)		
	Date 08/10/2022	Full name of contributor out-of-si Bigham, Tracie  Contributor address; City; State; Zip Contributor	tate PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Dain single	Houston, TX 77074		Foundation (Construction			
	Marketing	pation / Job title (See Instructions)		Employer (See Instructions McGriff	)		
	Date 08/15/2022	Black, Melanie  Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$11.11
	Principal occu CRNA	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions NorthStar Anesthesia	)		
	Date 07/16/2022	Full name of contributor out-of-si Bose, Elizabeth  Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/41 Rpt: 7/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/18/2022	5 Full name of contributor Brill, Frank 6 Contributor address; City; State;	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Engineering	Director		Cadence Design System	ns		
	Date 09/10/2022	Full name of contributor  Brown, Kathleen  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Wichita Falls, TX 76310					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Kathleen Brown Attorne	у а	t Law PLLC	
	Date 07/19/2022	Full name of contributor  Bush, Dannielle  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.78
		Pflugerville, TX 78660-2243					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Paraprofessi	ional		Pflugerville Independent	t S	chool District	
	Date 08/31/2022	Full name of contributor Byam, JOhnetta  Contributor address; City; State;  San Antonio, TX 78257	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu System Anal	pation / Job title (See Instructions) lyst		Employer (See Instructions Equinix	s)		
	Date 07/21/2022	Full name of contributor  Caterisano, Don  Contributor address; City; State;  Flower Mound, TX 75022	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Project mana	ager		Juniper Network			
			<u> </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 5/41 Rpt: 8/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	on Filers)
4	Date 08/21/2022	Caterisano, Don	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
0	Dringing aggr	Flower Mound, TX 75022	10	Employer (See Instructions			
8	Project mana	pation / Job title (See Instructions) ager		Employer (See Instructions Juniper Network	)		
	Date 09/29/2022	Full name of contributor  Caterisano, Don  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Flower Mound, TX 75022					
	Telecom	pation / Job title (See Instructions)		Employer (See Instructions Juniper Networks	)		
	Date 07/19/2022	Full name of contributor  Cavaness, Thomas  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.77
		Bryan, TX 77803					
	Principal occu Campaign M	pation / Job title (See Instructions) anager		Employer (See Instructions Freeland for Congress	)		
	Date 09/01/2022	Full name of contributor Chang, Henry Contributor address; City; State; Sacramento, CA 95834				Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions APAPA	)		
	Date 07/06/2022	Full name of contributor Chean, Mike Contributor address; City; State; Allen, TX 75002	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Stay at Home	pation / Job title (See Instructions) e Dad		Employer (See Instructions Not Employed	)		
	<u> </u>			. ,			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 6/41 Rpt: 9/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/09/2022	<ul><li>5 Full name of contributor Chowning, Melissa</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Flower Mound, TX 75028					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Twenty-First Digital	5)		
	Date 07/28/2022	Full name of contributor Christenson, Karen Contributor address; City; State		)		Amount of Contribution (\$)	\$11.11
	Principal occu	Nashua, NH 03062 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	software eng	ineer		Zebra Technologies			
	Date 07/28/2022	Full name of contributor  Cicchella, Angelique  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
		Chardon, OH 44024					
	Principal occu Home health	pation / Job title (See Instructions) care		Employer (See Instructions Self-Employed	i)		
	Date 09/18/2022	Full name of contributor Cindric, Jane Contributor address; City; State Denton, TX 76207	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	i)		
	Date 08/04/2022	Full name of contributor  Clark, Carol  Contributor address; City; State  Dallas, TX 75244	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/41 Rpt: 10/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/17/2022	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Clark, Carol</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75244 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Not Employe		Not Employed			
	Date 08/04/2022	Full name of contributor out-of-state PAC (ID#:_Clark, Joan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Dallas, TX 75244	Faralous (Coo lastinisticas			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Clay, Judy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Carrollton, TX 75010				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 08/10/2022	Full name of contributor out-of-state PAC (ID#:_Clay, Judy  Contributor address; City; State; Zip Code  Carrollton, TX 75010			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 07/24/2022	Full name of contributor out-of-state PAC (ID#:_Cloud, Kim  Contributor address; City; State; Zip Code  CHATTAHOOCHEE HIL, GA 30268-2371			Amount of Contribution (\$)	\$2.78
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 8/41 Rpt: 11/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	Filers)
4	Date 07/23/2022	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2.78
		Georgetown, TX 78628	,				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 07/24/2022	Full name of contributor out-of-state Proceedings of Conner, Sheila  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.78
	Principal occur	Pasadena, TX 77502 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Retired	oddon 7 oob tale (oce mondedono)		Retired	,,		
	Date 08/01/2022	Full name of contributor out-of-state Pa Conner, Sheila Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$2.78
		Pasadena, TX 77502					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/13/2022	Full name of contributor out-of-state Procook, Joshua  Contributor address; City; State; Zip Code  Lewisville, TX 75067				Amount of Contribution (\$)	\$25.00
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions Gearbox Software	5)		
	Date 07/25/2022	Full name of contributor out-of-state Processing Diversity Crisp, DVette  Contributor address; City; State; Zip Code  Austin, TX 78727-7044				Amount of Contribution (\$)	\$2.78
	Principal occu Sale	oation / Job title (See Instructions)		Employer (See Instructions N.Way	5)		

	MONEI	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 9/41 Rpt: 12/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/24/2022	Croft, Kathryn	te PAC (ID#:	)	7	Amount of Contribution (\$)	\$11.11
8	Principal occu Retired	Brooklyn, NY 11201-5035 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	 s)		
	Date 08/13/2022	Full name of contributor out-of-state  Currie, Lance  Contributor address; City; State; Zip Code  Dallas, TX 75244	te PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Carrington Coleman Slo		ın & Blumenthal LLP	
	Date 07/25/2022	Full name of contributor out-of-state Daly, Gina Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	Lantana, TX 76226 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/03/2022	Full name of contributor out-of-state Daniluk, Judy Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/21/2022	Full name of contributor out-of-state  Don, Caterisano  Contributor address; City; State; Zip Code  Flower Mound, TX 75022	te PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Project mana	pation / Job title (See Instructions) ager		Employer (See Instructions Juniper Network	s)		
			•				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 10/41 Rpt: 13/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/26/2022	<ul> <li>Full name of contributor  out-of-star  Donovan, Carol</li> <li>Contributor address; City; State; Zip Cod</li> </ul>		)	7	Amount of Contribution (\$)	\$519.52
_		Dallas, TX 75214			L		
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 07/25/2022	Dudley, Margaret  Contributor address; City; State; Zip Cod		)	•	Amount of Contribution (\$)	\$27.77
	Principal occu Retired	San Antonio, TX 78257 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 08/01/2022	Full name of contributor out-of-state  Duncan, Tony  Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$2.78
		Brattleboro, VT 05301					
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions England Center for Circ		Arts	
	Date 09/10/2022	Duncan, Tony  Contributor address; City; State; Zip Cod		)		Amount of Contribution (\$)	\$3.00
	Principal occu teacher	Brattleboro, VT 05301 pation / Job title (See Instructions)		Employer (See Instructions england Center for circu		ırts	
	Date 09/20/2022	Dungan, Brian				Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) vice representative		Employer (See Instructions Rose International	5)		
	22.2.3			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A	.1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/41 Rpt: 14/177	
2	FILER NAME Ly, Francine			3 Filer ID (Ethics Commission Filer 00086310	s)
4	Date 08/15/2022	Full name of contributor	)	7 Amount of Contribution (\$) \$5	50.00
_	<u> </u>	Carrollton, TX 75007			
8	Principal occu Engineer	pation / Job title (See Instructions)	9 Employer (See Instructions) UT Southwestern Medica		
	Date 09/16/2022	Full name of contributor out-of-state PAC (ID#:_Elkin, Robert  Contributor address; City; State; Zip Code  Dallas, TX 75229	)	Amount of Contribution (\$) \$10	00.00
		pation / Job title (See Instructions)	Employer (See Instructions)	r.	
	Not Employe	ed	Not Employed		
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Eriksen, Erik Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5	50.00
		Coppell, TX 75019			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired		
	Date 08/17/2022	Full name of contributor out-of-state PAC (ID#:_ Estrada, Debra Contributor address; City; State; Zip Code  Corpus Christi, TX 78412		Amount of Contribution (\$) \$2	20.00
	Principal occu Accountant	pation / Job title (See Instructions)	Employer (See Instructions) Morehead Dotts Rybak		
	Date 07/24/2022	Full name of contributor out-of-state PAC (ID#:_ Eubanks, Tommy  Contributor address; City; State; Zip Code  The Woodlands, TX 77380		Amount of Contribution (\$)	\$2.78
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/41 Rpt: 15/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/11/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Farrar, Norman</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Carrollton, TX 75010 pation / Job title (See Instructions)	Employer (See Instructions			
•	Developer	pation / Job title (See Instructions)	9 Employer (See Instructions Cvent	·)		
	Date 07/24/2022	Full name of contributor out-of-state PAC (ID#:_Few, Ruth Ann  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.78
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	,	Retired	,		
	Date 07/17/2022	Full name of contributor out-of-state PAC (ID#:_Fischer, Huey Rey  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$27.00
		San Antonio, TX 78212				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Jackson Walker LLP	5)		
	Date 08/11/2022	Full name of contributor out-of-state PAC (ID#:_ Fry, Sandra Contributor address; City; State; Zip Code  Kennedale, TX 76060			Amount of Contribution (\$)	\$2.78
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	i)		
	Date 08/19/2022	Full name of contributor out-of-state PAC (ID#:_Gambill, Louis  Contributor address; City; State; Zip Code  Fort Worth, TX 76116			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/41 Rpt: 16/177	
2	FILER NAME Ly, Francine			3 Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/23/2022	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$)	\$1,000.00
_	Daine in all access	dallas, TX 75247			
8	attorney	pation / Job title (See Instructions)	Employer (See Instructions)     Law offices of Domingo		
	Date 09/11/2022	Full name of contributor  out-of-state PAC (ID#:_ Garcia MD, Catalina E Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)	Employer (See Instructions	)	
	Not Employe		Not Employed	,	
	Date 09/24/2022	Full name of contributor out-of-state PAC (ID#:_ Garcia MD, Catalina E Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75231			
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions  Not Employed	)	
	Date 08/06/2022	Full name of contributor out-of-state PAC (ID#:_ Garstang, Meg Contributor address; City; State; Zip Code  Azusa, CA 91702	)	Amount of Contribution (\$)	\$2.78
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions University of California	)	
	Date 07/13/2022	Full name of contributor out-of-state PAC (ID#:_ Gee, Robert Contributor address; City; State; Zip Code Falls Church, VA 22043	)	Amount of Contribution (\$)	\$250.00
	Principal occu Energy Cons	pation / Job title (See Instructions) sultant	Employer (See Instructions Gee Strategies Group, L		

