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: 27

OFFICE USE ONLY

Date Received

2026 OCT 26 PM 1:11 BEXAR COUNTY TX ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Tommy | MI: R.

NICKNAME | LAST: Calvert | SUFFIX: Jr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Boc 15571 | APT / SUITE #: | CITY: San Antonio, | STATE: TX | ZIP CODE: 78212

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (210) | PHONE NUMBER: 335.2614 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Dr. | FIRST: Velica | MI:

NICKNAME: (Val) | LAST: Calvert | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 818 Windhurst | APT / SUITE #: | CITY: San Antonio | STATE: TX | ZIP CODE: 78258

8 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 363.8435 | EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 09 / 25 / 2026 THROUGH Month Day Year: 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 03 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Bexar County Commissioner, Pct 4

13 OFFICE SOUGHT (if known): Bexar County Commissioner, Pct 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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: ☐ GENERAL ☐ 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		**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)	$ 38,500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 1,280.59
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 17,722.58
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 218,492.06
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 R. Calvert, Jr., and my date of birth is 09/24/1980.

My address is 101 W. Nueva 10th Floor (street) San Antonio, (city) TX (state) 78205 (zip code) _____ (country).

Executed in Bexar County, State of Texas, on the 26th day of October (month), 20 26 (year).

Tommy Calvert
_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 38,500.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 17,722.58
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 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 POLITICAL CONTRIBUTIONS	$
12.	☒	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 1.47

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: 1 of 14

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#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/01/2026	Patricia Smothers	1739 Citadel Plaza San Antonio, TX 78209	$ 250.00		
10/01/2026	Dr. Robert Zeigler	11 Stoneleigh Way San Antonio, TX 78218	$ 50.00		
10/06/2026	Clarence Lyons	310 Bluffcrest San Antonio, TX 78216	$ 100.00		
10/06/2026	William Kaufman	2102 NW Military Hwy San Antonio, TX 78213	$1,000.00		

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 of 14

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 ($)
10/07/2026	Charles Onthon	$ 750.00
	6 Contributor address; City; State; Zip Code: 575 N. Dairy Ashford Rd. Suite 650 Houston TX 77079	
8 Principal occupation / Job title (See Instructions)		**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/08/2026	Chris Weigand	$1,000.00
	Contributor address; City; State; Zip Code: 10999 IH 10 W San Antonio, TX 78232	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/08/2026	Dennis Karbach	$2,500.00
	Contributor address; City; State; Zip Code: 315 W Lynwood Ave San Antonio, TX 78212	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/08/2026	Deborah Omowale	$ 100.00
	Contributor address; City; State; Zip Code: 100 W. Houston St., Suite 1500. San Antonio, TX	
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: 3 of 14

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#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/08/2026	Janice Hickman Joseph	8406 Cool Pond San Antonio TX 78244	$ 50.00		
10/08/2026	Kenneth Lowe	153 Treeline Park # 100 San Antonio, TX 78209	$1,000.00		
10/08/2026	Leticia Van de Putte	300 E Basse Road, Suite 2126 San Antonio, TX	$ 500.00		
10/08/2026	Ricardo Turrubiates	10446 Trailway Oak, San Antonio, TX 78240.	$ 100.00		

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: 4 of 14

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 ($)
10/08/2026	Summer Greathouse	$250.00
	6 Contributor address; City; State; Zip Code: 300 Convent St, Suite 2700, San Antonio, TX 78205	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/08/2026	Anthony Harris	$ 200.00
	Contributor address; City; State; Zip Code: 451 Blue Bonnet St, San Antonio, TX 78202	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/08/2026	Felix Ziga	$ 100.00
	Contributor address; City; State; Zip Code: 6508 West Ave., Castle Hills, TX 78213	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/11/2026	Ayda Gonzalez	$1,000.00
	Contributor address; City; State; Zip Code: 4242 Medical Dr, Suite 1200 San Antonio, TX	
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: 5 of 14

