FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. 30 CANDIDATE / MS/MRS/MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Patricia NAME Date Received **NICKNAME SUFFIX** LAST DeBerry CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 5710 MAILING Receipt # Amount **ADDRESS** Change of Address San Antonio, TX 78201 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** ΜI **TREASURER** NAME Ms. Esperanza NICKNAME LAST **SUFFIX** Hope Andrade **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY: **TREASURER ADDRESS** 300 E. Basse, San Antonio, TX 78209 (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** 210-592-6187 PHONE 8 REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) July 15 8th day before election **Exceeded modified** Final Report (Attach C/OH-FR) reporting limit PERIOD 9 Month Month Day Year Day Year

09/30/2022

Day

11/08/2022

OFFICE HELD (if any)
None Bexar

Month

ELECTION DATE

Year

COVERED

10 ELECTION

11 OFFICE

THROUGH

Primary

X General

10/29/2022

12 OFFICE SOUGHT (if known)

Statutory County Judge

Other

ELECTION TYPE

Runoff

Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

				2 of 30
13 C / OH NAME	DeBerry, Patricia	14 F	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures on the contributions are required to report this information only	andidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<u>-</u>	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN PL ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRO		\$ 6,991.70
	B	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 56,241.70
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 6,227.61
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 143,710.44
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST RIOD	DAY OF THE	\$ 53,616.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TITING PERIOD	THE LAST DAY	\$ 50,000.00
17 AFFIDAVIT	RONDA KAY DUDL Notary Public, State of Comm. Expires 07-01- Notary ID 1338403	Texas under Title 15, Election Code.	perjury, that the accor ormation required to b didate or Officeholde	pe reported by me
	cribed before me, by the s	$\Delta I = \Delta D = 0$	this the 3/	day
Rade Kar Signature of office	cer administering	Runda Kay Dudleg Printed name of officer administering	No fav Title of officeka	diministering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 30
18 FILE			19 Filer ID		
		Patricia			
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	56,241.70
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	143,710.44
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/30 2 FILER NAME 3 Filer ID DeBerry, Patricia 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2022 \$10,000.00 Armstrong, Maricela 6 Contributor address; City; State; Zip Code 2510 Inwood View Dr San Antonio, TX 78248 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Executive Bitterblue, Inc. out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 10/21/2022 \$200.00 Bankler, Jeff Contributor address; City; State; Zip Code 134 Turnberry Way San Antonio, TX 78230 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Gibson Plumbing Co Management Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/16/2022 Birnbaum, Michael \$1,000.00 Contributor address; City; State; Zip Code 200 Patterson San Antonio, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Self Employed Self Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$500.00 10/13/2022 CLark, Barry Contributor address; City; State; Zip Code 18919 Redriver Trail San Antonio, TX, TX 78259 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Teacher **NEISD** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/25/2022 \$1,000.00 Cain, Loretta Contributor address; City; State; Zip Code 4242 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/30 2 FILER NAME 3 Filer ID DeBerry, Patricia Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of Contribution (\$) \$500.00 10/11/2022 Carmen, Julissa 6 Contributor address; City; State; Zip Code 7711 Callaghan Rd San Antonio, TX 78229 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) **HOSPICE** Catholic Priest Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 10/16/2022 \$250.00 Chidgey, Janet Contributor address; City; State; Zip Code 240 Bushnell San Antonio, TX 78212 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Commercial Real Estate Finance Robert O. Chidgey Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ \$2,500.00 10/03/2022 Cim, Martha Contributor address; City; State; Zip Code 1603 Poets Corner Street San Antonio, TX 78232 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 10/20/2022 Clark, Greg Contributor address; City; State; Zip Code 18919 Redriver Trail San Antonio, TX, TX 78259 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) **NEISD** Teacher Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 10/24/2022 Clark, Randy Contributor address; City; State; Zip Code 18919 Redriver Trail San Antonio, TX 78259 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Teacher **NEISD**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/30 FILER NAME 3 Filer ID DeBerry, Patricia Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/28/2022 Clark, Sterling \$500.00 6 Contributor address; City; State; Zip Code 18919 Redriver Trail San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Employer (See Instructions) Commercial Loan Officer Simmons Bank Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2022 \$500.00 Cofsky, Jeffrey Contributor address; City; State; Zip Code 3131 Iron Stone San Antonio, TX 78230 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 10/05/2022 Crews, Kenneth \$250.00 Contributor address; City; State; Zip Code 22518 Albado San Antonio, TX 78261 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2022 \$250.00 Embrey, Doug Contributor address; City; State; Zip Code 7600 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Chairman **Embrey Development Company** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 10/08/2022 \$2,000.00 Erhardt, Peggy Contributor address; City; State; Zip Code 3623 Cypress Cape San Antonio, TX 78259 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/30 2 FILER NAME 3 Filer ID DeBerry, Patricia 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 10/03/2022 Gonzalez, Rick 6 Contributor address; City; State; Zip Code 2330 Park Farm San Antonio, TX 78259 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **USAA** Analyst Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/05/2022 \$2,000.00 Green, Charles Contributor address; City; State; Zip Code 15011 Whiteoak Peak San Antonio, TX 78248 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Pivot Bio **Procurement Buyer** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 10/18/2022 Guerra, Heriberto Contributor address; City; State; Zip Code 1 Lone Star Pass San Antonio, TX 78264 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$200.00 10/12/2022 Jimenez, Michael Contributor address; City; State; Zip Code 3125 Single Peak San Antonio, TX 78261 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Self Employed Self Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,000.00 10/10/2022 Judson, Stephen Contributor address; City; State; Zip Code 1730 Fawn Crest San Antonio, TX 78248 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Self Employed Consultant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/30 2 FILER NAME 3 Filer ID DeBerry, Patricia 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/24/2022 \$250.00 Krauss, Ellen 6 Contributor address; City; State; Zip Code 13718 Shavano Mist San Antonio, TX 78230 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2022 \$1,000.00 Meyer, Steven Contributor address; City; State; Zip Code 9 Penny Lane San Antonio, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Real Estate Loopy Limited Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/12/2022 Moake, John \$500.00 Contributor address; City; State; Zip Code 4034 Wilderness Ridge San Antonio, TX 78261 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Owner Owner Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/05/2022 Patterson, Mona \$2,000.00 Contributor address; City; State; Zip Code 87 Haverhill Way San Antonio, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,500.00 10/03/2022 Pfeiffer, Fermin Contributor address; City; State; Zip Code 13062 North Hunters Circle San Antonio, TX 78230 Principal occupation / Job title (See Instructions) **Employer (See Instructions) AA Care Services Healthcare Marketing**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/7 Rpt: 9/30 FILER NAME 3 Filer ID DeBerry, Patricia Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2022 \$1,000.00 Pilgrim, Deb 6 Contributor address; City; State; Zip Code 8210 Country Side Drive San Antonio, TX 78209 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Consultant **Guidehouse Consulting** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/05/2022 \$10,000.00 Powell, William Contributor address; City; State; Zip Code 11 Lynn Batts San Antonio, TX 78218 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/17/2022 \$200.00 Rose, Josh Contributor address; City; State; Zip Code 27103 Trinity Heights San Antonio, TX 78261 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/05/2022 \$2,000.00 Rose, Kristen Contributor address; City; State; Zip Code 27103 Trinity Heights San Antonio, TX 78261 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/05/2022 \$500.00 Smith. Lamar Contributor address; City; State; Zip Code 410 Hathaway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired

	MONET	TARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/30
2	FILER NAME DeBerry, Pa			3 Filer ID
4	Date 10/12/2022	5 Full name of contributor out-of-state PAC (ID#:_ Sweeney, Chuck 6 Contributor address; City; State; Zip Code 335 E Nottingham Dr San Antonio, TX 78209	7 Amount of Contribution (\$) \$250.00	
8	Principal occu Retired	upation / Job title (See Instructions)	uctions)	
	Date 10/05/2022	Full name of contributor out-of-state PAC (ID#:_ Taylor, Cyndi Contributor address; City; State; Zip Code 4251 Valleyfield San Antonio, TX 78222) Amount of Contribution (\$) \$200.00	
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instru Retired	uctions)
	Date 10/14/2022	Full name of contributor out-of-state PAC (ID#:_ Walker, Walter Contributor address; City; State; Zip Code 20307 Terrabianca San Antonio, TX 78258) Amount of Contribution (\$) \$250.00
	Principal occu President	upation / Job title (See Instructions)	Employer (See Instru Reservaton Affiliate	•
	Date 10/18/2022	Full name of contributor out-of-state PAC (ID#:_ Weiss, Randy Contributor address; City; State; Zip Code West Avenue San Antonio, TX 78213) Amount of Contribution (\$) \$200.00
	Principal occu Real Estate	upation / Job title (See Instructions)	Employer (See Instru 4M Properties	uctions)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memo Legal Services	rials Expense	Printing Ex Salaries/M	xpens Vages	e /Contract Labor	Travel Out of District OTHER (enter a category	not listed above)
	ordan odran dymoni			The Instruction	n Guide explains	how to co	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
Ĺ	Sch: 1/20 Rpt: 11/30	L	DeBerry, Pa	atricia						-
4	Date	5	Payee name							
	10/12/2022		ATT,							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
	\$269.29		7503 La Ca	intera Pkwy						
				•						
	4		Can Antoni	o, TX 78257						
		_			, 1					
8	PURPOSE OF	(a)			d at the top of this sc	hedule)	(b)	Description		
	EXPENDITURE		Office Over	head/Rental	Expense				outside of Texas. Complete School, TX, officeholder living expense	
								hI	ead/Rental Expense	
								Office Overri	cau/itemai Expense	
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9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder nam	9	Office sou	ight		Office held	
	expenditure to beliefit of or									
	Date		Payee name							
	10/12/2022		Bauhaus M	edia						
_	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	ode			
	\$6,637.50		3015 San F	Pedro		-				
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	Date		Payee name							
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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 explain	s how to co	mple	te this form.	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	
	Sch: 2/20 Rpt: 12/30		DeBerry, Patricia				
4	Date	5	Payee name				
	10/24/2022		Datum Tech,				
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	de		
	\$7,500.00		120 River Hills Rd				
			Austin, TX 78733				
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	
	OF EXPENDITURE		Advertising Expense	·		Check if travel outside of Texas. Complete Schedule T.	
	Z/N ZIVOITONE					Check if Austin, TX, officeholder living expense Advertising Expense	
		ŀ				Advertising Expense	
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name	Office sou	aht	Office held	
ľ	expenditure to benefit C/OI		Saludate/Oniceriolae/ Haric	Office 300	giit	Since hold	
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	10/13/2022		Everest Marketing,				
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	φο,σου.σο		10 00 101024				
			San Antonio, TX 78245				
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	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense	
						Advertising Expense	
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	Date		Payee name				
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		L	San Antonio, TX 78245				
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	EXPENDITURE	İ	Consulting Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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	expenditure to benefit C/O	Н					
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<u></u>		*11.	ce Commission Manage athics			Version V3 5 1 d1h92	750

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

	Consuting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Service:	lemorials Expe s			cpenso /ages/		Trav	vel on District vel Out of District IER (enter a catego	ory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>						3 File	r ID		
	Sch: 3/20 Rpt: 13/30		DeBerry, Pa	atricia									
4	Date	5	Payee name										
	10/20/2022	İ	Everest Ma	rketing,									
6	Amount (\$)	7	Payee addre	ss; City	/;	State;	Zip Co	de					
	\$25,000.00		PO Box 763	L524									
			San Antonio	o, TX 782	45								
8	PURPOSE	(a)	Category (S	ee Categories	listed at the top	of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Advertising								Texas. Complete S		
											eholder living exper	nse	
									Advertising E	.xpens	5		
Ļ		<u> </u>									06		\dashv
9	Complete ONLY if direct expenditure to benefit C/Oi		Candidate/Offi	iceholder na	ame	O	ffice sou	gnt			Office held		
	Date		Payee name										
	10/21/2022		Everest Ma	rketing,									
	Amount (\$)		Payee addre	ss; City	/ ;	State;	Zip Co	de					
	\$3,500.00		PO Box 763	1524									
			San Antoni	o, TX 782	45	·				·			
l	PURPOSE OF	(a)	Category (S	ee Categories	listed at the top	o of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense					<u></u>		Texas. Complete seholder living expension		
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	Date		Payee name										
	10/27/2022		Everest Ma	rketing,									
	Amount (\$)		Payee addre	ss; Cit	y;	State;	Zip Co	de					
	\$1,700.00		PO Box 76	1524									
			San Antoni	o, TX 782	45								
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	EXPENDITURE		Odiai 105/ FF	ugosi com	I age Labo	•		ŀ	Check if Austin	, TX, offic	eholder living expe	nse	
								l	Salaries/Wag	ges/Co	ntract Labor		
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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/Officenoider/Politica Credit Card Payment	I COI	The Instruction Guide explains how to c		ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID
	Sch: 4/20 Rpt: 14/30		DeBerry, Patricia		
4	Date	5	Payee name	<u> </u>	
	10/05/2022		Everest Marketing		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$3,900.00	İ	PO Box 761524		
Ì			San Antonio, TX 78245		
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 Advertising Expense
					Advertising Expense
9	Complete ONLY if direct	Ц	Candidate/Officeholder name Office so	uaht	Office held
ľ	expenditure to benefit C/O			-9	
⊨	Date	Г	Payee name		
	10/11/2022		Facebook,		
_	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode:	
	\$600.00		1 Hacker Way	-000	

			Menlo Park, CA 94025		
┝	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	l (b)	Description
	OF		Advertising Expense	\	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		- F		Check if Austin, TX, officeholder living expense
					Advertising Expense
L		<u> </u>		Щ.	Office held
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ougni	Office held
┡		r -			
	Date 10/11/2022		Payee name Facebook,		
L		-		\	
	Amount (\$) \$900.00		Payee address; City; State; Zip C	oae	
	\$900.00		1 Hacker Way		
			Monlo Dork CA 04025		
L		Ļ	Menio Park, CA 94025	1.0	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	م) ا	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
					Advertising Expense
Γ	Complete ONLY if direct		Candidate/Officeholder name Office so	ough	Office held
	expenditure to benefit C/O				
_	Toyon I	41.7	o Commission usus othics state to		Version V2 5 1 d1h02729

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 Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 5/20 Rpt: 15/30	DeBerry, Patricia	
4	Date	5 Payee name	
	10/18/2022	Facebook,	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Salaries/Wages/Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/Oł	1	
	Date	Payee name	
	10/21/2022	Facebook,	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 Hacker Way	
		Menio Park, CA 94025	
	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
			Advertising Expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/24/2022	Facebook,	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$854.00	1 Hacker Way	
		Menlo Park, CA 94025	
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
İ	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
ł			Office Overhead/Rental Expense
			•
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
r			
L		thice Commission was athics state to us	Version V3 5 1 d1h92728

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 Card Payment	The Instruction Guide explains how to complete this form).
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 6/20 Rpt: 16/30	DeBerry, Patricia	
4	Date	5 Payee name	
	09/30/2022	Facebook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	1 Hacker Way	
		Menio Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense ng Expense
		Auvolusi	ng Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	10/04/2022	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$683.63	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
]	ng Expense
			3 - 4
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
Г	Date	Payee name	
	10/04/2022	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 Hacker Way	
		Menio Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Nertal Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
]	ng Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
Г			
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 7/20 Rpt: 17/30	DeBerry, Patricia	
4	Date	5 Payee name	
	10/06/2022	Facebook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$600.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overricaum Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		[verhead/Rental Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/12/2022	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 Hacker Way	
L		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		,	ion/Fundraising Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	10/13/2022	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	1 Hacker Way	
		Menlo Park, CA 94025	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Advertising Expense	f travel outside of Texas. Complete Schedule T.
	EXPENDITORE		f Austin, TX, officeholder living expense
		Advertis	ing Expense
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilibo Hold
\vdash			
Ļ	rms provided by Teyes F	thice Commission was athics state ty us	Version V3 5 1 d1h92728

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

ŀ	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/20 Rpt: 18/30	2 FILER NAME DeBerry, Patricia 3 Filer ID
4	Date 10/17/2022	5 Payee name Facebook
6	Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 1 Hacker Way Maple Park CA 04035
8	PURPOSE OF EXPENDITURE	Menlo Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/24/2022	Payee name Facebook
	Amount (\$) \$899.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/24/2022	Payee name Facebook
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	rms provided by Texas E	thics Commission www.ethics.state.tx.us Version V3.5.1.d1b9272

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 9/20 Rpt: 19/30 DeBerry, Patricia 4 Date Payee name 10/25/2022 Facebook 6 Amount (\$) Payee address; City; State; Zip Code \$900.00 1 Hacker Way Menlo Park, CA 94025 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/27/2022 Facebook Payee address; Amount (\$) City; State: Zip Code \$900.00 1 Hacker Way Menlo Park, CA 94025 **PURPOSE** (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 Advertising Expense Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/17/2022 Gabe Coronado Amount (\$) Payee address; City; State; Zip Code \$420.00 13827 South Village Dr San Antonio, TX 78249 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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 Cald Payment	The Instruction Guide explains how to cor	mplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 10/20 Rpt: 20/30	DeBerry, Patricia	
4	Date	5 Payee name	
	10/17/2022	Gabe Coronado	
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de
	\$435.00	13828 South Village Dr	
		San Antonio, TX 78207	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Salaries/Wages/Contract Labor
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
	expenditure to benefit C/OF	1	
	Date	Payee name	
	10/17/2022	Gabe Coronado	
	Amount (\$)	Payee address; City; State; Zip Coo	de
	\$435.00	13829 South Village Dr	
		San Antonio, TX 78023	
	PURPOSE OF	, (,	(b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Salaries/Wages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/05/2022	Greg Brockhouse	
	Amount (\$)	Payee address; City; State; Zip Co	de
ı	\$2,500.00	PO Box 761524	
	\$2,500.00		
	\$2,500.00	San Antonio, TX 78245	
	PURPOSE	San Antonio, TX 78245 (a) Category (See Categories listed at the top of this schedule)	(b) Description
		San Antonio, TX 78245	(b) Description Check if travel outside of Texas. Complete Schedule T.
	PURPOSE OF	San Antonio, TX 78245 (a) Category (See Categories listed at the top of this schedule)	(b) Description
	PURPOSE OF	San Antonio, TX 78245 (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	San Antonio, TX 78245 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense
	PURPOSE OF EXPENDITURE	San Antonio, TX 78245 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	San Antonio, TX 78245 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	San Antonio, TX 78245 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense

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 con	plete this form.		1
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 11/20 Rpt: 21/30	DeBerry, Patricia			
4	Date	5 Payee name			
	10/17/2022	Greg Brockhouse			ŀ
6	Amount (\$)	7 Payee address; City; State; Zip Coo	9		
	\$2,500.00	PO Box 761524			
		San Antonio, TX 78245			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description		
	OF EXPENDITURE	Consulting Expense		utside of Texas. Complete Schedule T.	
	EXPENDITORE		النسا	TX, officeholder living expense	
			Consulting Ex	pense	1
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	hf	Office held	
3	expenditure to benefit C/O			Cince nois	ı
_	Date	Payee name			
	10/21/2022	HEB,			l
	Amount (\$)				
	\$403.32	Payee address; City; State; Zip Coo	5		1
	Ψ-00.02	310 3 Flores			ı
		San Antonio, TX 78204			1
		1 Jan Antonio, 1 A 70204			
	0.10000		LV		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	utside of Texas. Complete Schedule T.	
			Check if travel of	utside of Texas. Complete Schedule T. TX, officeholder living expense	
	OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel of	TX, afficeholder living expense	
	OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin,	TX, afficeholder living expense	
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Os	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Con	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila,	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$)	(a) Category (see Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Payee name Henry Avila, Payee address; City; State; Zip Cor. 3126 Annarose Ln	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough H Payee name Henry Avila, Payee address; City; State; Zip Cord 3126 Annarose Ln San Antonio, TX 78211	Check if travel of Check if Austin, Advertising Ex	TX, afficeholder living expense KPENSE	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cod 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin, Advertising E:	TX, afficeholder living expense Xpense Office held	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name H Payee name Henry Avila, Payee address; City; State; Zip Cor. 3126 Annarose Ln San Antonio, TX 78211	Check if travel of Check if Austin, Advertising Example 1 b) Description Check if travel of Check if travel	TX, officeholder living expense XPENSE Office held outside of Texas. Complete Schedule T.	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/21/2022 Amount (\$) \$1,000.00 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cod 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin, Advertising Example 1 b) Description Check if travel of Check if travel	TX, officeholder living expense XPENSE Office held outside of Texas. Complete Schedule T. TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/21/2022 Amount (\$) \$1,000.00 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cod 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin, Advertising Example 1 b) Description Check if travel of Check if Austin,	TX, officeholder living expense XPENSE Office held outside of Texas. Complete Schedule T. TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cora 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Example of Check if Lawrence Check if Lawrence of Check if Lawrence of Check if Austin, Advertising Example of Check if Austin,	TX, officeholder living expense XPENSE Office held outside of Texas. Complete Schedule T. TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cora 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Example of Check if Lawrence Check if Lawrence of Check if Lawrence of Check if Austin, Advertising Example of Check if Austin,	TX, officeholder living expense Appense Office held outside of Texas. Complete Schedule T. TX, officeholder living expense Appense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cora 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Example of Check if Lawrence Check if Lawrence of Check if Lawrence of Check if Austin, Advertising Example of Check if Austin,	TX, officeholder living expense Appense Office held outside of Texas. Complete Schedule T. TX, officeholder living expense Appense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 10/21/2022 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough Payee name Henry Avila, Payee address; City; State; Zip Cora 3126 Annarose Ln San Antonio, TX 78211 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	Check if travel of Check if Austin, Advertising Example of Check if Lawrence Check if Lawrence of Check if Lawrence of Check if Austin, Advertising Example of Check if Austin,	TX, officeholder living expense Appense Office held outside of Texas. Complete Schedule T. TX, officeholder living expense Appense	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 comple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID			
	Sch: 12/20 Rpt: 22/30	DeBerry, Patricia				
4	Date	5 Payee name				
	10/11/2022	Henry Avila				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	3126 Annarose Ln				
		San Antonio, TX 78211				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EVDENDITUDE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
			Advertising Expense			
Ļ			200			
9	Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
<u> </u>						
	Date	Payee name				
L	10/12/2022	Henry Avila				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	\$1,000.00 3126 Annarose Ln				
		San Antonio, TX 78211				
	PURPOSE OF	(**************************************	Description			
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		1	Advertising Expense			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	10/11/2022	Jarvis Souileau				
Г	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,000.00	3539 Thousand Oaks				
		San Antonio, TX 78217				
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.			
	EAPENDITURE		Check if Austin, TX, officeholder living expense			
			Salaries/Wages/Contract Labor			
L			Office Lab			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
<u> </u>		W1544-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
L						
En	rms provided by Tayas F	thics Commission www.ethics.state.tx.us	Version V3.5.1.d1b92728			

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	
	Sch: 13/20 Rpt: 23/30		DeBerry, Patricia				
4	Date	5	Payee name				
	10/13/2022		Joy Anderson,				
6	Amount (\$)	7	Payee address; City;	State; Zip Co	de		
	\$386.18		12038 Allard Bluff				
			San Antonio, TX 78254				
8	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(b)	Description	
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.	
						Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor	
						Salaties/Wages/Contract Labor	
9	Complete ONLY if direct	۲.	Candidate/Officeholder name	Office sou	aht	Office held	
۱	expenditure to benefit C/OI			J55 554	٠		
	Date		Payee name	· · · · · · · · · · · · · · · · · · ·			
	10/20/2022		Joy Anderson,				
	Amount (\$)	-	 	State; Zip Co	de		
	\$386.18		12038 Allard Bluff	, —			
	•						
			San Antonio, TX 78254				
 	PURPOSE	(a	Category (See Categories listed at the top of t	hie echadule)	(b)	Description	
	OF	<u>'</u> `	Salaries/Wages/Contract Labor	ina acircuule)	,	Check it travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		3			Check if Austin, TX, officeholder living expense	
						Salaries/Wages/Contract Labor	
L		<u>L</u>	2 10		L	Office L. L. L.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght	Office held	
<u> </u>		-					
	Date		Payee name				
L	10/27/2022		Joy Anderson,				
	Amount (\$)		•	State; Zip Co	de		
	\$386.18		12038 Allard Bluff				
L		L	San Antonio, TX 78254				
	PURPOSE OF	(a	Category (See Categories listed at the top of	his schedule)	(b)	Description	
l	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
						Salaries/Wages/Contract Labor	
H	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıght	Office held	
	expenditure to benefit C/O	Н					
T				·			
						V	

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

ŀ	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID					
	Sch: 14/20 Rpt: 24/30	DeBerry, Patricia						
4	Date	5 Payee name						
	10/05/2022	Joy Anderson						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$386.18	12038 Allard Bluff						
		Can Antonia TV 70054						
_		San Antonio, TX 78254						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Consuming Expense	Check if Austin, TX, officeholder living expense					
			Salaries/Wages/Contract Labor					
_								
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held					
_								
	Date 10/19/2022	Payee name Joy Anderson						
_	Amount (\$)							
	\$7,732.69	Payee address; City; State; Zip Code 12038 Allard Bluff						
	Ψ1,102.00	12000 / dial d Sidii						
		San Antonio, TX 78254						
	PURPOSE OF		Description					
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
			Salaries/Wages/Contract Labor					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O							
	Date	Payee name						
	10/06/2022	Lab Media						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10,053.00	807 Brazos						
		Austin, TX 78701						
L	PURPOSE		Description					
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	, tate in a sign of the sign o	Check if Austin, TX, officeholder living expense					
			Advertising Expense					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	Complete ONLY if direct expenditure to benefit C/O		Office field					
\vdash								
	ided by Toyes F		Version V2 F 1 d1h02729					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Octobers a satement and listed above)

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 15/20 Rpt: 25/30 DeBerry, Patricia Date Payee name **Morrison Strategy Group** 10/11/2022 Amount (\$) Payee address; City; State: Zip Code \$3,000.00 7970 Fredericksburg San Antonio, TX 78229 **PURPOSE** (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 **Consulting Expense** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/03/2022 Office Depot Payee address; Amount (\$) City: State: Zip Code \$432.99 8266 Agora Pkwy San Antonio, TX 78154 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 10/20/2022 Peerly, Payee address: State; Zip Code Amount (\$) City; \$1,957.87 303 Williams Hunstville, AL 35801 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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	٦
	Sch: 16/20 Rpt: 26/30	DeBerry, Patricia	
4	Date	5 Payee name	٦
	10/19/2022	Peerly	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$359.82	303 Williams	
		Hunstville, AL 35801	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ı
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ı
		Advertising Expense	I
			ı
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/20/2022	Peerly	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,957.87	303 Williams	
_		Hunstville, AL 35801	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertising Expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	•		_
	Date	Payee name	
_	10/18/2022	Potomac Strategy Group,	4
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,878.00	807 Brazos	
		Austin TV 79701	
┡	PURPOSE	Austin, TX 78701	4
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Advertising Expense	
L	O La China		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash			-
			i

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	mple	ete this form.
1	Total pages Schedule F1: Sch: 17/20 Rpt: 27/30	2	FILER NAME DeBerry, Patricia		3 Filer ID
4	Date	5	Payee name		
	10/25/2022		Prestige Printing,		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$974.25		9 Burwood Ln		
			San Antonio, TX 78211		
8	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
					Advertising Expense
9	Complete ONLY if direct	_	Candidate/Officeholder name Office sou	laht.	Office held
	expenditure to benefit C/OI				
	Date	Γ	Payee name		
	10/12/2022		Sara Aranibar,		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$552.08		1903 Cambria		
			San Antonio, TX 78238		
	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		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
					Office Overhead/Rental Expense
H	Complete ONLY if direct		Candidate/Officeholder name Office sou	l ight	Office held
	expenditure to benefit C/O	н			
	Date		Payee name		
	10/25/2022	L	Sara Aranibar		
	Amount (\$) \$2,500.00		Payee address; City; State; Zip Co 1903 Cambria	oae	
	 1				
			San Antonio, TX 78238		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Event Expense
L	Openhate ONLY C. P.				Office held
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ignt	Office held
\vdash					

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			
	Sch: 18/20 Rpt: 28/30		DeBerry, Patricia					
4	Date	5	Payee name					
	10/17/2022		Saulo Rodriguez,					
6	Amount (\$)	7	Payee address; City; State; Zip Co	de				
	\$3,500.00		9410 Broadmoor					
			San Antonio, TX 78251					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
					Salaries/Wages/Contract Labor			
9	Complete ONLY if direct	ــــر	Candidate/Officeholder name Office sou	l	Office held			
	expenditure to benefit C/OI			-				
	Date		Payee name					
	09/30/2022		Spectrum					
	Amount (\$)		Payee address; City; State; Zip Co	ode				
	\$255.00		PO Box 761524					
			San Antonio, TX 78245					
	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.			
	LAFENDITORE				Check if Austin, TX, officeholder living expense			
					Advertising Expense			
	Complete ONLY if direct	_	Candidate/Officeholder name Office sou	laht	Office held			
	expenditure to benefit C/O			-9				
-	Date	Г	Payee name					
	10/06/2022		Spectrum					
	Amount (\$)	-	Payee address; City; State; Zip Co	ode				
	\$10,000.00		17802 La Cantera					
			San Antonio, TX 78257					
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	\ ``	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		•	l	Check if Austin, TX, officeholder living expense			
					Office Overhead/Rental Expense			
	Complete ONE V & direct	L	Condidate Office halden never comments	<u> </u>	Office hold			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	Office held			
	<u> </u>							

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:	2 FILER NAME 3 Filer ID	ᅵ
	Sch: 19/20 Rpt: 29/30	DeBerry, Patricia	
4	Date	5 Payee name	П
l	10/17/2022	Stack Adapt,	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,127.11	6800 Bayberry	
		Killeen, TX 76542	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertising Expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to borrow or or		_
	Date	Payee name	
_	10/24/2022	Stack Adapt	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,508.19	6800 Bayberry	
		Village TV 76542	
L		Killeen, TX 76542	
	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	Event Expense Check if travel outside of 1 exast. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Event Expense	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
⊨	Data		
	Date 10/05/2022	Payee name Static Shock Marketing,	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,250.00	6800 Bayberry	
	• •		
		Killeen, TX 76542	
一	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Consulting Expense	
		Conditing Expense	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	_
Γ			
<u>_</u>		this Commission Various state by us	

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/Wanes/Contract Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide		_	s/Contract Labor ete this form.	OTHER (enter a categ	ory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	<u></u>		· · · · ·		3 Filer ID	
	Sch: 20/20 Rpt: 30/30	DeBerry, P						
4	Date	5 Payee name						
	10/06/2022		k Marketing,					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode			
	\$500.00	6800 Bayb	erry					
		Killeen, TX	76542					
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description		
	EXPENDITURE	Advertising	Expense				outside of Texas. Complete S	
						Advertising E	, TX, officeholder living exper	nse
						Advertising L	Apense	
9	Complete ONLY if direct	Candidata/Of	iceholder name	Office sou			Office hold	
9	expenditure to benefit C/O		icenoider name	Office sou	ignt		Office held	
ست								
	Date	Payee name						
	10/17/2022	Static Shoo	k Marketing					
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode			
	\$1,750.00	6800 Bayb	erry				•	
		Killeen, TX	76542					
	PURPOSE OF	(a) Category (s	see Categories listed at the to	p of this schedule)	(b)	Description		
	EXPENDITURE	Event Expe	ense		İ	<u></u>	outside of Texas. Complete	` 1
						Event Expens	, TX, officeholder living expe	nse
						Event Expens	3C	
	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	oht		Office held	
	expenditure to benefit C/O		icendider name	Office Soc	ıgııı		Onice neid	
	D-1-	_						
	Date	Payee name						
	10/25/2022	Universal [
	Amount (\$)	Payee addre		State; Zip Co	ode			
	\$500.00	220 Techn	ology Dr					
		Irvine, CA	92618					
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense				outside of Texas. Complete S	1
							TX, officeholder living expense	nse
						Advertising E	xpense	
	Complete ONLY if direct	Condidate/Of	ingholder name	O#!	<u></u>		Office het-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ignt		Office held	
		· · · · · · · · · · · · · · · · · · ·						····