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/41 Rpt: 17/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/05/2022	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
_	5	Carrollton, TX 75007				
8	Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions) Public High School	)		
	Date 07/09/2022	Full name of contributor out-of-state PAC (ID#:_ Gosewehr, Rocio Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75025 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Attorney	pation / 300 title (See Instructions)	Snellings Law PLLC	,		
	Date 08/05/2022	Full name of contributor out-of-state PAC (ID#:_ Grau, James Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75202				
	Principal occu Managing M	pation / Job title (See Instructions) ember	Employer (See Instructions) Grau Law Group PLLC	)		
	Date 07/22/2022	Full name of contributor out-of-state PAC (ID#:_ Grossman, Lauren Contributor address; City; State; Zip Code Cedar Park, TX 78613	)		Amount of Contribution (\$)	\$5.56
		pation / Job title (See Instructions) ociation Manager	Employer (See Instructions) Texas Municipal League			
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Hasta, Juzar  Contributor address; City; State; Zip Code  Irving, TX 75063			Amount of Contribution (\$)	\$100.00
	Principal occu Mgmt. Consi	pation / Job title (See Instructions) ultant	Employer (See Instructions) Self-Employed	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS .		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 15/41 Rpt: 18/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	on Filers)
4	Date 07/20/2022	<ul> <li>Full name of contributor  out-of-state PAGE  out-of-state PAG</li></ul>	C (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
_		Farmers Branch, TX 75244					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/26/2022	Full name of contributor out-of-state PAGE Hopkins, Terry  Contributor address; City; State; Zip Code  Dallas, TX 75248		)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	d		Not Employed			
	Date 08/31/2022	Full name of contributor out-of-state PAG Howard, Donna Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$3.00
		Seattle, WA 98125					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 09/15/2022	Full name of contributor out-of-state PAG Jablonski, Carol Contributor address; City; State; Zip Code Dallas, TX 75248		)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u> 5)		
	Date 07/17/2022	Full name of contributor out-of-state PAG Jackson, Marie  Contributor address; City; State; Zip Code  Flower Mound, TX 75028		)		Amount of Contribution (\$)	\$11.11
	Principal occu Dental Hygie	oation / Job title (See Instructions) nist		Employer (See Instructions Penn Dental	5)		
			I				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 16/41 Rpt: 19/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	on Filers)
4	Date 08/13/2022	<ul> <li>Full name of contributor  out-of-star Jawad, Hadi</li> <li>Contributor address; City; State; Zip Cod</li> </ul>	ate PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
		Irving, TX 75061					
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Forklift CityInc	5)		
	Date 08/27/2022	Kang, Julia Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$100.00
	Principal occu	Irving, TX 75063 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Consultant			Self			
	Date 08/27/2022	Full name of contributor out-of-sta  Kassab, Leon  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Carrollton, TX 75007					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions The Benton Law Firm	5)		
	Date 09/27/2022	Kassab, Leon		)		Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions The Benton Law Firm	<u> </u> 		
	Date 07/20/2022	Kastl, Kristina N.	ate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Kastl Law P.C.	5)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/41 Rpt: 20/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/20/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Kastl, Kristina N.</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00
_		Dallas, TX 75204				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions) Kastl Law P.C.	)		
	Date 07/10/2022	Full name of contributor out-of-state PAC (ID#:_ Kennedy, Cheri  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Denton, TX 76207  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	pation 7 oob title (oce instructions)	Retired	,		
	Date 08/11/2022	Full name of contributor out-of-state PAC (ID#:_ Kennedy, Cheri Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Denton, TX 76207				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)		
	Date 09/11/2022	Full name of contributor out-of-state PAC (ID#:_ Kennedy, Cheri Contributor address; City; State; Zip Code  Denton, TX 76207	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions) Not Employed	)		
	Date 09/24/2022	Full name of contributor out-of-state PAC (ID#:_Kingston, Philip Contributor address; City; State; Zip Code Dallas, TX 75206			Amount of Contribution (\$)	\$100.00
	Principal occu lawyer	pation / Job title (See Instructions)	Employer (See Instructions) Kingston PLLC	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/41 Rpt: 21/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/20/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Kipley, Marlene</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$2.78
_		Quincy, IL 62301	I			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 08/29/2022	Full name of contributor out-of-state PAC (ID#:_ Knox, Julie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Greenbelt, MD 20770  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Not Employe		Not Employed	,		
	Date 07/24/2022	Full name of contributor out-of-state PAC (ID#:_ Kodrack, Denise Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.11
		Brighton, MI 48116				
	•	pation / Job title (See Instructions) tal Consultant	Employer (See Instructions GZA	)		
	Date 07/18/2022	Full name of contributor out-of-state PAC (ID#:_Krause, William Contributor address; City; State; Zip Code Dallas, TX 75248			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	)		
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ LaCroix, Hannah Contributor address; City; State; Zip Code Wills Point, TX 75169	)		Amount of Contribution (\$)	\$5.55
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 19/41 Rpt: 22/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/09/2022	<ul><li>5 Full name of contributor  Limberg, Kim</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$50.00
_	Delicalization	Irving, TX 75062	- Io	Frankrick (Control to the other officers	$\overline{\Gamma}$		
8	Not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	5)		
	Date 09/28/2022	Full name of contributor  Livezey, Carol  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$50.00
	Principal occur	Double Oak, TX 75077 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
Not Employed			Not Employed	,			
	Date 09/04/2022	Full name of contributor Lustgarten, Catherine Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
		Denton, TX 76207					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 07/24/2022	Full name of contributor  Lux, Ariana  Contributor address; City; State  Bedford, TX 76022	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1.66
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
	Date 08/31/2022	Full name of contributor  MYERS, LINDA  Contributor address; City; State  Austin, TX 78737	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$2.00
	Principal occu Account Mar	pation / Job title (See Instructions)		Employer (See Instructions MissionBox	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 20/41 Rpt: 23/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/20/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#: MacKay, Brian</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$100.00
_		Coppell, TX 75019-5679	I	Ĺ		
8	Principal occu Software En	pation / Job title (See Instructions) gineer	9 Employer (See Instructions CapTech Consulting	5)		
	Date 07/24/2022	Full name of contributor out-of-state PAC (ID#: Macht, Jane  Contributor address; City; State; Zip Code  Bethesda, MD 20814			Amount of Contribution (\$)	\$27.78
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> S)		
	Date 09/15/2022	Full name of contributor  out-of-state PAC (ID#: Manning, Karen  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Dringinal goog	Plower Mound, TX 75028  spation / Job title (See Instructions)	Employer (See Instructions	<u>'</u>		
	Business an		Awc	٥)		
	Date 07/28/2022				Amount of Contribution (\$)	\$27.78
		Forney, TX 75126	_			
	Principal occu Business Ov	pation / Job title (See Instructions) vner	Employer (See Instructions Martin's Automotive Re		& Maintenance	
	Date 08/10/2022	Full name of contributor out-of-state PAC (ID#: Martin, Rebekah  Contributor address; City; State; Zip Code  Austin, TX 78748			Amount of Contribution (\$)	\$11.11
	Principal occu Business An	upation / Job title (See Instructions) allyst	Employer (See Instructions Centene	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/41 Rpt: 24/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/21/2022	<ul><li>5 Full name of contributor Martindale, Mary</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Retired	Paradise, TX 76073 pation / Job title (See Instruction:	s)	Employer (See Instructions     Retired	5)		
	Date 09/18/2022	Full name of contributor McAnally, Rex Contributor address; City; S Carrollton, TX 75007	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions Retired	5)		
	Date 08/20/2022	Full name of contributor McDowell, Daniel Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Business Ow	Houston, TX 77025-1425 pation / Job title (See Instruction:		Employer (See Instructions	<u> </u> S)		
	Date 07/19/2022	Full name of contributor McGovern, Katherine Contributor address; City; S Dallas, TX 75229	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions Retired	5)		
	Date 08/09/2022	Full name of contributor McRae, Norman Contributor address; City; S Hampton, AR 71744	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions Retired	<b>S</b> )		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/41 Rpt: 25/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/06/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Meehan, Katherine</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$10.00
_	Dringing! goog	Golden Valley, MN 55422	Constant (See Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 07/28/2022	Full name of contributor out-of-state PAC (ID#:_ Messer, Miwako Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.55
	Principal occu	New York, NY 10012 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Executive Producer Barnes & No					
	Date 09/02/2022	Full name of contributor out-of-state PAC (ID#:_ Metrocrest Democrats  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$400.00
		Coppell, TX 75019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/19/2022	Full name of contributor out-of-state PAC (ID#:_Milz, Robert  Contributor address; City; State; Zip Code  Round Top, TX 78954			Amount of Contribution (\$)	\$10.00
	Principal occu Graphic desi	pation / Job title (See Instructions)	Employer (See Instructions Sawyer & Associates	)		
	Date 09/01/2022	Full name of contributor out-of-state PAC (ID#:_Mitchell, Ann  Contributor address; City; State; Zip Code  Lakeway, TX 78734			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/41 Rpt: 26/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/24/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Morrison, Mark</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$5.55
_	Dringing Loggy	Bulverde, TX 78163	Continue (See Instructions			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	)		
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Murray, Dru Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.23
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date 07/06/2022	Full name of contributor out-of-state PAC (ID#:_ National Asian American PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Georgetown, TX 78626-3517				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/25/2022	Full name of contributor out-of-state PAC (ID#:_ National Asian American PAC Contributor address; City; State; Zip Code Georgetown, TX 78626-3517			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/19/2022	Full name of contributor out-of-state PAC (ID#:_Neal, Jennifer  Contributor address; City; State; Zip Code  San Antonio, TX 78209			Amount of Contribution (\$)	\$11.11
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Watts Guerra LLP	)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 24/41 Rpt: 27/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/25/2022	<ul><li>5 Full name of contributor Nichols, Nancy</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Tyler, TX 75706 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions	_		
0	Firelight Boo		9	Self-Employed	')		
	Date 09/07/2022	Full name of contributor  Nichols, Nancy  Contributor address; City; State		)		Amount of Contribution (\$)	\$50.00
	Principal occu	Tyler, TX 75706 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Firelight Boo			Self	,		
	Date 07/30/2022	Full name of contributor  Niehaus, Kendra  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$10.00
		South Riding, VA 20152					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/19/2022	Full name of contributor  Norman, Nancy  Contributor address; City; State  Frisco, TX 75033				Amount of Contribution (\$)	\$3.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	<u>;</u> )		
	Date 09/16/2022	Full name of contributor OLeary, Sandra Contributor address; City; State Dallas, TX 75248	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 25/41 Rpt: 28/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	ı Filers)
4	Date 09/27/2022	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$50.00
_	Dringing! aggs	Dallas, TX 75248	To.	Employer (See Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions)	g	Employer (See Instructions Not Employed	5)		
	Date 07/27/2022	Full name of contributor Ognyanov, Martin Contributor address; City; State				Amount of Contribution (\$)	\$50.00
		Metairie, LA 70003	,		_		
	Airport Supe	pation / Job title (See Instructions) rvisor		Employer (See Instructions Stellar, Inc.	5)		
	Date 08/01/2022	Full name of contributor Ognyanov, Martin Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$40.00
		Metairie, LA 70003					
	Principal occu Airport Supe	pation / Job title (See Instructions) rvisor		Employer (See Instructions Stellar Inc.	5)		
	Date 08/15/2022	Full name of contributor Ognyanov, Martin Contributor address; City; State Metairie, TX 70003		)		Amount of Contribution (\$)	\$20.00
	Principal occu Airport Supe	pation / Job title (See Instructions)		Employer (See Instructions Stellar Inc.	<u>(</u>		
	Date 08/18/2022	Full name of contributor Ognyanov, Martin Contributor address; City; State Coppell, TX 75019	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 26/41 Rpt: 29/177	
2	FILER NAME Ly, Francine					3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/21/2022	<ul><li>5 Full name of contributor</li><li>Ognyanov, Martin</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Airport Supe	Metairie, LA 70003 pation / Job title (See Instructions rvisor			Employer (See Instructions Stellar Inc.	<u> </u> ;)		
	Date 08/24/2022	Full name of contributor Ognyanov, Martin Contributor address; City; St Metairie, LA 70003	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$35.00
	Principal occu Airport Supe	pation / Job title (See Instructions rvisor	)		Employer (See Instructions Stellar Inc.	5)		
	Date 09/11/2022	Full name of contributor Ognyanov, Martin Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	5	Coppell, TX 75019				<u></u>		
	Teacher	pation / Job title (See Instructions	)		Employer (See Instructions Cisd	5)		
	Date 07/09/2022	Full name of contributor Oklahoma Chiropractic P. Contributor address; City; St Oklahoma City, OK 73103	ate; Zip Code				Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions			Employer (See Instructions	<u> </u> 5)		
	Date 08/13/2022	Full name of contributor Oliver, Suzie Contributor address; City; St Addison, TX 75001	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/41 Rpt: 30/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/23/2022	<ul> <li>5 Full name of contributor</li> <li>Olsson, Kristin</li> <li>6 Contributor address; City; St</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not Employe		(3)	9 Employer (See Instructions Not Employed	5)		
	Date 09/23/2022	Full name of contributor Olsson, Kristin Contributor address; City; Si Dallas, TX 75229	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 09/07/2022	Full name of contributor Orenstein, Rosa Contributor address; City; Si	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$40.00
		Duncanville, TX 75137	,		_		
	Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Orenstein Law Group P			
	Date 09/22/2022	Full name of contributor Parker, Bill Contributor address; City; Si Richardson, TX 75082	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions Sherwin-Williams	<u>I</u> S)		
	Date 07/24/2022	Full name of contributor Parker, Sandra Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	S)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 28/41 Rpt: 31/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	ı Filers)
4	Date 08/24/2022	<ul><li>5 Full name of contributor [Parker, Sandra</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggr	Trophy Club, TX 76262	lo.	Employer (Con Instructions	<u></u>		