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#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/16/2026	IBEW PAC	900 Seventh Street N.W. Washington DC 20001	$2,500.00		
10/16/2026	Clermont LLC	7334 Blanco, Suite 200 San Antonio, TX 78216	$2,500.00		
10/16/2026	Edward & Linda Whitacre	155 Bushnell Avenue San Antonio, TX 78212	$ 250.00		
10/16/2026	Aldaberto Camarillo	3910 Midvale Dr. San Antonio, TX	$2,500.00		

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: 6 of 14

2 FILER NAME: Tommy R. Calvert, Jr.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/13/2026	John R. Aleman 717 W Ashby PL San Antonio, TX 78212	$2,500.00		
10/13/2026	Baltazar R. Serna, Jr. 237 W. Travis Street Ste 100 San Antonio, TX 78205	$1,000.00		
10/13/2026	Michael A. Hogan 1535 Yosemite Oaks Cir San Antonio, TX	$1.500.00		
10/13/2026	Cliff Douglass P.O. Box 17428 Austin, TX 78760	$2,500.00		

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: 7 of 14

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 ($)
10/13/2026	Adam Ellis, PC	$1,000.00
	6 Contributor address; City; State; Zip Code: 205 W. Welsh Drive Douglassville, PA 19518	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	HNTB Holdings Ltd PAC	$1, 000.00
	Contributor address; City; State; Zip Code: 715 Kirk Drive Kansas City, MO 64109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	Rudy Rodriguez	$1,000.00
	Contributor address; City; State; Zip Code: 6827 Rock Road San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	Frank & Cecilia E. Herrera	$1, 000.00
	Contributor address; City; State; Zip Code: 105 Blackhawk Trail San Antonio, TX 78232	

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: 8 of 14

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#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/13/2026	LAN PAC	3400 W Sam Houston PKWY S, Ste 400 Houston, TX 77042	$1,000.00		
10/13/2026	RABA-KISTNER PAC	PO Box 690287 San Antonio, TX 78289	$1,000.00		
10/13/2026	Debbie & Keith Charlton	4926 Babson St. San Antonio, TX 78249	$500.00		
10/13/2026	Shiva K. Sandrana	2802 Hunters Star St San Antonio, TX 78230	$500.00		

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: 9 of 14

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 ($)
10/13/2026	Camille & Laddie Denton, Jr.	$500.00
	6 Contributor address; City; State; Zip Code: 1 Bitterblue Ln San Antonio, TX 78218	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	David S. Zachry	$500.00
	Contributor address; City; State; Zip Code: PO Box 33240 San Antonio, TX 78265	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	Claudia Sanchez	$ 20.00
	Contributor address; City; State; Zip Code: 1215 Townsend # 103 San Antonio, TX 78208	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	Terry O. Bliquez	$25.00
	Contributor address; City; State; Zip Code: 7302 Putter San Antonio, TX 78244	

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: 10 of 14

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#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/13/2026	William B. Johnson	4310 Bloomdale San Antonio TX 78218	$45.00		
10/13/2026	Evelyn Brown	527 Burnet Street San Antonio TX 78202	$50.00		
10/13/2026	Terrresa F. Groler	715 River Rd. San Antonio TX 78212	$50.00		
10/13/2026	Jesus Toro Martinez	8210 Berrycreek Dr San Antonio TX 78218	$50.00		

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: 11 of 14

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 ($)
10/13/2026	Grace B. Hill	$50.00
	6 Contributor address; City; State; Zip Code: 715 Manhattan Dr. San Antonio TX 78219	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10/13/2026	Patricia T. Lenzy	$60.00
	Contributor address; City; State; Zip Code: 6030 Mountain Meadow San Antonio TX 78222	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10/13/2026	Michele M. Durham	$100.00
	Contributor address; City; State; Zip Code: 7338 Thanquillo Way San Antonio TX 78266	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10/13/2026	Dennis B. Martinez	$100.00
	Contributor address; City; State; Zip Code: 100 W El Prado Dr Apt 301 San Antonio TX 78212	
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: 12 of 14

