CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total	pages filed 40		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	c	OFFICE U	SE ONI	LY
NAME	Mr.	Tommy		R.	Date Rece	aived		
	NICKNAME	LAST		SUFFIX				
		Calvert		Jr.			2	
4 CANDIDATE/	ADDRESS / PO BOX	; APT / SUITE #; (CITY; STA	TE; ZIP CODE			2025	EC F
OFFICEHOLDER						B	<u> </u>	TIONS
MAILING ADDRESS	PO Box 15	571 San J	Antonio T	X 78212		><	(U)	2 E E
ADDRESS						BEXAR		N N N
Change of Address						n n	Ch	Q ¬I≤
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand	l-delivered o	r Date Pos	
OFFICEHOLDER PHONE	(617)48	0.8385						AND
· · · ·					Receipt #		Amount	<u>ភេះដុល្ណ</u>
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		ME			ω	NE H
NAME	Dr.	Velica			Date Proce	essed		
	NICKNAME	LAST		SUFFIX		. <u> </u>		
	Val	Calvert			Date imag	led		
		(NO PO BOX PLEASE); APT / S		CITY;		STATE:	ZIP COD	F
7 CAMPAIGN TREASURER			- ,			•		
ADDRESS	818 Windh	urst	San A	ntonio	ĺ	X	78258	3
(Residence or Business)								
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		· · ·		
TREASURER								
PHONE	(210).36	3.8435						
9 REPORT TYPE	January 15	30th day before e	lection	Runoff		5th day after easurer appo		
						Officeholder (
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	F	inal Report (/	Attach C/Oł	1 - FR)
10 PERIOD	Month	Day Year		Month	Day	Year		
COVERED	01	01 /2025	THROUGH	06 /	30	/2025		
	· · · · · · · · · · · · · · · · · · ·	,			30 /	/ 2020		
11 ELECTION	ELECTION DA		_	ELECTION TYPE				
	Month Day	Year Primary	Runoff	Other Description				
		General	Special					
N/A								
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if known)		-	
	Bexar Count	y Commissioner, Po	t4					
14 NOTICE FROM	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLIT	ICAL EXPENDITURES M	ADE BY POLI		TTEES TO	SUPPORT
POLITICAL	I THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN M.	ADE WITHOUT THE CAND	NDATE'S OR C	DEFICEHOLDE	WONN 2'S	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·	······		<u> </u>	· · · · ·	
Additional Pages								
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			<u> </u>		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRES					
	i							
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		GO TO	PAGE 2					ĺ

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
	R. Calvert, Jr.	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
· · ·	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 57,286.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2092.49
	4. TOTAL POLITICAL EXPENDITURES	\$ 31209.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	^{AY} \$ 144,602.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	E \$
	wear, or affirm, under penalty of perjury. that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	1 correct and includes all information
	Signature of Candid	ate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL	-	
		day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	on 🔥	
My name is DMM	. Nueva	124/80
My address is		78225 BERGE
Executed in Beca	(street) (street) County, State of Texas, on the 15 day of the (month)) (zip code) (country) , 20_ . (year)
<i>,</i>	Signature of Candidate/C	Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N/	AME	20 Filer ID (Ethics Co	mmission Filers)
		Tommy R. Calvert, Jr.		
		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		^{\$} 160.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ 57286.41
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL		\$ 31,209.40
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICA	LCONTRIBUTIONS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	IBUTIONS RETURNED	^{\$} 6.71

	sted information is not applicable, DO NOT ir		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	s form.	T total pages Schedule AT.
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	Tommy R. Calvert, Jr. 5 Full name of contributor		7 Amount of contribution (\$)
01/07/2025		C (ID#:)	\$ 100.00
	6 Contributor address; City;	State; Zip Code	ψ ισοιοσ
	4811 Isaac Ryan San Ant		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
- ·		· · · · · · ·	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
01/28/2025	Jesus Toro Martinez		\$ 25.00
	Contributor address; City;	State; Zip Code	φ 23.00
	8210 Berry Creek Dr. San An	tonioTX 78218	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/14/2058	Juan Martinez		\$100.00
	Contributor address; City;	State; Zip Code	
	914 Mason Street San Antoni	o TX 78218	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor 🛛 out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/28/2025	Jesus Toro Martinez		\$ 25.00
	Contributor address; City;	State; Zip Code	
	8210 Berry Creek Dr. San An	tonioTX 78218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)

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	ARY POLITICAL CONTR		SCHEDULE A1
If the reques	ted information is not applicable, DO NC	DT include this page in the	report.
The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr.		3 Filer ID (Éthics Commission Filers)
4 Date			7 Amount of contribution (\$)
01/07/2025	Lawrence Romo	ate PAC (ID#:)	\$ 100.00
	6 Contributor address; City;		
	4811 Isaac Ryan San	AntonioTX 78253	
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	L tions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
01/28/2025	Jesus Toro Martinez		\$ 25.00
	Contributor address; City;	State; Zip Code	¥ 10.00
	8210 Berry Creek Dr. San	AntonioTX 78218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
04/14/2058			\$100.00
	Contributor address; City;	State; Zip Code	
	914 Mason Street San An	tonio TX 78218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	·	ate PAC (ID#:)	Amount of contribution (\$)
04/28/2025	Jesus Toro Martinez	, 	\$ 25.00
	Contributor address; City;	State; Zip Code	
	8210 Berry Creek Dr. San	AntonioTX 78218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	· · · ·		
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	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see		

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	ted information is not applicable, DO NOT include	4 Tatal access Saladula A4;
The	Instruction Guide explains how to complete this form.	
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
05/14/2025	Juan Martinez	\$100.00
		re; Zip Code
	914 Mason Street San Antonio	TX 78218
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
06/13/2025	Levi Benton	\$1000.00
	Contributor address; City; Sta	
	3417 Milam Street Houston	TX 77002
Principal occup	eation / Job title (See Instructions) E	mployer (See Instructions)
Date 06/14/2025	Full name of contributor out-of-state PAC (ID#: Juan Martinez	\$ 100.00
		e; Zip Code TX 78208
Principal occup	Pation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
6/14/2025	Francisco Martinez	\$100.00
	Contributor address; City; Sta	e; Zip Code
	800 Quintana Rd vSan Antonio	TX 78226
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 _{Date} 6/16/2025	5 Full name of contributor □ out-of-state PAC (ID#:) Kevin Downey 6 6 Contributor address; City; 13622 Inwood Pk San Antonio TX	7 Amount of contribution (\$) \$75.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 03/17/2025	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 03/17/2025	Full name of contributor □ out-of-state PAC (ID#) STV Infastructure PAC Contributor address; City; State; Zip Code 1820 Regal Row, Ste 200 DallasTX	Amount of contribution (\$) \$1000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/03/2025	Full name of contributor □ out-of-state PAC (ID#) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin TX	Amount of contribution (\$) \$1938.15
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor 🗍 out-of-state PAC (ID#:) Pat Frost	7 Amount of contribution (\$) \$1000.00
	6 Contributor address; City; State; Zip Code 520 Geneseo Rd San AntonioTX 78209	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 06/16/2025	Full name of contributor Image: out-of-state PAC (ID#:) Carmen Gamez Contributor address; City; State; Zip Code 2943 Mossrock San AntonioTX 78230	Amount of contribution (\$) \$2500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 06/16/2025	Full name of contributor	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	l tions)
Date 06/17/2025	Full name of contributor	Amount of contribution (\$) \$2500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, please see Instruction guide for additional	eporting requirements.

MONET	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT in	clude this page in the I	report
The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 _{Date} 06/17/2025		C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$2500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 06/17/2025		State; Zip Code	Amount of contribution (\$) \$2500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 06/17/2025	—	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occur	Suite 302" San Antonio TX pation / Job title (See Instructions)	78231 Employer (See Instructi	ions)
Date	Full name of contributor		
06/17/2025	Full name of contributor Frank Dunn Contributor address; City; 4526 Walzem Rd San Antonio	; (ID#:) State; Zip Code TX 78218	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

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MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2025	 5 Full name of contributor out-of-state PAC (ID#:) Andrew Cohen 6 Contributor address; City; State; Zip Code 100 NE Loop 410, Ste 610 San Antonio TX78216 	7 Amount of contribution (\$) \$500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 6/18/2025	Full name of contributor	Amount of contribution (\$) \$750.00
	San Antonio TX	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 6/18/2025	Full name of contributor □ out-of-state PAC (ID#:) Andres Gonzalez	Amount of contribution (\$) \$100.00
Principal occup	Ste 808" San Antonio TX 78216 bation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 6/18/2025	Full name of contributor I out-of-state PAC (ID#) Debra Guerrero Contributor address; City; State; Zip Code "15727 Anthem Pkwy Suite 308" San Antonio TX 78249	Amount of contribution (\$) \$250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

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	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT include this page i	n the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 Date 6/18/2025	 5 Full name of contributorout-of-state PAC (ID#: Paul Foster 6 Contributor address; City; State; Zip Code "8610 N New Braunfels Ave 	7 Amount of contribution (\$) \$250.00
8 Principal occu	Suite 606" San AntonioTX 78217 pation / Job title (See Instructions) 9 Employer (See Instructions)	Instructions)
Date 06/19/2025	Full name of contributor address; City; State; Zip Code 6827 Rock RD San Antonio TX 78229-46	
Principal occup	pation / Job title (See Instructions) Employer (See I	Instructions)
Date 06/19/2025	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 4001 Sinclair Ave Austin TX 78756	
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date 06/19/2025	Full name of contributor out-of-state PAC (ID#: Christopher Haass) Amount of contribution (\$) \$1000.00
	Contributor address;City;State;Zip Code204 E Melrose Dr San AntonioTX782	212
Principal occup	bation / Job title (See Instructions) Employer (See I	Instructions)
	· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addit	

Forms provided by Texas Ethics Commission

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Tommy R. Calvert, Jr Tommy R. Calvert, Jr I Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Tommy R. Calvert, Jr I Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 26/19/2025 Families for Education & Opportunity \$ 250.00 6 Contributor address; City; State; Zip Code 4 15 Mary Louise Dr San AntonioTX 78201 \$ 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Arrount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	The	Instruction Guide explains how to complete this feature	orm.	1 Total pages Schedule A1:
4 Date \$ Full name of contributor out-of-state PAC (ID#	4 Date \$ Full name of contributor out-of-state PAC (ID#	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
06/19/2025 Families for Education & Opportunity \$250.00 6 Contributor address; City; State; Zip Code 415 Mary Louise Dr San Antonio TX 78201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 5/20/2025 Full name of contributor 0ut-of-state PAC (ID#) Amount of contribution (\$) 5/20/2025 Hew Min Chow State; Zip Code 6/31 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 5/20/2025 Full name of contributor out-of-state PAC (ID#	D6/19/2025 Families for Education & Opportunity \$250.00 Families for Education & Opportunity \$250.00 6 Contributor address: City; State; Zip Code 415 Mary Louise Dr San AntonioTX 78201 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Arnount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Arnount of contribution (\$) 5/20/2025 Hew Min Chow City; State; Zip Code 613 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1000.00 Date Full name of contributor out-of-state PAC (ID#		Tommy R. Calvert, Jr		
6 Contributor address; City; State: Zip Code 415 Mary Louise Dr San AntonioTX 78201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	6 Contributor address; City; State; Zip Code 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 3/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 5/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 5/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 5/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 6/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name o			D#:)	
415 Mary Louise Dr San AntonioTX 78201 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	415 Mary Louise Dr San Antonio TX 78201 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	06/19/2025	Families for Education & Opportunity		\$250.00
B Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#				
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 5/20/2025 Hew Min Chow \$1000.00 Contributor address: City: State: Zip Code 613 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 6/20/2025 John Rick Aleman Contributor address: City; State; Zip Code 717 W Ashby San Antonio TX 78212 \$2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date Full name of contributor out-of-state PAC (ID#) \$2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 6/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor	Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 5/20/2025 Hew Min Chow \$1000.00 Contributor address: City: State: Zip Code 613 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 6/20/2025 John Rick Aleman Contributor address: City; State: Zip Code 717 W Ashby San Antonio TX 78212 \$2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date Full name of contributor out-of-state PAC (ID#:		415 Mary Louise Dr San Antor	nioTX 78201	
S/20/2025 Hew Min Chow \$1000.00 Contributor address; City; State; Zip Code 613 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) 6/20/2025 John Rick Aleman Contributor address; City; State; Zip Code 717 W Ashby San Antonio TX 78212 \$2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date Full name of contributor I out-of-state PAC (ID#	S/20/2025 Hew Min Chow \$1000.00 Contributor address; City; State; Zip Code 613 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) 6/20/2025 John Rick Aleman Contributor address; City; State; Zip Code 717 W Ashby San Antonio TX 78212 \$2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date Full name of contributor I out-of-state PAC (ID#	8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Contributor address; City; State: Zip Code 613 Contadora San Antonio TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) 6/20/2025 John Rick Aleman Amount of contribution (\$) Contributor address; City; State; Zip Code 717 W Ashby San Antonio TX 78212 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date 6/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) 6/20/2025 Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) 0ate Contributor address; City; State; Zip Code \$1000.00	Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 6/20/2025 John Rick Aleman Amount of contribution (\$) Contributor address; City; State; Zip Code 717 W Ashby San Antonio TX 78212 \$2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2000.00 Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 6/20/2025 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 6/20/2025 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 6/20/2025 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 0ate Contributor address; City; State; Zip	Date	Full name of contributor	D#:)	Amount of contribution (\$)
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6/20/2025 David & Barbara Covarrubias Contributor address; City; State; Zip Code 29707 Millwood Way Fair Oaks Ranch, TX 78015	6/20/2025 David & Barbara Covarrubias Contributor address; City; State; Zip Code 29707 Millwood Way Fair Oaks Ranch, TX 78015	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
29707 Millwood Way Fair Oaks Ranch, TX 78015	29707 Millwood Way Fair Oaks Ranch, TX 78015			D#)	Amount of contribution (\$)
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Tommy R. Calvert, Jr		
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
6/20/2025	Jeffrey Czar	; (ID#:)	
0/20/2025			
	6 Contributor address; City;	State; Zip Code	\$1000.00
	307 Huntington Place San Antonio TX	78231	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor 🗌 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
6/20/2025	Derrick A. Howard		
	Contributor address; City;	State; Zip Code	
	4402 Golf View Dr. San Antonio TX	78223	\$200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC	(ID#: <u></u>)	Amount of contribution (\$)
6/20/2025	Joseph A. Shaffer		
•	***************************************		\$100.00
	Contributor address; City;	State; Zip Code	• • • • • • • • • • • • • • • • • • • •
	205 North Willow Way Cibilo TX 78	3108	
Principal acour	pation / Job title (See Instructions)		
i incipal occup		Employer (See Instruct	lons)
	a de la dere		
Date	Full name of contributor		
6/20/2025		(ID#:)	Amount of contribution (\$)
0/20/2025	Jason & Rachelle Arechiga		
	Contributor address; City;	State; Zip Code	\$1000.00
	22603 Impala BND San Antonio	TX 78259	• 1000,00
-			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
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	If contributor is out-of-state PAC, please see Instru	iction guide for additional r	eporting requirements.

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2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Geof Edwards	
6/20/2025	6 Contributor address; City; State; Zip Code	\$1000.00
	232 W Hermosa San Antonio TX 78212	
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC" (ID#:)	Amount of contribution (\$)
	Fred Jones	
6/20/2025	Contributor address; City; State; Zip Code 745 E Mulberry Ave, Ste 700. San Antonio, Texas 78212	\$250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor <pre> out-of-state PAC (ID#:)</pre>	Amount of contribution (\$)
	Gloria Ray	
6/20/2025	Contributor address; City; State; Zip Code	\$100.00
	7 Legend Rock San Antonio TX 78244	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) Kay Lorraine Johnson	Amount of contribution (\$)
6/20/2025	Contributor address; City; State; Zip Code	\$100.00
	15234 Fall Place DR San AntonioTX 78	247
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
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The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	· • • • • • • • • • • • • • • • • • • •				3 Filer ID (Ethics Commission Filers)
	Tommy R. Calvert, J	r			
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State;	Zip Code	
8 Principal occu	ipation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Date 6/20/2025	Full name of contributor Rosemarie DeHoyos	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	\$20.00
	6082 Crab Orchard	San Antonio	тх	78240	
Principal occur	Dation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date 6/20/2025	Full name of contributor Manuel Villa	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	\$500.00
	999 E Basse Rd, Ste 180	San Antonio	тх	78209	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date 6/20/2025	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Shad Schmid Contributor address;				
		City;	State;	Zip Code	\$1000.00
<u></u>	318 Waxberry Trl	San Antonio	тх	78258	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
		ONAL COPIES C			
	If contributor is out-of-state PAC	, please <mark>see</mark> Instru	iction guid	de for additional r	eporting requirements.

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The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME	Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)
	Gary Joeris		
/20/2025	6 Contributor address; City;	\$2500.00	
	PO Box 790086 San Antonio,	TX 78279	
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	lions)
Date	Full name of contributor 🔲 out-of-state PAC (#	ID#)	Amount of contribution (\$)
20/2025	Contributor address; City;	\$2500.00	
20,2020	300 Convent St., Ste 2700 San Antonio	TX 78205	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC (I Bart J. Swider	D#)	Amount of contribution (\$)
3/20/2025	Contributor address; City;	State; Zip Code	\$2,000.00
	25 Champion TRL San Antonio TX	78258	ψ2,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Eugene Marck		
6/20/2025	Contributor address; City;	State; Zip Code	\$100.00
	345 Argyle Ave San Antonio TX	78209	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAMI	Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Evelyn Brown		
6/20/2025	6 Contributor address; City;	State: Zip Code	\$50.00
	527 Burnet Street San Antonio T>	< 78202	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruct	itions)
Date	Rosalind Anderson	(ID#:)	Amount of contribution (\$)
6/20/2025	Contributor address; City;	State: Zip Code	\$100.00
	15507 Dawn Crest San Antonio TX	78248	\$100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
,			,
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Michelle Durham	(
6/20/2025	Contributor address; City;	State; Zip Code	\$100.00
	7338 Tranquillo Way San Antonio TX	78266	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Elke S. Ellisor		
6/20/2025	Contributor address; City;	State; Zip Code	\$100.00
	5959 Spring Bow San Antonio TX	78247	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	ction guide for additional i	reporting requirements.

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2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Patricia T. Lenzy	
6/20/2025	6 Contributor address; City; State; Zip Code	\$50.00
	6030 Mountain Meadow San Antonio TX 78222	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Francisco J. Garza	
6/20/2025	Contributor address; City; State; Zip Code	\$250.00
	601 NW Loop 410, Ste 100 San Antonio TX 78216	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor <pre> out-of-state PAC (ID#:) Roland Rangel </pre>	Amount of contribution (\$)
6/20/2025	Contributor address; City; State; Zip Code	\$250.00
	1323 W Martin St. San Antonio TX 78207	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor 🗍 out-of-state PAC (ID#:) David Starr	Amount of contribution (\$)
6/20/2025	Contributor address; City; State; Zip Code	\$5000.00
	7334 Blanco, Suite 200 San Antonio TX 78216	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	
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Tommy R. Calvert, Jr 4 Date 5 Fuil name of contributor	The Instruction Guide explains how to complete this form.	I lotal pages Schedule A1:
6/20/2025 0		3 Filer ID (Ethics Commission Filers)
6/20/2023 6 Contributor address; City: State: Zip Code \$2500.00 3100 Alvin Devane Blvd., Ste 150 Austin TX 78741 \$2500.00 8 Principal occupation / Job title (See Instructione) 9 Employer (See Instructione) Amount of contribution (\$) Bexar County Gontributor address; City: State: Zip Code \$145.66 101 W. Nueva, San Antonio TX 78205 Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (DR	Quiddity PAC	7 Amount of contribution (\$)
Date Full name of contributor 0 al-of-state PAC (DB Amount of contribution (S) Bexar County Contributor address; City: State: Zip Code 6/23/2025 Contributor address; City: State: Zip Code \$145.66 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Date Full name of contributor 0 out-of-state PAC (DF Amount of contribution (S) Karla Broadus Contributor address; City: State; Zip Code 6/23/2025 Contributor address; City: State; Zip Code \$50.00 12 Vineyard Drive San Antonio TX 78257 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 0 out-of-state PAC (DF Amount of contribution (S) Ortiz McKnight PLLC Contributor address; City: State; Zip Code \$2500.00 112 E Pecan Street, Ste 1350 San Antonio TX 78205 \$2500.00 \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00 Prin	6/20/2025 6 Contributor address; City; State; Zip Code	\$2500.00
6/23/2025 Bexar County State: Zip Code \$145.66 6/23/2025 Contributor address; City: State: Zip Code \$145.66 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor 0 out-of-state PAC (D# Amount of contribution (\$) 6/23/2025 Contributor address; City: State: Zip Code 6/23/2025 Contributor address; City: State: Zip Code 6/23/2025 Contributor address; City: State: Zip Code 97incipal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00 Date Full name of contributor out-of-state PAC (D#: Amount of contribution (\$) 0rtiz McKnight PLLC Contributor address; City: State: Zip Code \$2500.00 112 E Pecan Street, Ste 1350 San Antonio TX 78205 \$2500.00 \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00 \$2500.00	B Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	tions)
6/23/2025 Contributor address; City: State: Zip Code \$145.66 101 W. Nueva, San Antonio TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Date Full name of contributor out-of-state PAC (ID#	Bexar County	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Karla Broadus Amount of contribution (\$) 6/23/2025 Contributor address; City: State; Zip Code 7 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00 Date Full name of contributor State; Zip Code \$50.00 Date Full name of contributor But-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor But-of-state PAC (ID#) Amount of contribution (\$) Ortiz McKnight PLLC Contributor address; City: State; Zip Code 6/20/2025 112 E Pecan Street, Ste 1350 San Antonio TX 78205 \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00		\$145.66
6/23/2025 Karla Broadus State: Zip Code \$50.00 12 Vineyard Drive San Antonio TX 78257 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Ortiz McKnight PLLC Contributor address; City: State; Zip Code \$2500.00 6/20/2025 Contributor address; City: State; Zip Code \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00		tions)
12 Vineyard Drive San Antonio TX 78257 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Ortiz McKnight PLLC Ortiz McKnight PLLC \$2500.00 6/20/2025 Contributor address; City: State; Zip Code \$2500.00 112 E Pecan Street, Ste 1350 San Antonio TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2500.00		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor aut-of-state PAC (ID#) Ortiz McKnight PLLC Ortiz McKnight PLLC Amount of contribution (\$) 6/20/2025 Contributor address; City: State; Zip Code 112 E Pecan Street, Ste 1350 San Antonio TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions)		\$50.00
6/20/2025 Ortiz McKnight PLLC \$2500.00 112 E Pecan Street, Ste 1350 San Antonio TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		tions)
6/20/2025 Contributor address; City; State; Zip Code \$2500.00 112 E Pecan Street, Ste 1350 San Antonio TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	6/20/2025 Contributor address; City; State; Zip Code	\$2500.00
		tions)
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics Commission Filers)	
4 Date	-		7 Amount of contribution (\$)
	Baltazar R Serna, Jr.	(ID#:)	7 Amount of commonion (\$)
6/20/2025	6 Contributor address; City;	State; Zip Code	\$1000.00
	237 W Travis Street, Ste 100 San Anton	io TX 78205	-
8 Principat occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Cliff Douglass	· · · · · · · · · · · · · · · · · · ·	
6/20/2025	Contributor address; City;	State; Zip Code	\$2500.00
	PO Box 17428 Austin TX 78760		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC Robert R. Puente	(ID#:)	Amount of contribution (\$)
6/20/2025	Contributor address; City;	State; Zip Code	\$ 500.00
	8138 Donore Place San Antonio TX	78229	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#)	Amount of contribution (\$)
6/20/2025	Rev. T. Williams Contributor address; City;	State; Zip Code	\$100
	San Antonio, TX		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
· · ·			an at i a stran
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru-	ction guide for additional r	reporting requirements.

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MONET	ARY POLITICAL CO	ONTRIBL	JTIONS	SCHEDULE A1
If the reques	sted information is not applicable	e, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	; form.	1 Total pages Schedule A1:	
2 FILER NAME	Tommy R. Calvert, Jr			3 Filer ID (Ethics Commission Filers)
4 Date	-	out-of-state PAC	C (ID#)	7 Amount of contribution (\$)
6/20/2025	Al Hartman 6 Contributor address;	\$60.00		
8 Principal occu	101 Arcadia PI Apt 503, Sai pation / Job title (See Instructions)	n Antonio, T	X 78209 9 Employer (See Instruct	ions)
Date	Full name of contributor [Richard M. Kleberg	out-of-state PAC) (ID#:)	Amount of contribution (\$)
6/27/2025	Contributor address;	City;	State; Zip Code	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ions)
Date	Full name of contributor [🗋 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
6/27/2025	Contributor address; 231 W Cypress St.	City; San Antoi	State; Zip Code nio TX 78212	\$100.00
Principal occup	bation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	; (ID#:)	Amount of contribution (\$)
6/27/2025	Keith Toney Contributor address; 7715 Oak Hill Park Dr.Sa	City: In Antonío	State; Zip Code TX 78249	\$100.00
Principal occup	vation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIO	NAL COPIES (OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, p			

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MONET	ARY POLITICAL CONTRIBUTIONS	SCH	EDULE A1
If the reque	sted information is not applicable, DO NOT include this p	age in the report.	
The	e Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A1:
2 FILER NAME	Tommy R. Calvert, Jr	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	7 Amount of cont	ribution (\$)
6/30/2025		^{Code} \$50.00	
8 Principal occi	219 Brightwood PI San Antonio TX 78209 upation / Job title (See Instructions) 9 Employer	(See Instructions)	
• • • • • • • • • • • • • • • • • • •			
Date	Full name of contributor) Amount of cont	ribution (\$)
	Contributor address; City; State; Zip	Code	
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of cont	ribution (\$)
1	Contributor address; City; State; Zip	Code	
Principal occur	pation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of cont	ribution (\$)
	Contributor address; City; State; Zip (Code	
Principal occuj	pation / Job title (See Instructions) Employer	(See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see Instruction guide for	-	ıts.

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contrac	Expense t Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1:		_{іаме} Tommy R. Calvert, J	Ir			3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name						
01/02/2025	DropB	nr					
6 Amount (\$)	7 Payee a			с	ity;	State;	Zip Code
\$212.13	Dropl	Box.com					
φετε. το	1800 0	wens St	Sa	n Franc	isco C/	A 94158	
8		ry (See Categories listed at the top of this s		(b) Desc			
PURPOSE	,		,	(-,			
OF	Fee	s		r			
EXPENDITURE		······································				.	
	(c)	Check if travel outside of Texas. Complete So	hedule T.	<u> </u>	Check if Austi	n, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	late / Officeholder name		Office	sought		Office held
Date	Рауее па	ame					
01/102025 Klarna							
Amount (\$)	Payee at	ddress;		С	ity;	State;	Zip Code
190.84	4 800 N. High St, Ste. 400. Columbus, OH 43215						
	Category	/ (See Categories listed at the top of this so	hedule)	Desci	ription		·
PURPOSE	Cree	dit Card Payment					
OF EXPENDITURE							
		Check if travel outside of Texas, Complete Sci	berlule T		² book if Austin	n, TX, officeholder livi	
Conselate ONEX it dise at	Candid	ate / Officeholder name			sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	-			Onice	sought		
Date	Payee na	ame					
01/14/2025	Lens	Rentals					
Amount (\$)	Payee ad	idress;		C	ty;	State;	Zip Code
\$94.19	315 S.	Santa Rosa, San Ai	ntonio,	Texas	78207	,	
	Category	(See Categories listed at the top of this sc	hedule)	Descr	iption		
PURPOSE	Office	e Overhead					
	 1						
		Check if travel outside of Texas. Complete Sch	iedule (.			n, TX, officeholder livi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office	sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDUL	EASNEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)					
	FYPENDIT	URE CA	TEGORIES	FOR BO	(8(a)

Advertision Evenese				· · · ,	0-2-2-2	F	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Exp Salaries/M	pense /ages/Contract Labor	Transportat Travel In Di Travel Out		ense
		The Instruction Gulde explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N				3 Filer ID	0 (Ethics Commission Filer	rs)
4 Date	5 Payee na	Tommy R. Cal	vert, Jr.				
01/14/2025	1						
6 Amount (\$)	7 Payee a	• ··· • ·· •·		City;	St	ate; Zip Code	
\$688.83	13114	Lookout Run, San	Antonio	, TX 78233			
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fundr	raising Expense					
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if A	ustin, TX, officeho	lder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	-	date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
01/27/2025	Canopy	y by Hilton San Anto	onio				
Amount (\$)	Payee a	ddress;		City;	St	ate; Zip Code	
-\$186.96	123 N	St Mary's St, San A	ntonio,	TX 78205			
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food	/Beverage Expense					
		Check if travel outside of Texas. Complete S	Schedule T.	Check if A	ustin, TX, officehol	der living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame				· -	
1/27/2025	AFFIRM						
Amount (\$)	Payee ad	ddress;		City;	St	ate; Zip Code	
\$1,333.33	650 Californ	ia Street, 12th Floor		San Fra	incisco CA	94108	
	Category	(See Categories listed at the top of this)	schedule)	Description		,,	
PURPOSE OF EXPENDITURE	Office C	overhead		Equipment			
		Check if travel outside of Texas. Complete S	Schedule T,	Check if Au	ustin, TX, officehole	der living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS N	EEDED		
Forms provided by Texas Eth	ics Commissi	ion www.ethic	s.state.tx.u	S		Revised 1/1/2	2025

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Sataries/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)				
1 Total pages Schedule F1	2 FILER N	IAME				3 Filer ID (B	thics Commis	ssion Filers)
	<u> </u>	Tommy R. Calv	vert, Jr.	<u>-</u>				
4 Date	5 Payeen							
2/25/2025 6 Amount (\$)	JIMMY				City;	State	7-1	Code
o Amouni (a)	7 Payee a	aaress;			City,	State	, Zip (Jode
\$108.11	6319 Rittimar	n Rd.			San Anto	onio TX	782	18
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b)	Description			
PURPOSE OF EXPENDITURE	Meeti	ng Expense		Staff Meeting				
	(c)	Check if travel outside of Texas, Complete	Schedule T.		Check if Aust	in, TX, officeholder	living expense	
9 Complete <u>QNLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH			(Office sought		Office h	ield	
Date	Payee n	ame	<u> </u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2/7/2025	Klarna							
Amount (\$)	Payee a	ddress;			City;	State	Zip (Code
\$190.83	800 N Hi	800 N High St.		Columbus		Ohio	o 43	3215
	Categor	y (See Categories listed at the top of this	schedute)		Description			
PURPOSE OF EXPENDITURE	Fees			Staff Awards				
		Check if travel outside of Texas, Complete S	Schedule T.		Check if Austi	n, TX, officeholder	living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Ċ	Office sought		Office h	eld
Date	Payee n	ame						
2/10/2025		EPOT						
Amount (\$)	Payee a	ddress;			City;	State	Zip C	Code
\$133.14	8510 Fourwi	inds Dr.			Windcrest	τx	(782	:39
·····	Category	(See Categories listed at the top of this :	schedute)	1	Description			······
PURPOSE OF EXPENDITURE	Office Over	head						
•		Check if travel outside of Texas. Complete S	Schedule T.		Check if Austr	n, TX, officeholder I	iving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	-	late / Officeholder name		(Office sought		Office I	neld
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SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1;	2 FILER N	IAME			3 Filer ID (Ethi	ics Commission Filers)
		Tommy R. Calv	ert, Jr.			
4 Date	5 Payee na	ame				
2/10/2025	Drean	nweaver				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$194.85	1630 E	Houston St.		San Antonio	o TX	78202
8	(a) Catego	ry (See Categories listed at the top of this	schedulə)	(b) Description		
PURPOSE OF EXPENDITURE	Memorial I	Expense		1		
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	in, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF						Office held
Date	Payee na	ame				
2/25/2025	Affirm					
Amount (\$)	Payee at	ddress;	<u>.</u>	City;	State;	Zip Code
\$1,333.33	650 Calif	ornia Street, 12th Floor		San Franc	isco CA	94108
	Category	/ (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Office Ov	erhead		Equipment		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
2/28/2025	Extras	space				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$782.40	1039	Rittiman		San Antonio	тх	78218
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Office O	verhead		Storage		
		Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
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SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Exent Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Git/Awards/Memorials Expense Printing Expense Travel Out Of District Credit Card Payment The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Date	5 Payee name	_Jr					
3/3/2025							
6 Amount (\$)	Extraspace 7 Payee address:	City;	State;	Zip Code			
	7 Fayee audress,	City,	State,				
\$358.00	1039 Rittiman	San Antonio	тх	78219			
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description					
PURPOSE OF EXPENDITURE	Office Overhead	Storage					
	(C) Check if travel outside of Texas, Complete Schedule	T. Check if Austin	n, TX, officeholder living	j expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held			
Date '	Payee name		· · · · ·				
3/3/2025	Domino's						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$183.84	4547 Rigsby Ave.	San Antonio	тх	78222			
	Category (See Categories listed at the top of this schedule	e) Description					
PURPOSE OF EXPENDITURE	Event Expense	Highland High Sch	Highland High School Computer Give-a-way Food				
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	o, TX, officeholder living	j expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
3/6/2025	Boiler House						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$229.44	312 Pearl Parkway, Building 3	San Antonio	тх	78212			
	Category (See Categories listed at the top of this schedule	e) Description					
PURPOSE OF EXPENDITURE	Meeting Expense	Staff Meeting					
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED				

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	ert, Jr.	
			·
<u>3/14/2025</u> 6 Amount (\$)	Jimmy John's 7 Payee address;	City;	State; Zip Code
\$146.86	6319 Rittiman	San Antonio	TX 78218
8	(a) Category (See Categories listed at the top of this s	chedute) (b) Description	
PURPOSE . OF EXPENDITURE	Meeting Expense	Staff Meeting	
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder fiving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/19/2025	J. Al;exander's		
Amount (\$)	Payee address;	City	State; Zip Code
\$110.88	255 E Basse Rd., Suite 1300	San Anto	nio TX 78209
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE OF EXPENDITURE	Meeting Expense		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/25/2025	Affirm		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,333.33	650 California Street, 12th Floor	San Francis	co CA 94108
-	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF EXPENDITURE	Office Overhead	Equipment	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Fees Office C Consulting Expense Food/Beverage Expense Polling Contributions/Donations Made By Git/Awards/Memorials Expense Printing Candidate/Officeholder/Political Committee Legal Services Salaries Credit Card Payment The Instruction Guide explains how to				ense ges/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
1. Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4		Tommy R_Calv	/ert, Jr.			
4 Date	5 Payee na	ime ar Cadillac				
3/31/2025						
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code
\$2,895.70	7625 N.	Loop 1604 East		Live Oak	тх	78233
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Trave	In District				
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee na	me		· · · ·		
4/1/2025	Fiverr					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
\$439.69	401 Broa	dway		New York	NY	10013
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Office	Overhead				
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder living] expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame			47 A D	
4/3/2025	Extraspa	ce				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$358.00	1039 Rit	timan		San Antonio	у тх	78218
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Office	• Overhead		Storage		
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	se Tra Tra Tra r Ot	avel In District avel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:	2 FILER N		10 mer			Filer ID (Ethic	s Commission Filers)	
		Tommy R. Calv	<u>ert Jr.</u>					
4 Date	5 Payee na	ame		······································		·····		
4/4/2025	Monarch							
6 Amount (\$)	7 Payee ad	ddress;		City;		State;	Zip Code	
\$2098.05	16227 Sa	n Pedro Ave		Hollywoo	od Park	тх	78232	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Award	Awards Expense			Fiesta Medals			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check i	if Austin, TX	, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sough	ht		Office held	
Date	Payee na	ame .					<u> </u>	
4/11/2025	Enterpris	se Rentacar						
Amount (\$)	Payee ad	ddress;		City;		State;	Zip Code	
\$401.41	9559 Airr	port Blvd		San Ar	ntonio	тх	78216	
	Category	y (See Categories listed at the top of this s	schedule)	Description	I			
PURPOSE OF EXPENDITURE	Travel (Dut of District		Economia	c Develop	oment		
		Check if travel outside of Texas. Complete St	chedule T.	Check if	f Austin, TX,	, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sough	ht		Office held	
Date	Payee na	ame						
4/11/2025	EIN Press	Newswire						
Amount (\$)	Payee ac	ddress;		City;		State;	Zip Code	
\$499.00	1025 Conn	ecticut Ave NW #1000		Washing	gton	DC	20036	
PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description)			
OF EXPENDITURE	Adverti	sing Expense						
· •		Check if travel outside of Texas, Complete Sc	chedule T.	Check if	f Austin, TX,	officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sough	ht		Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	rhead/R xense pense /ages/Co	teimbursement tental Expense ontract Labor te this form.	Travel In Dist Travel Out Of	n Equip rict Mistric	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer ID	(Ethic	s Commission Filers)
		Tommy R. Calv	vert. Jr.					
4 Date	5 Payeen	ame	· · , · ·					
4/11/2025	Soma	Sushi						
6 Amount (\$)	7 Payee a	ddress;			City;	Stat	e;	Zip Code
\$103.78	4820	Washington Ave			Houston	τ	x	77007
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) [Description			
PURPOSE OF EXPENDITURE	Meet	ing Expense						
5. 	(c)	Check if travel outside of Texas. Complete S	Schedule T.	[Check if Austi	in, TX, officeholde	er living) expense
Complete <u>QNLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH				O	ffice sought			Office held
Date	Payee n	ame						
4/14/2025	Thompse	on Houston						
Amount (\$)	Payee address;				City;	Stat	e:	Zip Code
	,	,					- •	
829.64	1717 A	llen Pkwy			Houston		тх	77019
	Categor	y (See Categories listed at the top of this s	schedule)	C	Description			
PURPOSE OF EXPENDITURE	Out o	f District Travel						
		Check if travel outside of Texas. Complete S	chedule T.		Check if Austi	n, TX, officeholde	er living	expense .
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		0	ffice sought			Office held
Date	Payee n	ame			· · · ·			
4/14/2025	HEB							
Amount (\$)	Payee a	ddress;			City;	Stat	e;	Zip Code
\$106.18	999 E. I	Basse			San Antonio	тх		78209
	Category	(See Categories listed at the top of this s	chedule)	D	escription			
PURPOSE OF EXPENDITURE	Office (Dverhead						
		Check if travel outside of Texas, Complete S	chedute T,		Check if Austin	n, TX, officeholde	r living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		0	ffice sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHE	DULE AS NEE	DED		

	POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					SCHE	EDULE F1
If the requested inf	formation is	s not applicable, DO NOT	include tl	his page in the re	eport.		
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politice Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In Di Travel Out	ion Equipr istrict Of District	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID) (Ethics	Commission Filers)
		Tommy R. Calv	vert, Jr.				
4 Date	5 Payee n	n Cannon					
4/14/2025 6 Amount (\$)	7 Payee a			City;	St	ate;	Zip Code
\$200.00	9142 F	FM 78		San Ant	onio	тх	78109
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contribution Judson High School Choir						
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austi	in, TX, officeho	lder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	=	date / Officeholder name		Office sought			Office held
Date	Payee na	ame					
4/25/2025	Affirm						
Amount (\$)	Payee a	ddress;		City;	St	ate;	Zip Code
\$1,333.33	650 C	alifornia St, 12th Floor		San Fran	cisco	CA	94108
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Office C	Overhead		Equipment			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officehol	ider living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		(Office held
Date	Payee n	ame					
4/28/2025	Musi	cbed					
Amount (\$)	Payee a	ddress;		City;	Sta	ate;	Zip Code
\$109.99	955	5 Harmon Rd		Ft. Wo	orth T	X	76177
	Category	/ (See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Advei	rtising Expense					
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	n, TX, officehol	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought			Office held
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Forms provided by Texas Ethics Commission

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice Credit Card Payment	Fees Offic Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense tes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Tommy R. Calvert,	Jr.	
4 Date	5 Payee name		
4/29/2025	Intercontinental Hotel		
6 Amount (\$)	7 Payee address;	City;	State: Zip Code
\$120.67	111 E Pecan St,	San Antonio, TX	78205
8	(a) Category (See Categories listed at the top of this schedu	e) (b) Description	
PURPOSE OF EXPENDITURE	Meeting Expense		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		······································
4/29/2025	Cornyation		
Amount (\$)	Payee address;	City;	State; Zip Code
\$204.59	226 N. St. Mary's	San Ai	ntonio TX 78205
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE			
OF		Demefit for	
EXPENDITURE	Contribution	Benefit for	Local Charities
	Check if travel outside of Texas. Complete Schedule	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/5/2025	Extra Space		
Amount (\$)	Payee address:	City;	State; Zip Code
\$358.00	1039 Rittiman	San An	tonio TX 78218
	Category (See Categories listed at the top of this schedule	Description	· · ·
PURPOSE OF	Office Overhead	Storage	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule 1	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

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 The Instruction Guide explair	Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Wages/Contract Labor tins 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)	
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)
		Tommy R. Calv	ert, Jr.			
4 Date	5 Payeen	ame				
5/6/2025	Charle	y's Philly Steaks				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$145.66	8311 A	8311 Agora Pkwy #102			тх	78154
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description	· <u>-</u> ·	
PURPOSE OF EXPENDITURE	Meeti	ng Expense		Staff M	leeting	
	(c)	Check if travel outside of Texas. Complete S	chedule T,	Check if Austia	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
5/19/2025	Pep	Boys				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$526.84	6721	Old Seguin Rd.		San Ant	onio TX	78244
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	In D	listrict Travel				
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
5/27/2025	Affirm					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$1,333.35	650 0	California St., 12th F	loor	San Franc	isco, CA	94108
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Offic	e Overhead		Equipment		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Tommy R. Calve	ert, Jr.				
4 Date	5 Payee name					
5/19/2025	Wagner JROTC					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
250.00	3000 N Foster Rd.	San An	tonio TX 78244			
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Contribution	Office Cer	Office Ceremony Honorarium			
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	tin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		7× 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·			
5/27/2025	Affirm					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$1,333.35	650 California St., 12th Flo	oor San Fra	incisco, CA 94108			
	Category (See Categories listed at the top of this sch	edule) Description				
PURPOSE OF EXPENDITURE	Office Overhead	Equipment				
	Check if travel outside of Texas, Complete Sche	edule T. Check if Aust	in, ⊤X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/27/2025	Musicbed	,				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$109.99	9555 Harmon	Ft. Worth	TX 76177			
	Category (See Categories listed at the top of this sche	edule) Description				
PURPOSE						
	Advertising Expense					
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	n, TX, officeholder líving expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						HEDULE F1	
If the requested inf	ormation is	s not applicable, DO NOT i	include t	his page in the re	port.		
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legat Services ⁻ The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Com						cs Commission Filers)	
	Tommy R. Calvert, Jr.						
4 Date	5 Payee name						
6/3/2025 6 Amount (\$)	Lively I 7 Payee a	Beach ddress;		City;	State;	Zip Code	
\$2157.22	138 Zahn RdCorpus ChristiTX						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Travel Outside of District			Texas Association of Counties			
	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austin	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						Office held	
Date	Payee n	ame					
6/3/2025	Extra Space						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$358.00	1039 F	Rittiman Rd		San Antor	nio TX	78218	
	Category (See Categories listed at the top of this schedule)			Description			
PURPOSE OF EXPENDITURE	Office Overhead Expense			Storage			
	Check if travel outside of Texas, Complete Schedule T.			Check if Austin,	TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF						Office held	
Date	Payee n	ame		· · · · · · · · · · · · · · · · · · ·			
6/2/2025	Gina	Ortiz Jones for San	Antonio	D			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$500.00	PO B	ox 12246		San Anto	onio TX	78212	
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF	Co	ntribution					
EXPENDITURE	Contribution Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought	ικ, oπicenoider livin		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense Y Gift/Awards/Memorials Expense al Committee Legal Services	S Office Overhead/Rental Expense Ad/Beverage Expense Polling Expense Printing Expense Advards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:		······································	3 Filer ID (Ethic	s Commission Filers)			
4 Date	Tommy R. Calvert, Jr.						
6/3/2025	Cheesecake Factory						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
	r ayee address,	Oly,	olule,				
\$140.09	5488 S. Padre Island Dr	Corpus Ch	risti TX	78411			
8	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description	(b) Description				
PURPOSE							
	Food Expense						
	(C) Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office sought Office held				
Date	Payee name						
6/4/2025	Venetian Hot Plate						
Amount (\$)	Payee address;	City;	State	Zip Code			
\$246.76	232 Beach St. Port Aransas TX ⁷⁸³						
	Category (See Categories listed at the top of this sche	edule) Description					
PURPOSE	Food Expense						
	r ood Expense						
	Check if travel outside of Taxas, Complete Sche	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or					
	Candidate / Officeholder name	Office sought		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought					
Date	Payee name	· · · · · · · · · · · · · · · · · · ·					
6/11/2025	Prestige Printing						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$2,116.29	8 Burwood Ln.	San Anto	nio TX	78216			
···· •	Category (See Categories listed at the top of this sche	dule) Description	-				
PURPOSE							
	Fundraising Expense	Stationary	Stationary				
,	Check if travel outside of Texas. Complete Scher	dule T. Check if Austin	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED				

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Git/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)								
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm								
4 Date	Tommy R. Calvert, Jr							
6/20/2025								
6 Amount (\$)	Alamo Mailing 7 Payee address; City; State; Zip Code							
\$819.85	13114 Lookout Run	San Anto	_{nio} тх	78233				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE								
	Fundraising Expense							
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held				
Date	Payee name							
6/19/2025	Deborah Bond							
Amount (\$)	Payee address;	City;	State:	Zip Code				
\$800.00	539 Dawnview Lane	San Antonic	, тх	78213				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Fundraising Expense							
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n, TX, officeholder livir	g expense				
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OI	4							
Date	Payee name							
6/25/2025	Ma Harper's Creole Kitchen							
Amount (\$)	Payee address;	City;	State;	Zip Code				
\$300.00	1816 N . New Braunfels San Antonio TX 7							
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE	Food Expense Fundraiser for Employment Program							
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex		pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	1 Total pages Schedule F1: 2 FiLER NAME						
		Tommy R. Ca	lvert, Jr.				
4 Date	5 Payee n	ame					
6/26/2025	Musicbed						
6 Amount (\$)	7 Payee a	ddress;	City;	State	Zip Code		
\$109.99	9555 Harmon Ft. V				ТХ	76177	
8	(a) Catego	ry (See Categories listed at the top of	this schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE	Offic	e Overhead					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi			Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categon	 (See Categories listed at the top of th 	is schedule)	Description			
	Check if travel outside of Texas. Co			duleT. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame		· · · · · · · · · · · · · · · · · · ·			
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code	
PURPOSE . OF EXPENDITURE	Category	' (See Categories listed at the top of the control of the contr	s schedule)	Description			
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin,	TX, officeholder living	j expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	t Candidate / Officeholder name Office sought Office held					Office held	
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						Device at 4/4/0005	

	ST, CREDITS, GAINS, REFUNDS, AND BUTIONS RETURNED TO FILER		SCHEDULE K
If the reques	ted information is not applicable, DO NOT include this page in	n the report.	
The	dule K:		
2 FILER NAME	s Commission Filers)		
4 _{Date} 01/01/2025 06/30/2025	 5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received; City; State 	8 Amount (\$) \$6.71	
	PO Box 1600 San Antonio, TX 78		
	7 Purpose for which amount is received Check if Interest Received	returned to filer	
Date 04/14/2025	Name of person from whom amount is received Enterprise Rent-A-Car	Amount (\$) \$ 300.00	
	Address of person from whom amount is received; City; Sta		
i		returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check if	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS							
If the requested information is not applicable, DO NOT include this page in the report.							
The Instruction Guide explains how to complete this form.							
2 FILER NAME Tommy R. Calvert, Jr.						ssion Filers)	
4 Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee	•		
	rise Rent		ŕ	· · · · · · · · · · · · · · · · · · ·			
5 Contribution / Expenditure reported on:							
Schedule A2		edule F4	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1	
						Schedule B-SS	
6 Dates of travel	7 Name of		-	race Rose Gor	nzales		
04/11/2002 to			ame of departure locat				
04/14/2025	San A	ntonio	, тх				
	_	-	name of destination lo	cation			
10	·	ton, T					
10 Means of transportat	ion			name of conference, se	eminar, or other event)		
Automobile			nomic Developr			· · ·	
Name of Contributor	/ Corporation (or Labor C	Organization / Pledgor /	Payee			
Contribution / Expend	diture reported	on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel		person(s)	-				
06/02/2025 to			Calvert, Jr. ame of departure locat	ion		1	
06/06/2025	SAT	e ony or n	ane of departure local			,	
		on city or	name of destination lo	cation			
Port Aransas, TX							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Automobile		Texa	s Assoc of Co	unties Legislati	ve Conference		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
Schedule A2	Schedu	le B [Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel	Dates of travel Name of person(s) traveling						
	Departur	e city or n	ame of departure locat	ion			
	Destination city or name of destination location						
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	AT	TACHAE	DITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

Forms provided by Texas Ethics Commission

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