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not employed	5)		
	Date 09/24/2022	Full name of contributor [ Parker, Sandra Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
	Dringing! aggu	Trophy Club, TX 76262	1	Employer (Con Instructions	<u></u>		
	Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 08/17/2022	Full name of contributor [ Parker-Mims, Delia Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$25.00
		Lewisville, TX 75067					
	Principal occup delia parker-	pation / Job title (See Instructions) mins		Employer (See Instructions Parker Legal	5)		
	Date 07/20/2022	Full name of contributor [Parks, Benedict Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Montgomery Law PLLC	5)		
	Date 08/21/2022	Full name of contributor Parks, Benedict Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Buyer	pation / Job title (See Instructions)		Employer (See Instructions Dallas County	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/41 Rpt: 32/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 08/13/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Pearson, Celestine</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_	Deignaignal annu	Colleyville, TX 76034-5056	O Familia van (Cara la atmesti a a			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	·)		
	Date 08/15/2022	Full name of contributor out-of-state PAC (ID#:_ Pettiford, Taylor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75248  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Sales Manaç		Scale to Win	,		
	Date 08/27/2022	Full name of contributor out-of-state PAC (ID#:_ Phillips, Aaron Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
		Amarillo, TX 79107				
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions Amarillo Independent So		ol District	
	Date 07/15/2022	Full name of contributor out-of-state PAC (ID#:_ Pickhardt, Irene Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 09/25/2022	Full name of contributor out-of-state PAC (ID#:_ Piellucci, Doreen  Contributor address; City; State; Zip Code  Dallas, TX 75248			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 30/41 Rpt: 33/177	
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 07/24/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Pieratt, John</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$27.77
_		Austin, TX 78703	I			
8	Attorney	pation / Job title (See Instructions)	Employer (See Instructions     Self-Employed	5)		
	Date 09/26/2022	Full name of contributor out-of-state PAC (ID#:_Poe, Alice  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Grapevine, TX 76051  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	,		
	Date 09/01/2022	Full name of contributor out-of-state PAC (ID#:_ Powell, Ray Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.78
		Evergreen Park, IL 60805				
	Principal occu Sysadmin	pation / Job title (See Instructions)	Employer (See Instructions ANL	5)		
	Date 07/19/2022	Full name of contributor out-of-state PAC (ID#:_Powers, Sheryl  Contributor address; City; State; Zip Code  New Waverly, TX 77358			Amount of Contribution (\$)	\$2.78
	Principal occu SAIC	pation / Job title (See Instructions)	Employer (See Instructions En route instructor	5)		
	Date 07/24/2022	Full name of contributor out-of-state PAC (ID#:_Quintanilla, Norma  Contributor address; City; State; Zip Code  Sugar Land, TX 77479	)		Amount of Contribution (\$)	\$11.11
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions Baylor College of Medic			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 31/41 Rpt: 34/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/27/2022	Rao, Seshkumari  6 Contributor address; City; State; Zip (	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occur	Flower Mound, TX 75022 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
Ü	Not Employe		ľ	Not Employed	,,		
	Date 09/29/2022	Full name of contributor out-o				Amount of Contribution (\$)	\$25.00
		Carrollton, TX 75010					
	Principal occup Pastor -UMC	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 08/29/2022	Full name of contributor out-o	f-state PAC (ID#:			Amount of Contribution (\$)	\$51.99
		Rogers, AR 72758					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 07/20/2022	Salem, M Emad	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.15
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Sellstate Metro Realty	5)		
	Date 08/13/2022	Full name of contributor out-on Schneider, Kathy Minor  Contributor address; City; State; Zip of Dallas, TX 75254-2709	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Community Homes for A		ilte	
	Sommarity P	Control		Community Floritos for P			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/41 Rpt: 35/177	
2	FILER NAME Ly, Francine			ı	Filer ID (Ethics Commission 00086310	ı Filers)
4	Date 07/29/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Schultz, Michelle</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2.23
_	Dringing Loggy	Columbus, OH 43206	Continue (See Instructions			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	5)		
	Date 07/19/2022	Full name of contributor out-of-state PAC (ID#:_ Schwarz, Janice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Manager Resolute Investment Man			gers		
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Sherrard, Dennis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Bedford, TX 76021				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Siddiqui, Aftab  Contributor address; City; State; Zip Code  Arlington, TX 76002			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 07/09/2022	Full name of contributor out-of-state PAC (ID#:_Skruch, Brian  Contributor address; City; State; Zip Code  Addison, TX 75001			Amount of Contribution (\$)	\$10.00
	Principal occu Sales Engine	pation / Job title (See Instructions) eer	Employer (See Instructions Samsara	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 33/41 Rpt: 36/177	
2	FILER NAME Ly, Francine				3	Filer ID (Ethics Commissio 00086310	n Filers)
4	Date 08/09/2022	<ul> <li>Full name of contributor  out-of-state  out-o</li></ul>			7	Amount of Contribution (\$)	\$10.00
8	Dringing aggr	Addison, TX 75001	اه	Employer (See Instructions	<u></u>		
0	Sales Engine	pation / Job title (See Instructions) eer	9	Employer (See Instructions Samsara	·)		
	Date 09/09/2022	Skruch, Brian  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	Addison, TX 75001 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Sales Engine	eer		Samsara			
	Date 09/26/2022	Smith, Meg				Amount of Contribution (\$)	\$100.00
		Flower Mound, TX 75028					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	s)		
	Date 09/27/2022	Smith, Melanie		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/03/2022	Smith, Steve L		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
			,				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 34/41 Rpt: 37/177			
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	n Filers)		
4	Date 07/31/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Smith, Steven</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$85.00		
_	Deignigal	Dallas, TX 75218	D. Frankrik (Co. Instruction					
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	)				
Date Full name of contributor out-of-state PAC (ID#:)  08/07/2022 Smith, Steven L  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00				
	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions)	Employer (See Instructions	)				
	Retired		Retired					
	Date Full name of contributor out-of-state PAC (ID#:)  07/24/2022 Solis, Ana  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$16.67			
		Sachse, TX 75048						
	Principal occu Recruiter	pation / Job title (See Instructions)	Employer (See Instructions State Farm Insurance	)				
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Stanaway, David Contributor address; City; State; Zip Code Flower mound, TX 75028			Amount of Contribution (\$)	\$100.00		
	Principal occu Sr. Systems	pation / Job title (See Instructions) Engineer	Employer (See Instructions Hilltop Holdings Inc.	)				
Date Full name of contributor out-of-state PAC (ID#:)  O7/25/2022 Stark, Susan  Contributor address; City; State; Zip Code  Wharton, TX 77488			Amount of Contribution (\$)	\$2.78				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions Angmar	)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/41 Rpt: 38/177			
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	on Filers)		
4	Date 07/20/2022	5 Full name of contributor out-of-state PAC (ID#:_ Tang, Mary  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$20.00		
_	Deignaignal annu	Grapevine, TX 76051	O Franks von (Coo krote voti pro					
8	Concierge M	pation / Job title (See Instructions) Iobile MD	Employer (See Instructions     Self-Employed	)				
Date Full name of contributor out-of-state PAC (ID#:) 07/30/2022 Taylor, Colin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.22				
	Principal occu	Castle Pines, CO 80108  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
Distribution operator Denver water								
	Date Full name of contributor out-of-state PAC (ID#:)  08/13/2022 Tetzel, Therese  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Dallas, TX 75225						
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)				
	Date 07/21/2022	Full name of contributor out-of-state PAC (ID#:_ Texas AFL-CIO Contributor address; City; State; Zip Code Austin, TX 78711			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 08/08/2022	Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Women  Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/41 Rpt: 39/177			
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	on Filers)		
4	Date 07/16/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Tillery, Melanie</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$1,000.00		
_	Deignigal	Garland, TX 75043	In Frankrick (Contractive State					
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions)     Retired	)				
	Date Full name of contributor out-of-state PAC (ID#:)  07/08/2022 Tillotson Law Firm  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 07/14/2022	Full name of contributor out-of-state PAC (ID#:_ Tillotson, Jeff Contributor address; City; State; Zip Code  Dallas, TX 75209	)		Amount of Contribution (\$)	\$5,000.00		
	•	pation / Job title (See Instructions)	Employer (See Instructions					
	Date 08/17/2022	Full name of contributor out-of-state PAC (ID#:_ Tomaro, Thomas  Contributor address; City; State; Zip Code  Addison, TX 75001	Tillotson Johnson Pattor	1	Amount of Contribution (\$)	\$25.00		
		pation / Job title (See Instructions) ernment Employee	Employer (See Instructions	)				
	Date 08/11/2022	Full name of contributor out-of-state PAC (ID#:_ Tomlin, Gary Contributor address; City; State; Zip Code Aledo, TX 76008			Amount of Contribution (\$)	\$20.22		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDUL	_E A1	
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 37/41 Rpt: 40/177	
2	FILER NAME Ly, Francine					3	Filer ID (Ethics Commission 00086310	n Filers)
4	Date 09/11/2022	<ul><li>5 Full name of contributor Tomlin, Gary</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:ate; Zip Code		)	7	Amount of Contribution (\$)	\$20.22
		Aledo, TX 76008						
8	Principal occu Not employe	pation / Job title (See Instructions d	;) 	9	Employer (See Instructions Not employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/05/2022 Tucker, Joshua  Contributor address; City; State; Zip Code  Waxahachie, TX 75165			Amount of Contribution (\$)	\$25.00			
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Asset Manag	ger			SPI Advisory			
	Date 08/25/2022	Full name of contributor Tumbokon, M Carmen Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019						
	Principal occu Rehearsal C	pation / Job title (See Instructions oordinator	5)		Employer (See Instructions St Ann	5)		
	Date 07/02/2022	Full name of contributor Turner, Jacqueline Contributor address; City; S Grapevine, TX 76051					Amount of Contribution (\$)	\$26.27
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions Wee Care Therapy	<u>l                                     </u>		
	Date 09/23/2022	Full name of contributor Tuttle, Willis Contributor address; City; S Ponder, TX 76259	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)		Employer (See Instructions Not Employed	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/41 Rpt: 41/177		
2	FILER NAME Ly, Francine			3 Filer ID (Ethics Commission Filers) 00086310		
4	Date 07/30/2022	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$) \$5.00		
_	Deignigal	Arlington, MA 02476	lo Francisco (Con Instructions			
8	Administrato	pation / Job title (See Instructions) r	9 Employer (See Instructions Smithsonian	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/05/2022 Uhl, Scott  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$200.00			
		Southlake, TX 76092				
	Principal occupation / Job title (See Instructions)  Consultant  Employer (See Instructions)  Risk Consulting Partner					
	Date 08/01/2022	Full name of contributor out-of-state PAC (ID#:_Valenzuela, Candace Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$200.00		
		Dallas, TX 75287				
	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions College Application Con			
	Date 07/20/2022	Full name of contributor out-of-state PAC (ID#:_ Wang, Nancy Contributor address; City; State; Zip Code  Coppell, TX 75019		Amount of Contribution (\$) \$100.00		
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	5)		
	Date 08/31/2022	Full name of contributor out-of-state PAC (ID#:_ Ways, Margo Contributor address; City; State; Zip Code  Denton, TX 76207		Amount of Contribution (\$) \$250.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/41 Rpt: 42/177		
2	FILER NAME Ly, Francine			l	Filer ID (Ethics Commission 00086310	n Filers)	
4	Date 07/20/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Weinstein, Sandra</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00	
_	Dringing! goog	Flower Mound, TX 75022	O Employer (See Instructions	_			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	·)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/20/2022 Weitzel, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Dringing agg	DALLAS, TX 75287-5963	Employer (See Instructions				
	Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Diana Weitzel & Associ			3			
	Date 08/14/2022	Full name of contributor out-of-state PAC (ID#:_ Whear, John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.78	
		San Antonio, TX 78228					
	Principal occu Biomed	pation / Job title (See Instructions)	Employer (See Instructions Tenet	5)			
	Date 08/30/2022	Full name of contributor out-of-state PAC (ID#:_ White, Courtney Contributor address; City; State; Zip Code Coppell, TX 75019	)		Amount of Contribution (\$)	\$15.00	
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions HCA	5)			
	Date 08/03/2022	Full name of contributor out-of-state PAC (ID#:_ White, Susan Contributor address; City; State; Zip Code  Marble Falls, TX 78654	)		Amount of Contribution (\$)	\$5.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/41 Rpt: 43/177			
2	FILER NAME Ly, Francine			3	Filer ID (Ethics Commission 00086310	ı Filers)		
4	Date 07/21/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Wooten-Marshall, H Denise</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00		
_	Deignaignal annu	Flower Mound, TX 75028	D. Frankrian (Contractive time)					
8	Principal occu Psychologist	pation / Job title (See Instructions) t	9 Employer (See Instructions) Self-Employed	)				
	Date Full name of contributor out-of-state PAC (ID#:)  07/02/2022 Wright, Kelli  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Principal occu	Flower Mound, TX 75022 pation / Job title (See Instructions)	Employer (See Instructions	)				
	Retired	patient cos alle (cos mediacióne)	Retired	,				
	Date 08/02/2022	Full name of contributor out-of-state PAC (ID#:_ Wright, Kelli Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00		
		Flower Mound, TX 75022						
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)				
	Date 09/02/2022	Full name of contributor out-of-state PAC (ID#:_ Wright, Kelli Contributor address; City; State; Zip Code Flower Mound, TX 75022	)		Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)				
	Date 09/20/2022	Full name of contributor out-of-state PAC (ID#:_ Wright, Sean Contributor address; City; State; Zip Code Flower Mound, TX 75022	)		Amount of Contribution (\$)	\$25.00		
	Principal occu Tech manag	pation / Job title (See Instructions) er	Employer (See Instructions Nokia	)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 41/41 Rpt: 44/177	
2	FILER NAME Ly, Francine			3		n Filers)
4	Date 08/01/2022	5 Full name of contributor out-of-state PAC (ID#:_ Yamanouchi, Brian 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$9.00
8	Dringinal occu	San Antonio, TX 78253-6388  upation / Job title (See Instructions)	9 Employer (See Instructions	<u>e)</u>		
8	Principal occu Product Mar		Amazon	5)		
	Date 07/30/2022	Full name of contributor out-of-state PAC (ID#:_ Zayan, AZ Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Dringing Loggy	Dallas, TX 75248	Employer (Coo Instruction			
	Software En	upation / Job title (See Instructions)  Igineer	Employer (See Instructions LOOP	S)		
	Date 09/22/2022	Full name of contributor out-of-state PAC (ID#:_ Zuefeldt, Paul Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Argyle, TX 76226  upation / Job title (See Instructions)	Employer (See Instructions	s)		
	IT Security C		Pathmaker Group	٠,		