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 ($)
10/13/2026	Colette Holt	$100.00
	6 Contributor address; City; State; Zip Code: 25106 IMA Ruth Pkwy San Antonio TX 78257	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	C. Elaine Cummings, Ph.D.	$100.00
	Contributor address; City; State; Zip Code: 817 E Euclid Ave San Antonio TX 78212	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	Rebbie Ellisor-Taylor	$100.00
	Contributor address; City; State; Zip Code: 818 Windhurst San Antonio TX 78258	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/2026	Mentora Lewis-Sherfield	$ 100.00
	Contributor address; City; State; Zip Code: 8745 Serene Ridge Dr San Antonio TX 78239	

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: 13 of 14

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#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/13/2026	John J. Speegle	102 Harrison E San Antonio, TX 78209	$ 100.00		
10/13/2026	Fidel Rodriguez, Jr.	231 W Cypress St San Antonio TX 78212	$ 100.00		
10/13/2026	Yulanee H. Mc Knight	512 Thelma Dr. San Antonio TX 78212	$ 200.00		
10/14/2026	Hilliard Medical Group	919 Locke Street San Antonio TX 78208	$1,000.00		

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: 14 of 14

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#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/15/2026	Rishabh Sharma 215 Coca Cola Pl., San Antonio, TX 78219	$ 100.00		
10/22/2026	Elke S. Ellisor 5959 Sprig Bow San Antonio TX 78247	$100.00		
10/22/2026	John L. Battles 19284 Stone Oak Pkwy # 102 San Antonio TX 78258	$1,000.00		
10/23/2026	John A. Longoria 1807 Peterson Ave San Antonio TX 78224	$250.00		

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	3 Filer ID (Ethics Commission Filers)
1 of 9	Tommy R. Calvert, Jr.	

4 Date	5 Payee name
09/28/2026	FTD

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$ 270.61	200 North LaSalle Street, Suite 1745	Chicago	IL	60601

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Memorial Expense	Bereavement

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name
09/28/2026	Sonya St. Cyr

Amount ($)	Payee address;	City;	State;	Zip Code
$1,500.00	2203 La Manda Blvd	San Antonio	TX	78201

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Salaries/Wages	Contract Labor

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/01/2026	Affirm

Amount ($)	Payee address;	City;	State;	Zip Code
$ 162.36	650 California Street	San Francisco, CA 94108		

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	3 Filer ID (Ethics Commission Filers)
2 of 9	Tommy R. Calvert, Jr.	

4 Date: 10/5/2026

5 Payee name: Battalion San Antonio

6 Amount ($): $283.75

7 Payee address; City; State; Zip Code: 604 S Alamo St, San Antonio, TX 78205

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description: Meeting Expense

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 10/9/2026

Payee name: Roosevelt Library

Amount ($): $638.66

Payee address; City; State; Zip Code: 3134 Roosevelt Ave, San Antonio TX

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 09/28/2026

Payee name: Musicbed

Amount ($): $ 109.99

Payee address; City; State; Zip Code: 9555 Harmon Rd, Fort Worth, TX 76177

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 of 9	Tommy R. Calvert, Jr.	

4 Date: 09/28/2026

5 Payee name: Alamo Mailing

6 Amount ($): 862.37

7 Payee address; 13114 Lookout Run, San Antonio, TX 78233 — City; State; Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing/Mailing Exp

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 09/28/2026

Payee name: FTD

Amount ($): $192.63

Payee address; 200 North LaSalle Street, Suite 1745 — City; Chicago — State; IL — Zip Code 60601

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Bereavement Expense

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 09/30/2026

Payee name: Devils River Distillery

Amount ($): $3,146.40

Payee address; 401 E Houston St, San Antonio, TX 78205 — City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense

Description: Fundraising

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	3 Filer ID (Ethics Commission Filers)
4 of 9	Tommy R. Calvert, Jr.	

4 Date	5 Payee name
10/01/2026	EZ Park Valet

6 Amount ($)	7 Payee address; City; State; Zip Code
$3,351.18	3834 Fredericksburg Rd, San Antonio, TX 78201 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	Fundraising
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Payee name
10/01/2026	Affirm

Amount ($)	Payee address; City; State; Zip Code
$ 422.22	650 California Street, San Francisco, CA 94108 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/02/2026	Kriptgfx Studio

Amount ($)	Payee address; City; State; Zip Code
$194.85	3009 Muscat Wy, Schertz, TX 78154 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Printing & Design
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	3 Filer ID (Ethics Commission Filers)
5 of 9	Tommy R. Calvert, Jr.	

4 Date	5 Payee name
10/05/2026	Extra Space Storage

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$381.00	1039 Rittiman Rd,	San Antonio,	TX	78218

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead	Rental/Storage Expense

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name
10/05/2026	Cortez Liquid Waste Service

Amount ($)	Payee address;	City;	State;	Zip Code
$513.05	19540 Hwy 281,	San Antonio,	TX	78221

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Rental Expense

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/05/2026	Kriptgogfx

Amount ($)	Payee address;	City;	State;	Zip Code
$194.85	3009 Muscat Wy	Schertz,	TX	78154

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Printing & Design

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 9

2 FILER NAME: Tommy R. Calvert, Jr.

3 Filer ID (Ethics Commission Filers):

4 Date: 10/07/2026

5 Payee name: Prestige Printing

6 Amount ($): $989.41

7 Payee address; City; State; Zip Code: 8 Burwood Ln, San Antonio, TX 78216

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 10/09/2026

Payee name: Roosevelt Library

Amount ($): $552.08

Payee address; City; State; Zip Code: 311 Roosevelt Ave, San Antonio TX

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense

Description: Fundraising

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 10/09/2026

Payee name: Central Market

Amount ($): $1;028.33

Payee address; City; State; Zip Code: 4821 Broadway, San Antonio, TX 78209

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense

Description: Fundraising Expense

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
7 of 9	Tommy R. Calvert, Jr.	

4 Date: 10/13/2026

5 Payee name: Amazon

6 Amount ($): $ 216.49

7 Payee address; amazon.com ☐ Check if individual's residence address. City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Office Expense

(b) Description: Supplies

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 10/13/2026

Payee name: Diana Arevalo Campaign

Amount ($): $ 250.00

Payee address; 4416 Briarwood Ave #110 ☐ Check if individual's residence address City; San Antonio State; TX Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Campaign Contribution

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name; Office sought; Office held

---

Date: 10/13/2026

Payee name: Fairmont Hotel

Amount ($): $ 386.97

Payee address; 101 Red River St, ☐ Check if individual's residence address. City; Austin, TX 78701 State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Travel outside of District

Description: UT Austin Continuing Education

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8 of 9	Tommy R. Calvert, Jr.	

4 Date: 10/14/2026

5 Payee name: Sonya St. Cyr

6 Amount ($): $ 220.00

7 Payee address; 2203 La Manda Blvd **City;** San Antonio, TX **State;** **Zip Code**

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(b) Description: Fundraising

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 10/16/2026

Payee name: Call Time AI

Amount ($): $ 500.00

Payee address; P.O. Box 59570 **City;** Norwalk, CA 90652 **State;** **Zip Code**

☐ Check if individual's residence eddress.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fundraising

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: **Office sought:** **Office held:**

Date: 10/19/2026

Payee name: Amazon

Amount ($): $ 638.66

Payee address; amazon.com **City;** **State;** **Zip Code**

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	3 Filer ID (Ethics Commission Filers)
9 of 9	Tommy R. Calvert, Jr.	

4 Date	5 Payee name
10/19/2026	Fairmont

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$ 283.75	101 Red River St,	Austin, TX 78701		
	☐ Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel outside of district	UT Austin Continuing Education
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Payee name
10/19/2026	Best Buy

Amount ($)	Payee address;	City;	State;	Zip Code
$162.36	2003 N Loop 1604 E	San Antonio, TX		
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Office Supplies
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/22/26	T-Mobile

Amount ($)	Payee address;	City;	State;	Zip Code
$ 270.61	18154 Blanco Rd.	San Antonio	TX	
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Expense	
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

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: 1 od 1

2 FILER NAME: Tommy R. Calvert

3 Filer ID (Ethics Commission Filers):

4 Date	5 Name of person from whom amount is received	8 Amount ($)
09/28/2026	Frost Bank	$1.47
	6 Address of person from whom amount is received; City; State; Zip Code: PO Box 1600 San Antonio TX	
	7 Purpose for which amount is received: Interest on Bank account	☐ 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	☐ 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	☐ 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	☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED