

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Tommy R. <hr/> NICKNAME LAST SUFFIX Calvert Jr.		FILED IN MAY OFFICE JACQUELYN F. GALLAGHER ELECTIONS ADMINISTRATION 2025 JUL 15 11:10 AM BEXAR COUNTY
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 15571 San Antonio TX 78212 <input type="checkbox"/> Change of Address		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION (617) 480.8385		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Dr. Velica <hr/> NICKNAME LAST SUFFIX Val Calvert		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Velica <hr/> NICKNAME LAST SUFFIX Val Calvert		Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 818 Windhurst San Antonio TX 78258		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) .363.8435		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2025 THROUGH 06 / 30 / 2025		
11 ELECTION N/A	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Bexar County Commissioner, Pct 4		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Tommy R. Calvert, Jr.		16 Filer ID (Ethics Commission Filers)
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 DAY OF REPORTING PERIOD	\$ 144,602.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Tommy Calvert, and my date of birth is 9/24/80
My address is 101 W. Nueva San Antonio TX 78205 Bexar
(street) (city) (state) (zip code) (country)
Executed in Bexar County, State of Texas, on the 15 day of July, 20 25.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Tommy R. Calvert, Jr.

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 160.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 57286.41
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31,209.40
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6.71

MONETARY POLITICAL CONTRIBUTIONS**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 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Romo 6 Contributor address; City; State; Zip Code 4811 Isaac Ryan San AntonioTX 78253	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Toro Martinez Contributor address; City; State; Zip Code 8210 Berry Creek Dr. San AntonioTX 78218	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2058	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Martinez Contributor address; City; State; Zip Code 914 Mason Street San Antonio TX 78218	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Toro Martinez Contributor address; City; State; Zip Code 8210 Berry Creek Dr. San AntonioTX 78218	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Romo <hr/> 6 Contributor address; City; State; Zip Code 4811 Isaac Ryan San AntonioTX 78253	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Toro Martinez <hr/> Contributor address; City; State; Zip Code 8210 Berry Creek Dr. San AntonioTX 78218	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2058	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Martinez <hr/> Contributor address; City; State; Zip Code 914 Mason Street San Antonio TX 78218	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Toro Martinez <hr/> Contributor address; City; State; Zip Code 8210 Berry Creek Dr. San AntonioTX 78218	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Amount of contribution (\$)
\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$) **\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Downey</div> <div>6 Contributor address; City; State; Zip Code 13622 Inwood Pk San Antonio TX 78216</div>	7 Amount of contribution (\$) \$ 75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/2025	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba-Kistner PAC</div> <div>Contributor address; City; State; Zip Code PO Box 697280 San Antonio TX 78269</div>	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2025	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STV Infastructure PAC</div> <div>Contributor address; City; State; Zip Code 1820 Regal Row, Ste 200 DallasTX 75235</div>	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2025	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson</div> <div>Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78780</div>	Amount of contribution (\$) \$1938.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Frost 6 Contributor address; City; State; Zip Code 520 Geneseo Rd San AntonioTX 78209	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Gamez Contributor address; City; State; Zip Code 2943 Mossrock San AntonioTX 78230	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Robert Zeigler Contributor address; City; State; Zip Code 11 Stoneleigh Way San AntonioTX 78218	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Love Contributor address; City; State; Zip Code 27315 Montana Pass San AntonioTX 78260	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan Marrs 6 Contributor address; City; State; Zip Code 9347 Bianca San Antonio, TX 78254	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson Trainer Contributor address; City; State; Zip Code 211 N Loop 1604 E #175 San AntonioTX	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Magdalen Hoyt Contributor address; City; State; Zip Code "13409 N.W. Military Hwy Suite 302" San Antonio TX 78231	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Dunn Contributor address; City; State; Zip Code 4526 Walzem Rd San Antonio TX 78218	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2025	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Cohen</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">6 Contributor address; City; State; Zip Code 100 NE Loop 410, Ste 610 San Antonio TX78216</div>	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/18/2025	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Lowe</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Contributor address; City; State; Zip Code San Antonio TX</div>	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/18/2025	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres Gonzalez</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Contributor address; City; State; Zip Code "9311 San Pedro Ave., Ste 808" San Antonio TX 78216</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/18/2025	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Guerrero</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Contributor address; City; State; Zip Code "15727 Anthem Pkwy Suite 308" San Antonio TX 78249</div>	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME <div style="text-align: center; padding: 5px;">Tommy R. Calvert, Jr</div>		3 Filer ID (Ethics Commission Filers)
4 Date 6/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Foster <hr/> 6 Contributor address; City; State; Zip Code "8610 N New Braunfels Ave Suite 606" San AntonioTX 78217	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Rodriguez <hr/> Contributor address; City; State; Zip Code 6827 Rock RD San Antonio TX 78229-4618	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Goitiandia <hr/> Contributor address; City; State; Zip Code 4001 Sinclair Ave Austin TX 78756	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Haass <hr/> Contributor address; City; State; Zip Code 204 E Melrose Dr San Antonio TX 78212	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 06/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Families for Education & Opportunity 6 Contributor address; City; State; Zip Code 415 Mary Louise Dr San AntonioTX 78201	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hew Min Chow Contributor address; City; State; Zip Code 613 Contadora San Antonio TX 78258	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Rick Aleman Contributor address; City; State; Zip Code 717 W Ashby San Antonio TX 78212	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Barbara Covarrubias Contributor address; City; State; Zip Code 29707 Millwood Way Fair Oaks Ranch, TX 78015	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2025	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Czar</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">6 Contributor address; City; State; Zip Code 307 Huntington Place San Antonio TX 78231</div>	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick A. Howard</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contributor address; City; State; Zip Code 4402 Golf View Dr. San Antonio TX 78223</div>	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph A. Shaffer</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contributor address; City; State; Zip Code 205 North Willow Way Cibola TX 78108</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason & Rachelle Arechiga</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contributor address; City; State; Zip Code 22603 Impala BND San Antonio TX 78259</div>	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geof Edwards 6 Contributor address; City; State; Zip Code 232 W Hermosa San Antonio TX 78212	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Jones Contributor address; City; State; Zip Code 745 E Mulberry Ave, Ste 700. San Antonio, Texas 78212	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Ray Contributor address; City; State; Zip Code 7 Legend Rock San Antonio TX 78244	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Lorraine Johnson Contributor address; City; State; Zip Code 15234 Fall Place DR San AntonioTX 78247	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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2 FILER NAME Tommy R. Calvert, Jr				3 Filer ID (Ethics Commission Filers)	
4 Date		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$)	
		6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 6/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemarie DeHoyos		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code 6082 Crab Orchard San Antonio TX 78240		\$20.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 6/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Villa		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code 999 E Basse Rd, Ste 180 San Antonio TX 78209		\$500.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 6/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shad Schmid		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code 318 Waxberry Trl San Antonio TX 78258		\$1000.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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2 FILER NAME Tommy R. Calvert, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Joeris</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">6 Contributor address; City; State; Zip Code PO Box 790086 San Antonio, TX 78279</div>	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Macon</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contributor address; City; State; Zip Code 300 Convent St., Ste 2700 San Antonio TX 78205</div>	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bart J. Swider</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contributor address; City; State; Zip Code 25 Champion TRL San Antonio TX 78258</div>	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene Marck</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contributor address; City; State; Zip Code 345 Argyle Ave San Antonio TX 78209</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 <div style="text-align: center; font-size: 1.2em;">Tommy R. Calvert, Jr</div>		3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2025	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Brown</div> <div>6 Contributor address; City; State; Zip Code 527 Burnet Street San Antonio TX 78202</div>	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosalind Anderson</div> <div>Contributor address; City; State; Zip Code 15507 Dawn Crest San Antonio TX 78248</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Durham</div> <div>Contributor address; City; State; Zip Code 7338 Tranquillo Way San Antonio TX 78266</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elke S. Ellisor</div> <div>Contributor address; City; State; Zip Code 5959 Spring Bow San Antonio TX 78247</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia T. Lenzy</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">6 Contributor address; City; State; Zip Code 6030 Mountain Meadow San Antonio TX 78222</div>	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco J. Garza</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contributor address; City; State; Zip Code 601 NW Loop 410, Ste 100 San Antonio TX 78216</div>	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland Rangel</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contributor address; City; State; Zip Code 1323 W Martin St. San Antonio TX 78207</div>	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Starr</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contributor address; City; State; Zip Code 7334 Blanco, Suite 200 San Antonio TX 78216</div>	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 6/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiddity PAC 6 Contributor address; City; State; Zip Code 3100 Alvin Devane Blvd., Ste 150 Austin TX 78741	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar County Contributor address; City; State; Zip Code 101 W. Nueva, San Antonio TX 78205	Amount of contribution (\$) \$145.66
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla Broadus Contributor address; City; State; Zip Code 12 Vineyard Drive San Antonio TX 78257	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz McKnight PLLC Contributor address; City; State; Zip Code 112 E Pecan Street, Ste 1350 San Antonio TX 78205	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 6/20/2025	<div style="border-bottom: 1px dotted black; padding-bottom: 2px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltazar R Serna, Jr.</div> <div style="border-bottom: 1px dotted black; padding-bottom: 2px;">6 Contributor address; City; State; Zip Code 237 W Travis Street, Ste 100 San Antonio TX 78205</div>	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px dotted black; padding-bottom: 2px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliff Douglass</div> <div style="border-bottom: 1px dotted black; padding-bottom: 2px;">Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760</div>	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px dotted black; padding-bottom: 2px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R. Puente</div> <div style="border-bottom: 1px dotted black; padding-bottom: 2px;">Contributor address; City; State; Zip Code 8138 Donore Place San Antonio TX 78229</div>	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/20/2025	<div style="border-bottom: 1px dotted black; padding-bottom: 2px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rev. T. Williams</div> <div style="border-bottom: 1px dotted black; padding-bottom: 2px;">Contributor address; City; State; Zip Code San Antonio, TX</div>	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 6/20/2025	<div style="border-bottom: 1px dotted black; margin-bottom: 5px;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Hartman</div> <div style="display: flex; justify-content: space-between;"><div>6 Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div>101 Arcadia Pl Apt 503, San Antonio, TX 78209</div>	7 Amount of contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/27/2025	<div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard M. Kleberg</div> <div style="display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div>127 W Brandon Dr, San Antonio, TX 78209</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/2025	<div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidel Rodriguez</div> <div style="display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div>231 W Cypress St. San Antonio TX 78212</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/2025	<div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Toney</div> <div style="display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div>7715 Oak Hill Park Dr. San Antonio TX 78249</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**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 <div style="text-align: center; font-size: 1.2em;">Tommy R. Calvert, Jr</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">6/30/2025</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Loomis <hr/> 6 Contributor address; City; State; Zip Code 219 Brightwood Pl San Antonio TX 78209	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$50.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 01/02/2025		5 Payee name DropBox			
6 Amount (\$) \$212.13		7 Payee address; City; State; Zip Code DropBox.com 1800 Owens St San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/10/2025		Payee name Klarna			
Amount (\$) 190.84		Payee address; City; State; Zip Code 800 N. High St, Ste. 400. Columbus, OH 43215			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/14/2025		Payee name Lens Rentals			
Amount (\$) \$94.19		Payee address; City; State; Zip Code 315 S. Santa Rosa, San Antonio, Texas 78207			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2025	5 Payee name ALAMO MAILING CO		
6 Amount (\$) \$688.83	7 Payee address; City; State; Zip Code 13114 Lookout Run, San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held			
Date 01/27/2025	Payee name Canopy by Hilton San Antonio		
Amount (\$) -\$186.96	Payee address; City; State; Zip Code 123 N St Mary's St, San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			
Date 1/27/2025	Payee name AFFIRM		
Amount (\$) \$1,333.33	Payee address; City; State; Zip Code 650 California Street, 12th Floor San Francisco CA 94108		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Equipment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 2/25/2025		5 Payee name JIMMY JOHNS			
6 Amount (\$) \$108.11		7 Payee address; 6319 Rittiman Rd.		City; San Antonio	State; TX
				Zip Code 78218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting Expense		(b) Description Staff Meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 held
Date 2/7/2025		Payee name Klarna			
Amount (\$) \$190.83		Payee address; 800 N High St.		City; Columbus	State; Ohio
				Zip Code 43215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Staff Awards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 2/10/2025		Payee name OFFICE DEPOT			
Amount (\$) \$133.14		Payee address; 8510 Fourwinds Dr.		City; Windcrest	State; TX
				Zip Code 78239	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Gift/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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <div style="text-align: center;">Tommy R. Calvert, Jr.</div>		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2025	5 Payee name Dreamweaver		
6 Amount (\$) \$194.85	7 Payee address; 1630 E Houston St.	City; San Antonio	State; TX Zip Code 78202
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Memorial Expense		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 2/25/2025	Candidate / Officeholder name Affirm		
Amount (\$) \$1,333.33	Payee address; 650 California Street, 12th Floor	City; San Francisco	State; CA Zip Code 94108
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Equipment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 2/28/2025	Candidate / Officeholder name		
Amount (\$) \$782.40	Payee address; 1039 Rittiman	City; San Antonio	State; TX Zip Code 78218
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <div style="text-align: center;">Tommy R. Calvert, Jr.</div>		3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/2025	5 Payee name Extraspace			
6 Amount (\$) \$358.00	7 Payee address; 1039 Rittiman		City; San Antonio	State; TX
			Zip Code 78219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description Storage	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held				
Date 3/3/2025	Payee name Domino's			
Amount (\$) \$183.84	Payee address; 4547 Rigsby Ave.		City; San Antonio	State; TX
			Zip Code 78222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Highland High School Computer Give-a-way Food	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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				
Date 3/6/2025	Payee name Boiler House			
Amount (\$) \$229.44	Payee address; 312 Pearl Parkway, Building 3		City; San Antonio	State; TX
			Zip Code 78212	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting Expense		Description Staff Meeting	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/14/2025		5 Payee name Jimmy John's			
6 Amount (\$) \$146.86		7 Payee address: 6319 Rittiman		City: San Antonio	State: TX Zip Code 78218
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting Expense		(b) Description Staff Meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held
Date 3/19/2025		Payee name J. Alexander's			
Amount (\$) \$110.88		Payee address: 255 E Basse Rd., Suite 1300		City: San Antonio	State: TX Zip Code 78209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 3/25/2025		Payee name Affirm			
Amount (\$) \$1,333.33		Payee address: 650 California Street, 12th Floor		City: San Francisco	State: CA Zip Code 94108
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Equipment		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/2025		5 Payee name Cavendar Cadillac			
6 Amount (\$) \$2,895.70		7 Payee address; 7625 N. Loop 1604 East		City; Live Oak	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held
Date 4/1/2025		Payee name Fiverr			
Amount (\$) \$439.69		Payee address; 401 Broadway		City; New York	State; NY
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 4/3/2025		Payee name Extraspace			
Amount (\$) \$358.00		Payee address; 1039 Rittiman		City; San Antonio	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description Storage	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/4/2025		5 Payee name Monarch Trophy			
6 Amount (\$) \$2098.05		7 Payee address; 16227 San Pedro Ave		City; Hollywood Park	State; TX
				Zip Code 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Awards Expense		(b) Description Fiesta Medals		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/11/2025		Payee name Enterprise Rentacar			
Amount (\$) \$401.41		Payee address; 9559 Airport Blvd		City; San Antonio	State; TX
				Zip Code 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description Economic Development		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/11/2025		Payee name EIN Press Newswire			
Amount (\$) \$499.00		Payee address; 1025 Connecticut Ave NW #1000		City; Washington	State; DC
				Zip Code 20036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/2025		5 Payee name Soma Sushi			
6 Amount (\$) \$103.78		7 Payee address; 4820 Washington Ave		City; Houston	State; TX
				Zip Code 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting Expense		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<div> <div>Complete ONLY if direct expenditure to benefit C/OH</div> <div> Candidate / Officeholder name Office sought Office held </div> </div>				
Date 4/14/2025		Payee name Thompson Houston			
Amount (\$) 829.64		Payee address; 1717 Allen Pkwy		City; Houston	State; TX
				Zip Code 77019	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Out of District Travel		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<div> <div>Complete ONLY if direct expenditure to benefit C/OH</div> <div> Candidate / Officeholder name Office sought Office held </div> </div>				
Date 4/14/2025		Payee name HEB			
Amount (\$) \$106.18		Payee address; 999 E. Basse		City; San Antonio	State; TX
				Zip Code 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<div> <div>Complete ONLY if direct expenditure to benefit C/OH</div> <div> Candidate / Officeholder name Office sought Office held </div> </div>				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <div style="text-align: center;">Tommy R. Calvert, Jr.</div>		3 Filer ID (Ethics Commission Filers)	
4 Date 4/14/2025		5 Payee name Naeem Cannon			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 9142 FM 78 San Antonio TX 78109			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description Judson High School Choir		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/25/2025		Payee name Affirm			
Amount (\$) \$1,333.33		Payee address; City; State; Zip Code 650 California St, 12th Floor San Francisco CA 94108			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Equipment		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/28/2025		Payee name Musicbed			
Amount (\$) \$109.99		Payee address; City; State; Zip Code 9555 Harmon Rd Ft. Worth TX 76177			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Gift/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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tommy R. Calvert, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2025	5 Payee name Intercontinental Hotel	
6 Amount (\$) \$120.67	7 Payee address; City; State; Zip Code 111 E Pecan St, San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held
Date 4/29/2025	Payee name Cornyation	
Amount (\$) \$204.59	Payee address; City; State; Zip Code 226 N. St. Mary's San Antonio TX 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Benefit for Local Charities
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 5/5/2025	Payee name Extra Space	
Amount (\$) \$358.00	Payee address; City; State; Zip Code 1039 Rittiman San Antonio TX 78218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 5/6/2025		5 Payee name Charley's Philly Steaks			
6 Amount (\$) \$145.66		7 Payee address; City; State; Zip Code 8311 Agora Pkwy #102 Selma TX 78154			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting Expense		(b) Description Staff Meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held			
Date 5/19/2025		Payee name Pep Boys			
Amount (\$) \$526.84		Payee address; City; State; Zip Code 6721 Old Seguin Rd. San Antonio TX 78244			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) In District Travel		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			
Date 5/27/2025		Payee name Affirm			
Amount (\$) \$1,333.35		Payee address; City; State; Zip Code 650 California St., 12th Floor San Francisco, CA 94108			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Equipment		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 5/19/2025		5 Payee name Wagner JROTC			
6 Amount (\$) 250.00		7 Payee address; 3000 N Foster Rd.		City; San Antonio	State; TX
				Zip Code 78244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description Office Ceremony Honorarium		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 held
Date 5/27/2025		Payee name Affirm			
Amount (\$) \$1,333.35		Payee address; 650 California St., 12th Floor		City; San Francisco, CA	State; CA
				Zip Code 94108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Equipment		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 5/27/2025		Payee name Musiced			
Amount (\$) \$109.99		Payee address; 9555 Harmon		City; Ft. Worth	State; TX
				Zip Code 76177	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/3/2025		5 Payee name Lively Beach			
6 Amount (\$) \$2157.22		7 Payee address; City; State; Zip Code 138 Zahn Rd Corpus Christi TX 78418			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Outside of District		(b) Description Texas Association of Counties		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held					
Date Payee name 6/3/2025 Extra Space					
Amount (\$) Payee address; City; State; Zip Code \$358.00 1039 Rittiman Rd San Antonio TX 78218					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense		Description Storage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					
Date Payee name 6/2/2025 Gina Ortiz Jones for San Antonio					
Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 12246 San Antonio TX 78212					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/3/2025		5 Payee name Cheesecake Factory			
6 Amount (\$) \$140.09		7 Payee address; 5488 S. Padre Island Dr		City; Corpus Christi	State; TX
				Zip Code 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 held
Date 6/4/2025		Payee name Venetian Hot Plate			
Amount (\$) \$246.76		Payee address; 232 Beach St.		City; Port Aransas	State; TX
				Zip Code 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 6/11/2025		Payee name Prestige Printing			
Amount (\$) \$2,116.29		Payee address; 8 Burwood Ln.		City; San Antonio	State; TX
				Zip Code 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Stationary		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/20/2025		5 Payee name Alamo Mailing			
6 Amount (\$) \$819.85		7 Payee address; 13114 Lookout Run		City; San Antonio	State; TX Zip Code 78233
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 held
Date 6/19/2025		Payee name Deborah Bond			
Amount (\$) \$800.00		Payee address; 539 Dawnview Lane		City; San Antonio	State; TX Zip Code 78213
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 6/25/2025		Payee name Ma Harper's Creole Kitchen			
Amount (\$) \$300.00		Payee address; 1816 N. New Braunfels		City; San Antonio	State; TX Zip Code 78208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		Description Fundraiser for Employment Program		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/26/2025	5 Payee name Musicbed			
6 Amount (\$) \$109.99	7 Payee address; 9555 Harmon		City; Ft. Worth	State; TX
			Zip Code 76177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held				
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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				
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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				
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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				

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K:
2 FILER NAME <div style="text-align: center; margin-top: 10px;">Tommy R. Calvert, Jr.</div>		3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2025 - 06/30/2025	5 Name of person from whom amount is received <div style="text-align: center; margin-top: 5px;">Frost Bank</div>	8 Amount (\$) <div style="text-align: center; margin-top: 10px;">\$6.71</div>
	6 Address of person from whom amount is received; City; State; Zip Code <div style="text-align: center; margin-top: 10px;">PO Box 1600 San Antonio, TX 78296</div>	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <div style="text-align: center; margin-top: 5px;">Interest Received</div>	
Date 04/14/2025	Name of person from whom amount is received <div style="text-align: center; margin-top: 5px;">Enterprise Rent-A-Car</div>	Amount (\$) <div style="text-align: center; margin-top: 10px;">\$ 300.00</div>
	Address of person from whom amount is received; City; State; Zip Code <div style="text-align: center; margin-top: 10px;">San Antonio, TX</div>	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <div style="text-align: center; margin-top: 5px;">Refund on rental car deposit</div>	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**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 T:	
2 FILER NAME Tommy R. Calvert, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Enterprise Rent-A-Car			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input checked="" type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>			
6 Dates of travel 04/11/2002 to 04/14/2025	7 Name of person(s) traveling Tommy R. Calvert, Jr. & Grace Rose Gonzales		
	8 Departure city or name of departure location San Antonio, TX		
	9 Destination city or name of destination location Houston, TX		
10 Means of transportation Automobile		11 Purpose of travel (including name of conference, seminar, or other event) Economic Development Meeting	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input checked="" type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>			
Dates of travel 06/02/2025 to 06/06/2025	Name of person(s) traveling Tommy R. Calvert, Jr.		
	Departure city or name of departure location SAT		
	Destination city or name of destination location Port Aransas, TX		
Means of transportation Automobile		Purpose of travel (including name of conference, seminar, or other event) Texas Assoc of Counties Legislative Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

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