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 45/177 FILER NAME 3 Filer ID (Ethics Commission Filers) Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/21/2022 Blue Horizon Texas PAC \$100.00 | Strategy Session 7 Contributor address; City; State; Zip Code San Antonio, TX 78278 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/25/2022 Blue Horizon Texas PAC \$100.00 I Strategy Session Contributor address; City; State; Zip Code San Antonio, TX 78278 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS				SCHEDULE	В
The Instruction Guide explains how to comple	ete this form.	1	Total pages Scheo Sch: 1/1 Rpt: 46		
2 FILER NAME Ly, Francine		3		ics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES			\$		0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#: Abbott, Ben 7 Pledgor Address; City; State; Zip Code		8	Amount of pledge (\$) \$1,000.00	9 In-kind description (If applicable)	
Dallas, TX 75205			Check if travel outs	I I ide of Texas. Complete Sch	edule T.
10 Principal occupation / Job title (See Instructions) Attorney	11 Employer (See Instru Self-Employed	ıctio	ons)		

LOANS			SCHEDULE E
The Instruction Guide explains how to complete this	form.		ges Schedule E: 1 Rpt: 47/177
2 FILER NAME Ly, Francine		3 Filer ID 000863	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 7 Name of lender Out-of-state PA 09/29/2022 Ly, Francine	AC (ID#:	)	9 Loan Amount (\$) \$24,960.72
6 Is lender a financial institution?  No  8 Lender address; City; State; Irving, TX 75063	Zip Code		10 Interest Rate 0 11 Maturity Date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions	)	
Court Coordinator	Dallas County	,	
14 Description of Collateral  X None	15 Check if personal funds we	re deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable 18 Guarantor address; City; State;	Zip Code		
20 Principal occupation	21 Employer (See Instructions	)	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/65 Rpt: 48/177	Ly, Francine		00086310
4	Date	5 Payee name		•
	07/02/2022	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$1.98	366 Summer Street		
		Somerville, MA 02144-3132		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees	-	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Transaction Fees
_	0 1: 0.11.7.7.1.			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	07/06/2022	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$3.95	366 Summer Street		
		Somerville, MA 02144-3132		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Transaction Fees
				Transaction Feed
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	07/08/2022	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
	\$197.50	366 Summer Street		
	<b>4101.00</b>			
		Somerville, MA 02144-3132		
	BUBBOOF	(-) -		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	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

**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: 2/65 Rpt: 49/177	Ly, Francine 00086310
4	Date	5 Payee name
	07/09/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction 1 ccs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	07/09/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name ActBlue
	07/11/2022	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	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  Transaction Fees
		Hansacuon Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense 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		nmittee	Gift/Awards/Memorials Legal Services <b>The Instruction G</b>	•		ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
-	Total pages Cabadula 54:	12					,	-	_	Filor ID	(Ethios Commission Eller	rc)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filer	15)
	Sch: 3/65 Rpt: 50/177		Ly, Francine	·						00086310		
4	Date	5	Payee name									
	07/13/2022		ActBlue									
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Cod	de					
١	\$9.88	ı	366 Summe		3.0.0,	- 550	-					
	Ψ5.00		230 Carrino	. 5551								
			O	44.004.4.055	•							
			Somerville, I	MA 02144-313								
8	PURPOSE	(a)	Category (Se	e Categories listed at	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Com		
								ш.		officeholder living	expense	
								Transaction F	-ee	S		
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office soug	ght			Office he	eld	
L	expenditure to benefit C/O											
	Date		Payee name									
	07/14/2022	ı	ActBlue									
H	Amount (\$)		Payee addres	s; City;	State:	Zip Cod	de					
	\$197.50	ı	366 Summe		3.0.0,	- 550	-					
	Ψ±91.30		Soo Summe									
					-							
		L	Somerville, I	MA 02144-313	2							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Com		
								_		officeholder living	expense	
								Transaction F	-ee	S		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	O	Office soug	ght			Office he	eld	
	CAPETIGITUTE TO DETICITE C/OF	'										
	Date		Payee name									
	07/16/2022		ActBlue									
	Amount (\$)		Payee addres	s; City;	State:	Zip Cod	de					
	\$9.88		366 Summe			1. 200	-					
	Ψ5.00		230 Carrino	. 5551								
			0	44 004 44 040	2							
		$ldsymbol{ld}}}}}}$	Somerville, I	MA 02144-313								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					ш		de of Texas. Com	•	
								ш		officeholder living	expense	
								Transaction F	-ee	S		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office soug	ght			Office he	eld	
	expenditure to benefit C/O											
				-				-				

### 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/65 Rpt: 51/177	Ly, Francine 00086310
4	Date	5 Payee name
	07/17/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.07	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	07/17/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.44	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction 1 ccs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/19/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	Ψ0.55	
		Somerville, MA 02144-3132
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense Fees

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

•	The Instruction Guide explains how to co	mplete this f	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/65 Rpt: 52/177	Ly, Francine			00086310	
4 Date	5 Payee name		<u> </u>		
07/19/2022	ActBlue				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$9.88	366 Summer Street				
	Somerville, MA 02144-3132				
8 PURPOSE		(b) Descri	ntion		
OF	(a) Category (See Categories listed at the top of this schedule)  Fees			de of Texas. Com	nplete Schedule T.
EXPENDITURE	. 555	. –		officeholder living	g expense
		Trans	action Fee	S	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight		Office he	eld
experiditure to benefit C/O	1				
Date	Payee name				
07/19/2022	ActBlue				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$0.44	366 Summer Street				
	Somerville, MA 02144-3132				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	ntion		
OF	Fees			de of Texas. Com	nplete Schedule T.
EXPENDITURE	. 555	Che	ck if Austin, TX,	officeholder living	g expense
		Trans	action Fee	S	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght		Office h	eld
expenditure to benefit 6/6					
Date	Payee name				
07/19/2022	ActBlue				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$0.11	366 Summer Street				
	Somerville, MA 02144-3132				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	ption		
OF	Fees			de of Texas. Com	plete Schedule T.
EXPENDITURE		. —		officeholder living	g expense
		Trans	action Fee	S	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght		Office he	eld
experiorare to benefit C/O					

### 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		mmittee	Legal Services	s Expense	Salaries/W	(pens /ages	e /Contract Labor		OTHER (enter a	strict category not listed abo	ve)
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 6/65 Rpt: 53/177		Ly, Francine	9						00086310		
4	Date	5	Payee name									
	07/19/2022		ActBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$0.11		366 Summe	er Street								
			Somerville,	MA 02144-313	2							
8	PURPOSE	(a)					(b)	Description				
ľ	OF	(-,	Fees	ee Categories listed at	the top of this sche	eaule)	(~)		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder living	g expense	
								Transaction F	ee	S		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	eld	
	experiulture to beliefit C/Or	<u> </u>										
	Date		Payee name									
	07/19/2022		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.11		366 Summe	er Street								
			Somerville,	MA 02144-313	2							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees			,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE							_		officeholder living	g expense	
								Transaction F	-ee	S		
	Complete ONLY if direct		Candidata/Offi	achalder name		Affice cour	abt			Office h	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/Onic	ceholder name	C	Office sou	ynı			Office h	eiu	
_	_											
	Date		Payee name									
	07/20/2022		ActBlue									
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$39.50		366 Summe	er Street								
			Somerville,	MA 02144-313	2	_						
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					<u> </u>		de of Texas. Com officeholder living	plete Schedule T.	
								Transaction F			g expense	
										-		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O						J			200 11		

### SCHEDULE F1

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

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/65 Rpt: 54/177	Ly, Francine 00086310
4	Date	5 Payee name
	07/20/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.22	366 Summer Street
		Somerville, MA 02144-3132
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
		Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payoo namo
	07/20/2022	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.04	366 Summer Street
		Somerville, MA 02144-3132
	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
		Transaction Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Para a sana
	Date 07/20/2022	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
	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
		Transaction Fees
		Transassion 1 dec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/65 Rpt: 55/177	Ly, Francine 00086310
4	Date	5 Payee name
	07/20/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
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  Transaction Fees
		Transaction rees
<u> </u>	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	07/20/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of er	
	Date	Payee name
	07/20/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	CAPETIGITATE TO DELICIT C/OF	1

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/65 Rpt: 56/177	Ly, Francine 00086310
4	Date	5 Payee name
	07/20/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/20/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		That backet 1 dec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/20/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction recs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

### 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

6 Amount (\$)  \$0.99  7 Payee address; City; State; Zip Code  \$0.99  \$0.99  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees
4 Date O7/20/2022 5 Payee name ActBlue  6 Amount (\$) 7 Payee address; City; State; Zip Code Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date O7/20/2022 ActBlue  ActBlue  Candidate/Officeholder name Office sought Office held  Date O7/20/2022 ActBlue  Amount (\$) Payee address; City; State; Zip Code Somerville, MA 02144-3132  Purpose O7/20/2022 ActBlue  Amount (\$) Payee address; City; State; Zip Code Somerville, MA 02144-3132  Purpose OF Somerville, MA 02144-3132  Purpose OF Somerville, MA 02144-3132  Purpose OF Somerville (See Categories listed at the top of this schedule) (b) Description (Check if travel outside of Texas. Complete Schedule T. (b) Description (Check if travel outside of Texas. Complete Schedule T. (b) Description (Check if travel outside of Texas. Complete Schedule T. (c) Description (Check if travel outside of Texas. Complete Schedule T. (c) Description (Check if travel outside of Texas. Complete Schedule T. (c) Description (Check if travel outside of Texas. Complete Schedule T. (c) Description (Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside Office Check
O7/20/2022 ActBlue  7 Payee address; City; State; Zip Code \$0.99 366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if varied outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  Office sought Office held  Date O7/20/2022  ActBlue  Amount (\$) Payee name ActBlue  Amount (\$) Payee address; City; State; Zip Code \$3.95 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EYERDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.  (b) Description Check if travel outside of Texas. Complete Schedule T.
O7/20/2022 ActBlue  7 Payee address; City; State; Zip Code \$0.99 Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  Payee name ActBlue  Amount (\$) Payee address; City; State; Zip Code  \$3.95 Somerville, MA 02144-3132  PURPOSE OF Somerville, MA 02144-3132  PURPOSE OF Somerville, MA 02144-3132  PURPOSE OF Somerville, MA 02144-3132  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  (b) Description  Office held
\$0.99 366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
Somerville, MA 02144-3132  8  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 07/20/2022 ActBlue  Amount (\$) Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF Somerville (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense Transaction Fees  Office sought Office held  Office held  Payee name ActBlue Amount (\$) Payee address; City; State; Zip Code \$3.95 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  Office sought Office held  Office held  Payee name ActBlue  Amount (\$) Payee address; City; State; Zip Code  \$3.95 Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
Fees
Fees
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name ActBlue  Amount (\$) Payee address; City; State; Zip Code  \$3.95 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH  Date O7/20/2022 Payee name ActBlue  Amount (\$) Payee address; City; State; Zip Code \$3.95 Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
Date Payee name 07/20/2022 ActBlue  Amount (\$) Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
Date Payee name 07/20/2022 ActBlue  Amount (\$) Payee address; City; State; Zip Code \$3.95 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF OF Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$)  Payee address; City; State; Zip Code  \$3.95  \$3.95  Somerville, MA 02144-3132  PURPOSE OF SOME Content of this schedule) OF Somerville (See Categories listed at the top of this schedule) Fees  Graph DITURE  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
ArtBlue  Amount (\$)  Payee address; City; State; Zip Code  \$3.95  \$3.95  Somerville, MA 02144-3132  PURPOSE OF Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$)  Payee address; City; State; Zip Code  \$3.95  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
\$3.95 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF FEES  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF FEES  (a) Category (See Categories listed at the top of this schedule) FEES  (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF FEES  (a) Category (See Categories listed at the top of this schedule) FEES  (b) Description Check if travel outside of Texas. Complete Schedule T.
OF Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE Fees Greek in day of rexus. Complete Scriedule 1.
Check if Austin, 17, officeholder living expense
Transaction Fees
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
07/21/2022 ActBlue
Amount (\$) Payee address; City; State; Zip Code
\$0.99 366 Summer Street
Somerville, MA 02144-3132
Sofficiality in 02144-3132
DUDDOSE (a) Contraction
PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
OF Fees Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees  Complete ONLY if direct  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 Legal Services

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

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

Printing Expense Trav
Salaries/Wages/Contract Labor OTH

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	·
	07/22/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.22	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	07/23/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.50	366 Summer Street	
		Somerville, MA 02144-3132	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	[	Check if Austin, TX, officeholder living expense  Transaction Fees
			Hansaction rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
F	Date	Payee name	
	07/23/2022	ActBlue	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.11	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	[	Check if Austin, TX, officeholder living expense
			Transaction Fees
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinco nota
$\vdash$			

### SCHEDULE F1

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

Fees Office Overhead/Rent
Food/Beverage Expense Printing Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contr

	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: 12/65 Rpt:	Ly, Francine		00086310
4	Date	5 Payee name		•
	07/24/2022	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$0.44	366 Summer Street		
		Somerville, MA 02144-3132		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Transaction Fees
_				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	07/24/2022	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.40	366 Summer Street		
		Somerville, MA 02144-3132		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Transaction Fees
				Hansaction rees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data	Para same		
	Date 07/24/2022	Payee name ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$0.22	366 Summer Street		
		Somerville, MA 02144-3132		
	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
				Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

	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: 13/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/24/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	07/24/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.05	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	07/24/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.07	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
$\vdash$	Complete CAIL V if allows	Condidate/Officeholder name Office assists
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Polling Expense Printing Expense Salaries/Wages/Contract La	Т	ravel in District ravel Out of Dis OTHER (enter a	
	Credit Card r ayment	The Instruction Guide explains h	ow to complete this for	m.		
1	Total pages Schedule F1: Sch: 14/65 Rpt:	2 FILER NAME Ly, Francine			iler ID 0086310	(Ethics Commission Filers)
4	Date	5 Payee name				
•	07/24/2022	ActBlue				
6	Amount (\$) \$0.11	366 Summer Street	Zip Code			
		Somerville, MA 02144-3132				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check			plete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/Ol		ffice sought		Office he	eld
	Date	Payee name				
	07/24/2022	ActBlue				
	Amount (\$)	Payee address; City; State;	Zip Code			
	\$0.11	366 Summer Street  Somerville, MA 02144-3132				
	PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Descript	ion		
	OF EXPENDITURE	Fees	Check			plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OI		ffice sought		Office he	eld
	Date	Payee name				
	07/24/2022	ActBlue				
	Amount (\$)	Payee address; City; State;	Zip Code			
	\$1.10	366 Summer Street				
		Somerville, MA 02144-3132				
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check			plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OI		ffice sought		Office h	eld

### 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	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: 15/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/24/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
_	0 1: 0.11.7.7.1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
_	Operation ONLY if all part	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	07/24/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.44	366 Summer Street
		Somerville, MA 02144-3132
	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  Transaction Fees
		Hansacion Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

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

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/Magney/Contract Labor

	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: 16/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/24/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.66	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	07/25/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
L	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨		
	Date	Payee name
	07/25/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	
$\vdash$		

### 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 Salaries (Contract Labor

Expense Travel in District
g Expense Travel Out of Dis
s/Wages/Contract Labor OTHER (enter a

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/25/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	07/25/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Trailed Calon T Coo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/25/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction reco
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction	Guide explair	s how to d	complete	this form.

			i ne instruction Guide explains now to c	ompi	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 18/65 Rpt:		Ly, Francine		00086310
4	Date	5	Payee name		•
	07/25/2022		ActBlue		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1.98		366 Summer Street		
			Somerville, MA 02144-3132		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Food/Beverage Expense	`'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Food for volunteers
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held
	experientare to benefit 6/01				
	Date		Payee name		
	07/27/2022		ActBlue		
	Amount (\$)		Payee address; City; State; Zip C	ode	
l	\$1.98		366 Summer Street		
			Somerville, MA 02144-3132		
Г	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE				Check if Austin, TX, officeholder living expense
					Transaction Fees
┝	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ught	Office held
l	expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	Office field
⊨		_			
	Date		Payee name		
	07/28/2022		ActBlue		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$0.22		366 Summer Street		
l					
			Somerville, MA 02144-3132		
	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
					Transaction Fees
1					
$\vdash$	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O			J	
$\vdash$					
I					

### SCHEDULE F1

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/28/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.44	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
	Date	Payee name
	07/28/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	366 Summer Street
	Ψ1.10	
		Somerville, MA 02144-3132
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/28/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	l .

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

6 Amount (\$)  \$0.09  7 Payee address; City; State; Zip Code  \$0.09  \$0.09  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
4 Date 07/29/2022 5 Payee name ActBlue 6 Amount (\$) \$0.09 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
6 Amount (\$)  5 Purpose  Fexpenditure  (a) Category  Fees  (a) Category  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees  Candidate/Officeholder name  Office sought  Office held
6 Amount (\$)  \$0.09  7 Payee address; City; State; Zip Code  \$0.09  \$0.09  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
\$0.09 366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE  (a) Category Fees  (See Categories listed at the top of this schedule) Fees  (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Fees    Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense     Transaction Fees     Office held
Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
· · · · · · · · · · · · · · · · · · ·
Date Payee name
07/30/2022 ActBlue
Amount (\$) Payee address; City; State; Zip Code
\$79.00 366 Summer Street
Somerville, MA 02144-3132
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description
OF Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  Transaction Fees
Than basis in 1 dec
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
07/30/2022 ActBlue
Amount (\$) Payee address; City; State; Zip Code \$0.20 366 Summer Street
\$0.20 \$0.6 Summer Street
\$0.20 366 Summer Street
\$0.20 366 Summer Street  Somerville, MA 02144-3132
\$0.20 366 Summer Street  Somerville, MA 02144-3132  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$0.20 366 Summer Street  Somerville, MA 02144-3132  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$0.20 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF Fees  (a) Category (See Categories listed at the top of this schedule) Fees  Check if travel outside of Texas. Complete Schedule T.
\$0.20 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
\$0.20  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
\$0.20 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees
\$0.20  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees  Complete ONLY if direct  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 Legal Services

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

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

Printing Expense Trave
Salaries/Wages/Contract Labor OTHI

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	
	07/30/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Transaction Fees
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since hold
_	Date	Payee name	
	07/30/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.09	366 Summer Street	
	Ψ0.03	300 Summer Street	
		Somerville, MA 02144-3132	
	DUDDOOF		N
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiditure to beriefit C/O	1	
	Date	Payee name	
	07/31/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.36	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Transaction Fees
			Transaction rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		. Since field

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	
	07/31/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.11	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	I outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austi	n, TX, officeholder living expense
		Hansaction	rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	Cardidate/Onicerolider frame Onice Sought	Office field
_	Data	Para and a second	
	Date 08/01/2022	Payee name ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.11	366 Summer Street	
		0 " 11 11 001 11 0100	
		Somerville, MA 02144-3132	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Transaction	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	08/01/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.90	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Transaction	Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	pondition to bonone o/or		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	·
	08/01/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.11	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	08/01/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.36	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE		Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Transaction Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onide field
_	Date	Payee name	
	08/01/2022	ActBlue	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.58	366 Summer Street	
	¥2.00		
		Somerville, MA 02144-3132	
	PURPOSE	(1)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 665	Check if Austin, TX, officeholder living expense
			Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Superiorder to benefit 6/01	•	

#### 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 Salaries/Magney/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/02/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/02/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
⊨	Date	
	Date	Payee name  ActBlue
	08/03/2022	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/04/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	08/04/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
	Ψ0.33	300 Summer Street
		Somerville, MA 02144-3132
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/05/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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		nmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAMF						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 26/65 Rpt:	ı	Ly, Francine						-	00086310	,	/
4	Date	5	Payee name					<b>.</b>				
	08/05/2022	1	ActBlue									
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Coo	de					
	\$19.75	ı	366 Summe		,		-					
	<del></del>			<del></del>								
			Somerville, I	MA 02144-3132	2							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees							de of Texas. Com		
								ш .		officeholder living	expense	
								Transaction F		3		
_	Complete ONLY if divert		andidate (Off:	oholder neme		Affice com	nh+			Office I-	ald.	
9	Complete ONLY if direct expenditure to benefit C/O		anuiuate/Offic	eholder name	O	Office soug	JIII			Office he	eiu	
_	<u> </u>											
	Date	ı	Payee name									
	08/06/2022		ActBlue									
	Amount (\$)	ı	Payee addres		State;	Zip Coo	de					
	\$0.11		366 Summe	r Street								
			Somerville, I	MA 02144-3132	2							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Com		
								Check if Austin, Transaction F		officeholder living	expense	
								riansaciion F	ee	5		
_	Complete ONLY if direct		`andidate/Offic	eholder name		Office soug	thr			Office he	7l4	
	expenditure to benefit C/O		anunate/Offic	Choluel Haille	O	me souf	JIIL			Office He	iu .	
$\vdash$	Data	_	Davies :									
	Date 08/06/2022	ı	Payee name ActBlue									
		_		0':	<u> </u>	<b></b> : -						
	Amount (\$)		Payee addres		State;	Zip Coo	de					
	\$0.40		366 Summe	rStreet								
					_							
			Somerville, I	MA 02144-3132	2							
	PURPOSE OF	ı		e Categories listed at t	he top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					ш		de of Texas. Com officeholder living		
								Transaction F			evhense	
									-	-		
	Complete ONLY if direct		andidate/Offic	eholder name	Ω	Office soug	aht			Office he	eld	
	expenditure to benefit C/O				J	5546	,			200 110	-	

### 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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/65 Rpt:	Ly, Francine	00086310
4 Date	5 Payee name	•
08/07/2022	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$1.19	366 Summer Street	
	Somerville, MA 02144-3132	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Transaction Fees
2 2 1 2 2 1 3		000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
•		
Date	Payee name	
08/08/2022	ActBlue	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$197.50	366 Summer Street	
	Somerville, MA 02144-3132	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		
Date	Payee name	
08/09/2022	ActBlue	
Amount (\$)	Payee address; City; State; Zip Cod	
\$0.40	366 Summer Street	
Ψ0.10		
	Somerville, MA 02144-3132	
DUDDOCE	(4) 6	<b>I</b> N 20 1 1 1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		Transaction Fees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
Complete ONLY if direct expenditure to benefit C/O		ht Office held
		ht 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 Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	
	08/09/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) a	
°	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Transaction	Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
=	Date	Payee name	
	08/10/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Transaction	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to benefit 6/01		
	Date	Payee name	
	08/10/2022	ActBlue	
	Amount (\$) \$0.44	Payee address; City; State; Zip Code 366 Summer Street	
	Ψ0.44	300 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin	n, TX, officeholder living expense
		Transaction	r ccs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### SCHEDULE F1

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

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: 29/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/10/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144-3132
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
		Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/11/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	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
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/11/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Hansaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/11/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.11	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date	Payee name ActBlue
	08/11/2022	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.80	366 Summer Street
		Somerville, MA 02144-3132
	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
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/13/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	1

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 31/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/13/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/13/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction reco
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/13/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	Ψ0.55	300 Summer Street
		Somerville, MA 02144-3132
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### 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	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: 32/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/13/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
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
		Transaction Fees
		Transaction 1 ccs
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/13/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction i ees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	08/13/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
	Complete ONU V if alice	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oracide to borionic O/OI	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/65 Rpt:	Ly, Francine	00086310
4	Date 08/13/2022	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/14/2022	Payee name ActBlue	
	Amount (\$) \$0.11	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/15/2022	Payee name ActBlue	
	Amount (\$) \$0.44	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Gift/Awards/Memorials Expense

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: 34/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/15/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	08/15/2022	ActBlue
-	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	Ψ1.90	300 Summer Street
		0
		Somerville, MA 02144-3132
	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
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/15/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	Φ1.90	300 Sulfiller Street
		Somerville, MA 02144-3132
	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
		Transaction Fees
		Transaction 1 ccs
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1 T	otal pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 35/65 Rpt:	Ly, Francine		00086310
<b>4</b> D	ate	5 Payee name		•
0	8/17/2022	ActBlue		
<b>6</b> A	mount (\$) \$0.79	7 Payee address; City; State; Zip Co 366 Summer Street	de	
		Somerville, MA 02144-3132		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
D	ate	Payee name		
0	8/17/2022	ActBlue		
A	mount (\$) \$0.99	Payee address; City; State; Zip Co 366 Summer Street	de	
		Somerville, MA 02144-3132		
I	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
D	ate	Payee name		
0	8/17/2022	ActBlue		
A	mount (\$) \$3.95	Payee address; City; State; Zip Co 366 Summer Street	de	
		Somerville, MA 02144-3132		
ı	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
L		_			Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	<b>=</b>					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 36/65 Rpt:		Ly, Francin	e						00086310		
4	Date	5	Payee name									
	08/17/2022		ActBlue									
<u>_</u>	Amount (\$)	<del> </del>	Payee addre	ss; City;	Stato	; Zip Co	do					
ľ	\$0.99	ľ	366 Summe		Siale	:, Zip Cu	ue					
l	φ0.99		300 Sullilli	ei Sileet								
l			Somerville,	MA 02144-31	.32							
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					_			nplete Schedule T.	
	LAFENDITORE							_		officeholder livin	g expense	
								Transaction F	-ee	S		
9	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	7										
Г	Date		Payee name									
	08/18/2022		ActBlue									
H	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	; Zip Co	de					
l	\$0.99		366 Summe		O tatto	, <u>_</u> .p _						
	Ψ0.55		Joo Julilli	or otreet								
			Somerville,	MA 02144-31	.32							
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Fees					<u></u>			nplete Schedule T.	
								Transaction F		officeholder livin	g expense	
								Transaction	CC	3		
⊢	Complete ONII V if direct	<u> </u>	Candidata/Offi	ceholder name		Office cou	abt			Office b	ald	
l	Complete ONLY if direct expenditure to benefit C/OI		Januluale/OIII	cenoider name	(	Office sou	gnı			Office h	eia	
L	<u> </u>											
	Date		Payee name									
	08/19/2022		ActBlue									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$0.12		366 Summe	er Street								
l			Somerville	MA 02144-31	32							
L	DUDDOCE	(0)					(b)	D inti-				
	PURPOSE OF	(a)	,	ee Categories listed	at the top of this sch	nedule)	(D)	Description  Check if travel of	nutsi	de of Texas Cor	nplete Schedule T.	
l	EXPENDITURE		Fees					브		officeholder livin	•	
								Transaction F			- ,	
$\vdash$	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	(	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI				`	55 554	g. 10			211100 11		
$\vdash$												
l												

#### 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/19/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction 1 coc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/20/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/21/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	*****	
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Operation ONE V. C. F.	Operation (Office health are now to the control of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

### SCHEDULE F1

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

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

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

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 38/65 Rpt:	Ly, Francine	00086310			
4	Date	5 Payee name				
	08/21/2022	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
		Somerville, MA 02144-3132				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ition			
	OF EXPENDITURE	Fees Check	k if travel outside of Texas. Complete Schedule T.			
		I — I —	k if Austin, TX, officeholder living expense			
			isisii i eee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
_	Date	Payee name				
	08/21/2022	ActBlue				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
	+	ood Sammer Street				
	!	Somerville, MA 02144-3132				
_	PURPOSE	10				
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Descript  Check	NION k if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	1003	k if Austin, TX, officeholder living expense			
	!	Transa	action Fees			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
	Date	Payee name				
	08/23/2022	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.40	366 Summer Street				
	!					
	!	Somerville, MA 02144-3132				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	otion			
	OF EXPENDITURE	Fees	k if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE	,	k if Austin, TX, officeholder living expense			
	!	Halisa	action Fees			
_	Camplete ONL V if direct	Candidate/Officeholder name Office sought	Office hold			
	Complete ONLY if direct expenditure to benefit C/OF	- · · · · · · · · · · · · · · · · · · ·	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 Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete th	is form.
1	Total pages Schedule F1: Sch: 39/65 Rpt:	2 FILER NAME Ly, Francine		3 Filer ID (Ethics Commission Filers) 00086310
4	Date 08/24/2022	5 Payee name ActBlue		
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Cod 366 Summer Street Somerville, MA 02144-3132	e	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  NSACTION Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held
	Date 08/24/2022	Payee name ActBlue		
	Amount (\$) \$1.39	Payee address; City; State; Zip Cod 366 Summer Street Somerville, MA 02144-3132	e	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nsaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held
	Date 08/25/2022	Payee name ActBlue		
	Amount (\$) \$1.98	Payee address; City; State; Zip Cod 366 Summer Street  Somerville, MA 02144-3132	ė	
	PURPOSE OF EXPENDITURE			cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSACTION FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 40/65 Rpt:	2 FILER NAME Ly, Francine	3 Filer ID (Ethics Commission Filers) 00086310
4	Date 08/26/2022	5 Payee name ActBlue	
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/27/2022	Payee name ActBlue	
	Amount (\$) \$0.60	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE OF EXPENDITURE	1003	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/27/2022	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE OF EXPENDITURE	1003	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W	ages	se s/Contract Labor		OTHER (enter a	strict category not listed ab	ove)
	orean out a tyment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 41/65 Rpt:		Ly, Francine	)						00086310		
4	Date	5	Payee name									
	08/27/2022		ActBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3.95		366 Summe	r Street								
			Somerville	MA 02144-313	2							
8	PURPOSE	(2)					(h)	Description				
ľ	OF	۱۳۶	Category (Se Fees	e Categories listed at	the top of this sche	edule)	(5)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1-663					<b>=</b>		officeholder livin		
								Transaction F	ee	S		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	08/29/2022		ActBlue									
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State;	Zip Co	de					
	\$0.12		366 Summe	r Street								
			Somerville	MA 02144-313	2							
_	PURPOSE	(0)				1	(h)	Description				
	OF	(a)		e Categories listed at	the top of this sche	edule)	(D)	Description  Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Fees							officeholder livin		
								Transaction F	ee	S		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/30/2022		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.60		366 Summe	r Street								
			Somerville,	MA 02144-313	2							
	PURPOSE	(a)		e Categories listed at		adula)	(b)	Description				
	OF	``	Fees	e Categories listed at	ine top of this scrie	edule)	(-,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	TX,	officeholder living	g expense	
								Transaction F	ee	S		
	Complete ONLY if direct		Candidate/Offic	ceholder name	O	office sou	ght			Office h	eld	
L	expenditure to benefit C/OH											

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	
	08/31/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.12	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/31/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.88	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Transaction Fees
			Transaction rees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	08/31/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.08	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Transaction Fees
			Hansaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		2223.0
H			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	08/31/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.12	366 Summer Street
	Ψ0.12	
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	09/01/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	09/01/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144-3132
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction Fees
		Transaction 1 555
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
1		

#### 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	Gift/Awards/Memorials Expense Printing Expensemittee Legal Services Salaries/Wages  The Instruction Guide explains how to complete	s/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 44/65 Rpt:	Ly, Francine	00086310
Ļ		•	0000010
4	Date	Payee name	
	09/01/2022	ActBlue	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.11	366 Summer Street	
		Somerville, MA 02144-3132	
8	DUDDOCE	) a .	
O	PURPOSE OF	,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O	Candidate/Onicendider flame Office Sought	Office field
L			
	Date	Payee name	
	09/02/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	366 Summer Street	
		Somerville, MA 02144-3132	
_	PURPOSE		Description
	OF	b) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
			Transaction Fees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ç	
<b>-</b>	Date	Payon namo	
	09/03/2022	Payee name ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAF LINDI I URE		Check if Austin, TX, officeholder living expense
			Transaction Fees
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/03/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction 1 ccc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/04/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.85	366 Summer Street
	,	
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Operation ONLY if disease	Open Helder (Office helder warms and Office helder (Office helder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/05/2022	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Companyilla, MA 02144 2122
		Somerville, MA 02144-3132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
-		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Paint Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
<u>_</u>	Total manus Cult. 1.1. Ex. 1	_	EII ED NIANIE	<u> </u>				ac una ioini.	_	Files ID	(Ethios Correction Ethios
1	Total pages Schedule F1: Sch: 46/65 Rpt:	2	Ly, Francine						3	Filer ID 00086310	(Ethics Commission Filers)
4	•	5	Payee name	Payon namo							
<b>"</b>	09/05/2022		ActBlue								
6	Amount (\$) \$7.90	7	Payee addres		State;	Zip Co	de				
				MA 02144-3132							
8	PURPOSE OF EXPENDITURE	(a)	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees								
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office he	ld
	Date		Payee name								
09/07/2022			ActBlue								
	Amount (\$)		Payee address; City; State; Zip Code								
\$1.98 366 Summer Street											
			Somerville,	MA 02144-3132							
PURPOSE OF EXPENDITURE (a) Category Fees			,	ee Categories listed at the top	p of this sched	dule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees				
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office he	old
	Date		Payee name								
	09/07/2022		ActBlue								
	Amount (\$) \$0.79		Payee addres		State;	Zip Co	de				
			Somerville,	MA 02144-3132							
	PURPOSE OF EXPENDITURE		Category (Se Fees	ee Categories listed at the top	p of this sched	dule)	(b)	<b></b>	, TX,	de of Texas. Comp officeholder living S	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office he	ld

### SCHEDULE F1

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

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

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

	Credit Cara r ayment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 47/65 Rpt:	Ly, Francine		00086310	
4	Date	5 Payee name	•		
	09/07/2022	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1.58	366 Summer Street			
		Somerville, MA 02144-3132			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Fees	Check if travel outs Check if Austin, TX		
			Transaction Fee		y expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	09/09/2022	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	366 Summer Street			
		Somerville, MA 02144-3132			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Fees	Check if travel outs Check if Austin, TX		
			Transaction Fee		j expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	09/09/2022	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.98	366 Summer Street			
		Somerville, MA 02144-3132			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Fees	Check if travel outs Check if Austin, TX		
			Transaction Fee		y expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/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

	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: 48/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/09/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
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  Transaction Fees
		Transaction reco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	09/10/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.93	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/10/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.12	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transaction Fees
	Computate ONU V if alice	Condidate/Officeholder name Office county
	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
Contributions/ Donations Made By Candidate/Officeholder/Political Co

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/11/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
_	Complete ONLY if direct	Condidate (Office helder years Office accepts Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.80	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction 1 ccs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/11/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	Ψ0.55	ood dammer direct
		Somerville, MA 02144-3132
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	·
	09/11/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/15/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Transaction Fees
			Transaction rees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	09/15/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Transaction Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		S.IIIGO FICIA
H			
l			

#### SCHEDULE F1

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

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

	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: 51/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/16/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date 09/16/2022	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		0
		Somerville, MA 02144-3132
	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
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/17/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	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 Candidate/Officeholder/Political Committee

Event Expense
Fees
Fees
Gitt/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide 6	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed abov	ve)
1	Total pages Schedule F1:	2 FILER NAM	=				3	Filer ID	(Ethics Commissio	n Filers)
_	Sch: 52/65 Rpt:	Ly, Francin						00086310	( )	,
4	Date	5 Payee name								
	09/18/2022	ActBlue								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$1.98	366 Summ	er Street							
		Somerville,	MA 02144-3132							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						de of Texas. Comp officeholder living		
						Transaction F			expense	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	Date	Payee name								
	09/18/2022	ActBlue								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$3.95	366 Summ	er Street							
		Somerville,	MA 02144-3132							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees				<b>=</b>		de of Texas. Comp officeholder living		
						Transaction F			expense	
						Transaction		.5		
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/O	<del></del>								
	Date	Payee name								
	09/18/2022	ActBlue								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$0.99	366 Summ	er Street							
		Somerville,	MA 02144-3132							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						de of Texas. Comp officeholder living		
						Transaction F			expense	
						. 70.1000010111	-	-		
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	lupt			Office he	ald.	
	expenditure to benefit C/O		iccholuel Haille	Onice Suc	igiil			Onice He	iu	
_										

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

O9/18/2022 ActBlue  6 Amount (\$)  7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132
4 Date 09/18/2022 5 Payee name ActBlue  7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
6 Amount (\$)  \$1.58  7 Payee address; City; State; Zip Code  \$366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
6 Amount (\$)  \$1.58  7 Payee address; City; State; Zip Code  \$366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
\$1.58 366 Summer Street  Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Somerville, MA 02144-3132  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Fees  Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OF EXPENDITURE  Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Check if Austin, TX, officenoider living expense
I ransaction Fees
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
<u> </u>
Date Payee name
09/19/2022 ActBlue
Amount (\$) Payee address; City; State; Zip Code
\$0.40 366 Summer Street
Somerville, MA 02144-3132
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Fees Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  Transaction Fees
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
09/20/2022 ActBlue
Amount (\$) Payee address: City: State: Zin Code
Amount (\$) Payee address; City; State; Zip Code  \$0.79 366 Summer Street
Amount (\$) Payee address; City; State; Zip Code \$0.79 366 Summer Street
\$0.79 366 Summer Street
\$0.79 366 Summer Street  Somerville, MA 02144-3132
\$0.79 366 Summer Street  Somerville, MA 02144-3132  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$0.79 366 Summer Street  Somerville, MA 02144-3132  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$0.79  \$0
\$0.79 366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
\$0.79  \$0
\$0.79  366 Summer Street  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees
\$0.79  \$0

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/20/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date	Payee name
	09/22/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144-3132
	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
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/22/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 55/65 Rpt:	Ly, Francine	00086310
4	Date 09/23/2022	5 Payee name ActBlue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fees	outside of Texas. Complete Schedule T. TX, officeholder living expense Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/24/2022	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132	
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense FeeS
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/24/2022	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
	DUDDOCE	Somerville, MA 02144-3132	
	PURPOSE OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T. , TX, officeholder living expense -ees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 56/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	·
	09/24/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	09/26/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144-3132	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Transaction Fees
			Transaction recs
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/27/2022	ActBlue	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.79	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Transaction Fees
			Transaction 1 ccs
-	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 Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 57/65 Rpt:	Ly, Francine	00086310
4	Date	5 Payee name	·
	09/27/2022	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.98	366 Summer Street	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Transaction Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	09/27/2022	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144-3132	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense  Transaction Fees
			Hansaction Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
F	Date	Payee name	
	09/27/2022	ActBlue	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.90	366 Summer Street	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Transaction Fees
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/O		. Onice ficial
$\vdash$			

### 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	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: 58/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/28/2022	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
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  Transaction Fees
		Transaction reco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	09/29/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144-3132
	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  Transaction Fees
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/29/2022	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144-3132
	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  Transaction Fees
		าาสารสะแบบา-๔๕๖
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/15/2022	Asian American Democrats of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	7719 Ehrhardt Lane
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation of Caucus Convention Refreshinent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Payee name
	07/02/2022	Donorbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.45	5 3rd Street
	Ψ1.43	Suite 900
	DUDD005	San Francisco, CA 94104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/18/2022	Donorbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.30	5 3rd Street
		Suite 900
		San Francisco, CA 94104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1: Sch: 60/65 Rpt:	2 FILER NAME Ly, Francine	<b>3</b> Filer ID (Ethics Commission Filers) 00086310
4	Date 07/20/2022	5 Payee name Donorbox	
6	Amount (\$) \$2.59	7 Payee address; City; State; Zip Code 5 3rd Street Suite 900 San Francisco, CA 94104	Э
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	nt Office held
	Date 07/20/2022	Payee name Donorbox	
	Amount (\$) \$4.88	Payee address; City; State; Zip Code 5 3rd Street Suite 900 San Francisco, CA 94104	9
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	office held
	Date 09/26/2022	Payee name Donorbox	
	Amount (\$) \$23.16	Payee address; City; State; Zip Code 5 3rd Street Suite 900 San Francisco, CA 94104	9
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held

### SCHEDULE F1

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

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

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

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

Credit Card	Payment		The Instruction Guide explains how to	compl	ete this form.				
1 Total page	s Schedule F1:	2	FILER NAME		3	F	iler ID	(Ethics Commi	ssion Filers)
Sch: 6	61/65 Rpt:		Ly, Francine			0	0086310		
4 Date		5	Payee name		•				
09/26/202	22		Donorbox						
6 Amount (\$)	)	7	Payee address; City; State; Zip C	Code					
	\$9.10		5 3rd Street						
			Suite 900						
			San Francisco, CA 94104						
8 PURPO		(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
OF EXPEND			Fees		Check if travel outs				
					Check if Austin, TX  Transaction Fee		ficeholder living	expense	
					Transaction Fee	-5			
9 Complete	ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	nuaht			Office he	ıld.	
	e to benefit C/O		Saludate Since Since Si	Jugin			Office fie	.iu	
Date		Г	Davies name						
09/25/202	))		Payee name Eco Latino Dallas						
		L		Sada.					
Amount (\$)			Payee address; City; State; Zip C	Joae					
	\$300.00		3606 S Tyler Street						
			- "						
			Dallas, TX 75224						
PURP( OF		(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
EXPEND			Advertising Expense		Check if travel outs				
					Digital / Radio A		noonolaan nving	одропоо	
					3				
Complete	ONLY if direct		Candidate/Officeholder name Office so	ught			Office he	eld	
	e to benefit C/O	Н							
Date		Π	Payee name						
09/06/202	22		Elite News						
Amount (\$)		H	Payee address; City; State; Zip O	Code					
, anount ( $\phi$ )	\$600.00		3155 S. Lancaster Rd	Jouc					
	4000.00		Ste 210						
			Dallas, TX 75216						
DUDD	205	(-)		//->	5				
PURP( OF		(a)	Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel outs	side	of Texas, Comi	olete Schedule T	
EXPEND	ITURE		Advertising Expense		Check if Austin, TX		·		
					Ad / Newspaper	r			
	ONLY if direct		Candidate/Officeholder name Office so	ought			Office he	eld	
expenditur	e to benefit C/O	Н							

# 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 Commi

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	09/13/2022	Irving Carrollton Branch NAACP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	PO Box 166253
		Irving, TX 75016
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Ad / Freedom Fund Luncheon
		7.d / Freedom Fund Editerion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
Г	Date	Payee name
	07/07/2022	Kim Olson Campaign
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	825 Benavides Lane
		Mineral Wells, TX 76067
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to Nockin to Save Natar Texas event
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	07/20/2022	Paypal
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1.94	2211 North 1st Street
	Ψ1.0 4	ZZZZ NORM ISC GREEK
		San Jose, CA 95131
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
L		
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

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

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

	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: 63/65 Rpt:	Ly, Francine 00086310
4	Date	5 Payee name
	07/20/2022	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.38	2211 North 1st Street
		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transaction Fees
		Transaction 1 ccc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/21/2022	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.21	2211 North 1st Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	08/21/2022	Payee name Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.21	2211 North 1st Street
	Ψ1.21	2211 North 13t Street
		San Jose, CA 95131
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	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

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 con	nple	ete this form.
1	Total pages Schedule F1: Sch: 64/65 Rpt:	2 FILER NAME Ly, Francine		3 Filer ID (Ethics Commission Filers) 00086310
4	Date 08/29/2022	5 Payee name Paypal		
6	Amount (\$) \$1.99	7 Payee address; City; State; Zip Coo 2211 North 1st Street San Jose, CA 95131	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 09/21/2022	Payee name Paypal		
	Amount (\$) \$1.21	Payee address; City; State; Zip Coo 2211 North 1st Street San Jose, CA 95131	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 09/21/2022	Payee name Paypal		
	Amount (\$) \$1.99	Payee address; City; State; Zip Coo 2211 North 1st Street	de	
		San Jose, CA 95131		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	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 -

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

	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: 65/65 Rpt:	Ly, Francine 00086310		
4	Date	5 Payee name		
	09/22/2022	Texting for Less		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$194.79	354 State Street		
		Ste 104		
		Hackensack, NJ 07601		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Digital Media / Texting Service		
		Digital modia / Toxing convict		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/27/2022	Wix.com		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$152.79	500 Terry A Francois Blvd		
		FI6		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense		
		Check if Austin, TX, officeholder living expense  Web Service		
		web colliner		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/30/2022	Wix.com		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$25.85	500 Terry A Francois Blvd		
		FI6		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense		
		Check if Austin, TX, officeholder living expense  Web Service		
		vveb Scrvice		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH				

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/05/2022 7-Eleven Amount (\$) Payee address; State; Zip Code City; \$48.18 2711 N Haskell Ave Dallas, TX 75204 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/10/2022 85C Bakery Payee address: Amount (\$) City; State; Zip Code \$79.30 2540 Old Denton Rd Ste 106 Carrollton, TX 75006 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks & Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/21/2022 85C Bakery Amount (\$) Payee address; State; Zip Code City; \$12.98 400 N. Greenville Ste 9 Richardson, TX 75081 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2022 Allsup Petroleum Store Amount (\$) Payee address; City; State; Zip Code \$71.36 Hwy 380 Walnut South Decatur, TX 76234 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 08/21/2022 Asahi Teppenyaki & Sushi Amount (\$) Payee address; State; Zip Code \$45.70 2300 Cross Timbers Rd Flower Mound, TX 75028 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/14/2022 Bambu Thai Asian Restaurant Amount (\$) Payee address; City; State; Zip Code \$31.94 1930 North Coit Rd Ste 100 Richardson, TX 75080-2833 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/13/2022 Beto For Texas Amount (\$) Payee address; State; Zip Code City; \$155.08 4602 Sinclair Ave Monahans, TX 79756 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to a candidate 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/28/2022 Bistro B Restaurant Amount (\$) Payee address; City; State; Zip Code \$12.10 9780 Walnut St Unit #340 Dallas, TX 75243 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 08/24/2022 Boston's Restaurant & Sports Bar Amount (\$) Payee address; City; State; Zip Code \$66.20 1100 Market Pl Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/02/2022 Braum's Payee address: Amount (\$) City; State; Zip Code \$24.09 812 S Stemmons Frwy Lewisville, TX 75067 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Desserts for Volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/09/2022 Braum's Amount (\$) Payee address; State; Zip Code City; \$5.17 307 E Northwest Hwy Grapevine, TX 76051 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Drinks for Volunteers** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/10/2022 Cafe Brazil Payee address: Amount (\$) City; State; Zip Code \$27.75 501 W University Dr Denton, TX 76201 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/02/2022 Checks In The Mail Amount (\$) Payee address; State; Zip Code City; \$38.69 2435 Goodwin Ln New Braunfels, TX 78135 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Order Campaign Checks 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/29/2022 Cheddar's Amount (\$) Payee address; City; State; Zip Code \$50.00 700 West 635 Irving, TX 75063 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/25/2022 Chipotle Mexican Grill Amount (\$) Payee address; State; Zip Code \$29.66 7717 MacArthur Blvd Suite 129 Las Colinas, TX 75063 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/08/2022 Chipotle Mexican Grill Amount (\$) Payee address; City; State; Zip Code \$45.12 7717 MacArthur Blvd Suite 129 Las Colinas, TX 75063 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/10/2022 Chipotle Mexican Grill Amount (\$) Payee address; State; Zip Code \$64.00 7717 MacArthur Blvd Suite 129 Las Colinas, TX 75063 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/08/2022 Cindi's Deli Amount (\$) Payee address; City; State; Zip Code \$43.95 306 S Houston St Dallas, TX 75202 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/01/2022 Crescent City Amount (\$) Payee address; State; Zip Code \$42.00 780 S MacArthur Blvd Unit #340 Coppell, TX 75019 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/11/2022 Crescent City Amount (\$) Payee address; City; State; Zip Code \$39.20 780 S MacArthur Blvd Unit #340 Coppell, TX 75019 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/02/2022 Curry Leaf Restuarant Amount (\$) Payee address; State; Zip Code \$14.07 1800 Valley View Lane Suite 104 Irving, TX 75061 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/26/2022 Dairy Queen Amount (\$) Payee address; City; State; Zip Code \$10.80 110 Southwestern Blvd Coppell, TX 75019 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/05/2022 Dallas AFL-CIO Amount (\$) Payee address; City; State; Zip Code \$35.00 1408 N Washington Ave Ste 240 Dallas, TX 75204 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Labor Day Breakfast Admission 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/19/2022 **Dallas County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 1414 N Washington Ave Dallas, TX 75204 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/19/2022 **Dallas County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 1414 N Washington Ave Dallas, TX 75204 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/22/2022 Dallas County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$250.00 1414 N Washington Ave Dallas, TX 75204 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation: Annual JJ Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/29/2022 **Dallas County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$250.00 1414 N Washington Ave Dallas, TX 75204 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship of Annual JJ Dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/19/2022 Dallas County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$10.00 1414 N Washington Ave Dallas, TX 75204 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining Membership Fees

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Office sought

Version V3.5.1.8b4250f1

Office held

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/03/2022 **Democratic Women of Denton County** Amount (\$) Payee address; City; State; Zip Code \$175.00 1413 Cambridge Denton, TX 76209-1269 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation: Celebrate Roanoke 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/08/2022 Denise Wooten Campaign Amount (\$) Payee address; City; State; Zip Code \$88.00 3861 Long Prairie Rd Ste 101 Flower Mound, TX 75028 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation to a candidate Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/12/2022 **Denton County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 529 Malone St Suite 119 Denton, TX 76201 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/21/2022 **Denton County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$125.00 529 Malone St Suite 119 Denton, TX 76201 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Ticket for 2022 LBJ/Obama Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 07/21/2022 **Denton County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$250.00 529 Malone St Suite 119 Denton, TX 76201 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ads for 2022 LBJ/Obama Dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/12/2022 **Denton County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 529 Malone St Suite 119 Denton, TX 76201 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/12/2022 **Denton County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 529 Malone St Suite 119 Denton, TX 76201 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/09/2022 Domino's Pizza Amount (\$) Payee address; City; State; Zip Code \$32.05 6451 Riverside Irving, TX 75039 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 5 09/10/2022 Enzo's NY Pizzeria Amount (\$) Payee address; State; Zip Code \$43.68 900 Parker Square Rd Suite 990 Flower Mound, TX 75028 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/28/2022 Exxon Mobil Amount (\$) Payee address; City; State; Zip Code \$39.67 5304 Arapaho Rd Dallas, TX 75248 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/02/2022 Exxon Mobil Amount (\$) Payee address; City; State; Zip Code \$45.52 460 E. Round Grove Rd Lewisville, TX 75067 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/07/2022 Fairmont Dallas Amount (\$) Payee address; City; State; Zip Code \$19.00 1717 North Akard Street Dallas, TX 75201 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense valet parking / JJ Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 08/05/2022 Fish Fry Democratic PAC Amount (\$) Payee address; State; Zip Code \$250.00 6333 E Mockingbird Ln Ste 147-800 Dallas, TX 75214 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship of Annual Democratic Fish Fry 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/05/2022 **GOTV Texas PAC** Amount (\$) Payee address; City; State; Zip Code \$1,500.00 6333 E. Mockingbird Ln. Suite 147-686 Dallas, TX 75214 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consultation Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/07/2022 Greater Dallas Taiwanese Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$250.00 PO Box 701983 Dallas, TX 75370 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ad in 2022 Chinese New Year Gala program 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2022 **K&R Screen Graphics** Amount (\$) Payee address; City; State; Zip Code \$1,410.38 3915 Main Street Dallas, TX 75040-3702 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Yard Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/21/2022 Kevin Morris for HD67 Campaign Amount (\$) Payee address; City; State; Zip Code \$50.00 PO Box 865147 Plano, TX 75086 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to a candidate 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/07/2022 Kroger Fuel Payee address: Amount (\$) City; State; Zip Code \$20.00 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/07/2022 Kroger Fuel Amount (\$) Payee address; City; State; Zip Code \$74.07 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/18/2022 Kroger Fuel Payee address: Amount (\$) City; State; Zip Code \$67.12 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/18/2022 Kroger Fuel Amount (\$) Payee address; City; State; Zip Code \$64.40 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/24/2022 Kroger Fuel Payee address: Amount (\$) City; State; Zip Code \$59.47 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/11/2022 Kroger Fuel Amount (\$) Payee address; City; State; Zip Code \$52.17 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/11/2022 Kroger Fuel Payee address: Amount (\$) City; State; Zip Code \$76.25 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/24/2022 Kroger Amount (\$) Payee address; City; State; Zip Code \$38.97 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/28/2022 Kroger Payee address: Amount (\$) City; State; Zip Code \$64.44 7415 N MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/11/2022 Kura Revolving Sushi Bar Amount (\$) Payee address; State; Zip Code \$89.13 2540 Old Denton Rd Suite 140 Carrollton, TX 75006 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/18/2022 Local Pint Amount (\$) Payee address; City; State; Zip Code \$55.47 2750 Churchill Dr #170 Flower Mound, TX 75022 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/01/2022 Local Pint Amount (\$) Payee address; State; Zip Code City; \$73.45 2750 Churchill Dr #170 Flower Mound, TX 75022 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2022 Lowe's Home Improvement Payee address: Amount (\$) City; State; Zip Code \$250.00 1253 E Trinity Mls Rd Carrollton, TX 75006 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stakes for Road Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/07/2022 Macy's Amount (\$) Payee address; State; Zip Code City; \$40.00 3801 Irving Mall Irving, TX 75062 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sneakers for Block walking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/29/2022 Marble Slab Creamery Amount (\$) Payee address; City; State; Zip Code \$17.94 7601 N MacArthur Blvd Ste 114 Irving, TX 75063 **TYPE OF** Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Snacks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/06/2022 Market Street Amount (\$) Payee address; City; State; Zip Code \$22.45 700 N. Denton Tap Rd Coppell, TX 75019 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/29/2022 New Blue USA Amount (\$) Payee address; City; State; Zip Code \$50.00 12100 S Texas 6 Sugar Land, TX 77498 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation for social media impression Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 08/08/2022 **New New Buffett** Amount (\$) Payee address; State; Zip Code City; \$39.00 3822 Belt Line Rd Addison, TX 75001 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/26/2022 Nicos Cocina Amount (\$) Payee address; City; State; Zip Code \$42.20 3065 N Josey Ln Ste 24 Carrollton, TX 75007 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/11/2022 **Northeast Democrats** Amount (\$) Payee address; State; Zip Code City; \$35.00 PO Box 818 Colleyville, TX 76034 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/05/2022 Nothing Bundt Cakes Amount (\$) Payee address; City; State; Zip Code \$14.25 1300 S Loop 288 Ste 110 Denton, TX 76205 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Desserts for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 34/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/01/2022 O'Sheas Irish Pub Amount (\$) Payee address; State; Zip Code \$46.29 310 Grapevine Hwy Hurst, TX 76054 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Colleyville Woman's Rights Rally Dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/04/2022 Office Depot Amount (\$) Payee address; City; State; Zip Code \$140.73 7777 N MacArthur Blvd Irving, TX 75063 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense High Resolution Campaign Flyer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/29/2022 Office Depot Amount (\$) Payee address; City; State; Zip Code \$540.91 7777 N MacArthur Blvd Irving, TX 75063 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 5 Toner Cartridges 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/29/2022 Office Depot Amount (\$) Payee address; City; State; Zip Code \$43.03 7777 N MacArthur Blvd Irving, TX 75063 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense High Resolution Campaign Flyer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/29/2022 Office Depot Amount (\$) Payee address; City; State; Zip Code \$90.91 7777 N MacArthur Blvd Irving, TX 75063 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailing labels 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/08/2022 Pan Asean Amount (\$) Payee address; City; State; Zip Code \$123.13 777 S MacArthur Blvd Unit #401 Coppell, TX 75019 TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 37/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 08/20/2022 Parks Coffee Amount (\$) Payee address; State; Zip Code City; \$7.31 1401 MacArthur Dr Carrollton, TX 75007 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/20/2022 Party City Payee address: Amount (\$) City; State; Zip Code \$80.11 3929 West Airport Freeway Suite 129 Irving, TX 75062 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Decorations for Campaign Reception** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/31/2022 Pizza Hut Amount (\$) Payee address; State; Zip Code City; \$58.39 820 MacArthur Blvd Unit #340 Coppell, TX 75019 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2022 Queen of Sheba Restaurant Payee address: Amount (\$) City; State; Zip Code \$46.16 14875 Inwood Rd Addison, TX 75001 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/03/2022 Queen of Sheba Restaurant Amount (\$) Payee address; City; State; Zip Code \$59.93 14875 Inwood Rd Addison, TX 75001 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/08/2022 QuikTrip Amount (\$) Payee address; City; State; Zip Code \$67.12 106 N Main Street Euless, TX 76040 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 40/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/07/2022 Radio Azad Amount (\$) Payee address; State; Zip Code City; \$1,200.00 300 E Royal Lane Bld2, Ste 102 Irving, TX 75039 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Digital / Radio Ad 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2022 Rodeo Goat Cypress Waters Amount (\$) Payee address; City; State; Zip Code \$50.66 9610 Wharf Rd Dallas, TX 75019 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/21/2022 Royal Sichuan Amount (\$) Payee address; State; Zip Code City; \$13.85 400 N. Greenville Ste16A Richardson, TX 75081 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/13/2022 Somos Tejas Amount (\$) Payee address; City; State; Zip Code \$250.00 3662 W. Camp Wisdom Rd Ste 2044 Dallas, TX 75237 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation to GOTV via Texting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 42/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/25/2022 Sonic America's Drive-In Amount (\$) Payee address; City; State; Zip Code \$6.15 1021 W Frankford Carrollton, TX 75006 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/04/2022 Soupcon Wine Lounge Payee address: Amount (\$) City; State; Zip Code \$76.70 3405 Long Prairie Flower Mound, TX 75022 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 43/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/25/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$25.00 3525 Grapevine Mills Pkwy Suite 129 Grapevine, TX 76051 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/31/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$38.10 1513 W Hebron Pkwy #100 Carrollton, TX 75010 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/06/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$25.59 700 N. Denton Tap Rd Coppell, TX 75019 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/07/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$7.79 5941 HIgh Point Dr Irving, TX 75039 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 08/13/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$17.81 6859 Arapaho Dallas, TX 75248 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/13/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$6.44 3525 Grapevine Mills Pkwy Grapevine, TX 76051 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 46/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/19/2022 Starbucks Amount (\$) Payee address; State; Zip Code City; \$12.99 7979 N. MacArthur Irving, TX 75063 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/19/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$19.97 7979 N. MacArthur Irving, TX 75063 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 47/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/20/2022 Starbucks Amount (\$) Payee address; State; Zip Code City; \$10.83 1757 E Hebron Pkwy Carrollton, TX 75010 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/21/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$12.67 701 Cross Timbers Flower Mound, TX 75028 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 48/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/27/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$4.06 4038 Old Denton Rd Carrollton, TX 75007 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/27/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$4.93 5000 Beltline Rd Addison, TX 75240 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 49/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/04/2022 Starbucks Amount (\$) Payee address; State; Zip Code City; \$17.16 3121 Ira E Woods Grapevine, TX 76051 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/07/2022 Starbucks Payee address: Amount (\$) City; State; Zip Code \$13.75 1103 W Mockingbird Dallas, TX 75247 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 50/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/08/2022 Starbucks Amount (\$) Payee address; State; Zip Code City; \$14.02 2350 Stemmons Frwy Dallas, TX 75207 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/13/2022 Starbucks Payee address: Amount (\$) City; State; Zip Code \$14.29 7505 N MacArthur Blvd Irving, TX 75063 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 51/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/28/2022 Starbucks Amount (\$) Payee address; City; State; Zip Code \$6.44 7979 N. MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/13/2022 Steph Gardella for Justice of the Peace for Denton County's Precinct 2 Campaign Amount (\$) Payee address; City; State; Zip Code \$50.00 2001 Sunnyside Dr Little Elm, TX 75068 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation to a candidate Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 52/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/07/2022 Stonewall Democrats of Dallas Amount (\$) Payee address; City; State; Zip Code P.O. Box 192305 \$35.00 Dallas, TX 75219 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2022 Stonewall Democrats of Dallas Amount (\$) Payee address; City; State; Zip Code \$50.00 P.O. Box 192305 Dallas, TX 75219 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Slate card printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 53/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/06/2022 Subway Amount (\$) Payee address; City; State; Zip Code \$55.51 7600 N. MacArthur Blvd Irving, TX 75063 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/08/2022 Sushi Zen Japanese Bistro Amount (\$) Payee address; City; State; Zip Code \$55.96 2600 E Southlake Blvd Suite 129 Southlake, TX 76092 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 54/65 Rpt: 00086310 Ly, Francine \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 07/01/2022 Taco Azteca Amount (\$) Payee address; City; State; Zip Code \$11.90 704 East Byron Nelson Blvd Roanoke, TX 76262-6165 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/12/2022 **Tarrant County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 3130 Plumwood St Fort Worth, TX 76111 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 55/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/12/2022 **Tarrant County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 3130 Plumwood St Fort Worth, TX 76111 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2022 **Tarrant County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$10.00 3130 Plumwood St Fort Worth, TX 76111 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 56/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 09/02/2022 Taste of Asia Amount (\$) Payee address; City; State; Zip Code \$46.48 420 E. Round Grove Rd Lewisville, TX 75067 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Drinks for Volunteers** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2022 Texas Democratic Women Amount (\$) Payee address; City; State; Zip Code \$75.00 4609 Pangolin Dr Fort Worth, TX 76422 **TYPE OF** Non-Political Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Registration for Annual TDW's Retreat Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 57/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 07/12/2022 **Texas Stonewall Democrats Caucus** Amount (\$) Payee address; City; State; Zip Code \$250.00 506 W. Donovan St. Unit G Houston, TX 77007 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship of Convention LGBTQ+ Allies Celebration 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/07/2022 The 134 PAC Amount (\$) Payee address; City; State; Zip Code \$25.00 PO Box 357 Mineral Wells, TX 76068 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation to Rockin' to Save Rural Texas event Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 58/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/06/2022 Tommy's Hamburger Grill Amount (\$) Payee address; State; Zip Code \$22.23 5228 Camp Bowie Blvd Ft Worth, TX 76107 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2022 Valley Ranch Post Office Amount (\$) Payee address; City; State; Zip Code \$2,200.00 6501 N MacArthur Blvd Irving, TX 75063-9998 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stamps Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 59/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/21/2022 Valley Ranch Post Office Amount (\$) Payee address; State; Zip Code \$745.20 6501 N MacArthur Blvd Irving, TX 75063-9998 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stamps 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/28/2022 Valley Ranch Post Office Amount (\$) Payee address; City; State; Zip Code \$3,212.00 6501 N MacArthur Blvd Irving, TX 75063-9998 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stamps Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 60/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/12/2022 VistaPrint.com Amount (\$) Payee address; City; State; Zip Code \$555.37 95 Hayden Ave Lexington, MA 02421-7942 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphics / Postcards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/12/2022 VistaPrint.com Amount (\$) Payee address; City; State; Zip Code \$1,780.11 95 Hayden Ave Lexington, MA 02421-7942 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphics / Yard Signs, T-Shirts & Stickers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 61/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/21/2022 VistaPrint.com Amount (\$) Payee address; City; State; Zip Code \$1,780.11 95 Hayden Ave Lexington, MA 02421-7942 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphics / T-Shirts & Bumper Stickers (2nd batch) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/30/2022 VistaPrint.com Amount (\$) Payee address; City; State; Zip Code \$2,256.30 95 Hayden Ave Lexington, MA 02421-7942 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphics / Postcards & Door Hangers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 62/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/07/2022 VistaPrint.com Amount (\$) Payee address; City; State; Zip Code \$839.04 95 Hayden Ave Lexington, MA 02421-7942 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphics / Door Hangers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/26/2022 Whataburger Amount (\$) Payee address; City; State; Zip Code \$5.40 4687 State Hwy 121 The Colony, TX 75056 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Drinks for Volunteers** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 63/65 Rpt: Ly, Francine 00086310 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/12/2022 Wise County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$10.00 200 S Trinity St Decatur, TX 76234 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/12/2022 Wise County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$10.00 200 S Trinity St Decatur, TX 76234 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 64/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/12/2022 Wise County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$10.00 200 S Trinity St Decatur, TX 76234 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining Membership Fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/01/2022 Wise County Amount (\$) Payee address; City; State; Zip Code \$50.00 2901 S FM 51 Bldg 100 Decatur, TX 76234 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **GIS Maps** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 65/65 Rpt: Ly, Francine 00086310 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 07/20/2022 Yummy Sichuan Restaurant Amount (\$) Payee address; City; State; Zip Code \$513.75 2221 Cross Timbers Rd Suite 129 Flower Mound, TX 75028 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Reception 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/27/2022 Yummy Thai Restaurant Payee address: Amount (\$) City; State; Zip Code \$56.72 6421 Riverside Dr Ste 150 Irving, TX 75063 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH