

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Fernando L</div>		<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="margin-bottom: 10px;">Date Received</div> <div style="font-size: 1.2em; color: blue; text-align: center;">October 7, 2024</div> <div style="font-size: 1.2em; color: blue; text-align: center;">by Edna Butts</div> <div style="margin-top: 20px;">Date Hand-delivered or Date Postmarked</div> <div style="font-size: 1.2em; color: blue; text-align: center;">Oct. 7, 2024</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 10px;">Date Processed</div> <div style="margin-top: 10px;">Date Imaged</div>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">de Urioste</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">913 Nile St. Austin TX. 78702</div>		
<input type="checkbox"/> Change of Address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">( 512 ) 775-6927</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Allen L</div>		
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Brooks</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2316 Bitter Creek Dr. Austin TX 78744</div>		
(Residence or Business)			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">( 512. ) 410-9978</div>		
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>10 PERIOD COVERED</b>	<div style="display: flex; justify-content: space-between;"> <div>             Month Day Year  <div style="font-size: 1.2em;">08 / 09 / 2024</div> </div> <div>THROUGH</div> <div>             Month Day Year  <div style="font-size: 1.2em;">09 / 26 / 2024</div> </div> </div>		
<b>11 ELECTION</b>	<div style="display: flex;"> <div style="flex: 1;">             ELECTION DATE              Month Day Year  <div style="font-size: 1.2em;">11 / 05 / 2024</div> </div> <div style="flex: 1;">             ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special           </div> </div>		
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>
		Austin ISD Trustee, At-Large Pos 8	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Fernando Lucas de Urioste		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,278.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,281.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,120.92
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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 Fernando Lucas de Urioste, and my date of birth is 12/17/1977.  
My address is 913 Nile St, Austin, TX, 78702, U.S.A.  
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of TX, on the 4th day of Oct, 2024.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <b>Fernando Lucas de Urioste</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,138.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,140
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	\$ 17,017.08
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 264.90
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: 21	
2 FILER NAME Fernando Lucas de Urioste				3 Filer ID (Ethics Commission Filers)	
4 Date 8/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Stone			7 Amount of contribution (\$) 25.00	
	6 Contributor address; City; State; Zip Code 913 Nile St Austin TX 78702				
8 Principal occupation / Job title (See Instructions) Lawyer			9 Employer (See Instructions) GNDC		
Date 8/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Gardner			Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code 7800 Lowdes Drive Austin TX 78745				
Principal occupation / Job title (See Instructions) CEO			Employer (See Instructions) Happypillar		
Date 8/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Fonzi			Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code 309 Montopolis Dr Austin TX 78741				
Principal occupation / Job title (See Instructions) Landscape Designer			Employer (See Instructions) Michele Fonzi Designs		
Date 8/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yen Tran			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 6809 Wake Forest Lane Austin TX 78723				
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) State of Texas		
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: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date  <b>8/28/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Sinclair</b>			7 Amount of contribution (\$)  <b>100.00</b>	
	6 Contributor address; City; State; Zip Code <b>2215 E51st street, Apt 203 Austin TX. 78723</b>				
8 Principal occupation / Job title (See Instructions) <b>Sales</b>			9 Employer (See Instructions) <b>Imagine Learning</b>		
Date  <b>8/29/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason McEntire</b>			Amount of contribution (\$)  <b>50.00</b>	
	Contributor address; City; State; Zip Code <b>11002 Bruneau Trl Austin TX. 78754</b>				
Principal occupation / Job title (See Instructions) <b>Auto Sales</b>			Employer (See Instructions) <b>Dealership</b>		
Date  <b>8/29/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebekah Cervantes</b>			Amount of contribution (\$)  <b>200.00</b>	
	Contributor address; City; State; Zip Code <b>po box 26478 Austin TX 78755</b>				
Principal occupation / Job title (See Instructions) <b>Not Employed</b>			Employer (See Instructions) <b>Not Employed</b>		
Date  <b>8/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barb Bearden</b>			Amount of contribution (\$)  <b>100.00</b>	
	Contributor address; City; State; Zip Code <b>5605 Fort Benton Dr. Austin. TX 78735</b>				
Principal occupation / Job title (See Instructions) <b>Not Employeed</b>			Employer (See Instructions) <b>Not Employeed</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 21
2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 9/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Bloom 6 Contributor address; City; State; Zip Code 2400 Georgian Drive Georgetown TX 78626	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 9/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Bowen Contributor address; City; State; Zip Code 2417 Harmon Road Silver Springs MD 20902	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Self
Date 9/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Wygant Contributor address; City; State; Zip Code 817 Live Oak St. Lake Charles LA 70601	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) the Cox Firm
Date 9/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charlie Hemline Contributor address; City; State; Zip Code 2112 Thornton Road #A Austin TX 78704	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Charlie Hemmeline
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>21</b>
2 FILER NAME <b>Fernando Lucas de Urioste</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/08/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leah Kelly</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>132 Wooden Lodge Drive Manchaca TX 78652</b>		
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employe</b>
Date <b>9/08/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Yarak</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2013 E Cesar Chavez Apt A Austin TX 78702</b>		
Principal occupation / Job title (See Instructions) <b>Builder</b>		Employer (See Instructions) <b>Self</b>
Date <b>9/08/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa McRoy Shearer</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7201 Dan Pass Austin TX 78744</b>		
Principal occupation / Job title (See Instructions) <b>Public Defender</b>		Employer (See Instructions) <b>Travis County</b>
Date <b>9/08/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Messier</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2708 E 2nd St Austin TX 78702</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/08/2024</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Han Ren</b>		7 Amount of contribution (\$) <b>200.00</b>	
		6 Contributor address; City; State; Zip Code <b>3825 Mattie St. Austin TX 78723</b>			
8 Principal occupation / Job title (See Instructions) <b>Psychologist</b>			9 Employer (See Instructions) <b>Self</b>		
Date <b>9/08/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Dinoff</b>		Amount of contribution (\$) <b>100.00</b>	
		Contributor address; City; State; Zip Code <b>9416 Hunter Ln Austin TX 78748</b>			
Principal occupation / Job title (See Instructions) <b>Real Estate</b>			Employer (See Instructions) <b>Capital A Housing</b>		
Date <b>9/08/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Heather Pagano</b>		Amount of contribution (\$) <b>200.00</b>	
		Contributor address; City; State; Zip Code <b>5404 Wellington Drive Austin TX 78723</b>			
Principal occupation / Job title (See Instructions) <b>Project Manager</b>			Employer (See Instructions) <b>Pearson</b>		
Date <b>9/08/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abigail Tatow</b>		Amount of contribution (\$) <b>100.00</b>	
		Contributor address; City; State; Zip Code <b>309 Montopolis Drive Austin TX 78741</b>			
Principal occupation / Job title (See Instructions) <b>Realtor</b>			Employer (See Instructions) <b>Central Metro</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 21	
2 FILER NAME Fernando Lucas de Urioste				3 Filer ID (Ethics Commission Filers)	
4 Date 9/08/2024		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Knox		7 Amount of contribution (\$) 200.00	
		6 Contributor address; City; State; Zip Code 4013 Margarita St Austin TX 78723			
8 Principal occupation / Job title (See Instructions) Research Associate Professor			9 Employer (See Instructions) UT Austin		
Date 9/08/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evan Gardner		Amount of contribution (\$) 25.00	
		Contributor address; City; State; Zip Code 7800 Lowdes Dr Austin TX 78745			
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions) Not Employed		
Date 9/08/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Rudow		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code 2204 Robert Browning St. Austin TX 78723			
Principal occupation / Job title (See Instructions) Urban Planner			Employer (See Instructions) City of Austin		
Date 9/08/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Wald		Amount of contribution (\$) 25.00	
		Contributor address; City; State; Zip Code 4016 Maplewood Ave Austin TX 78722			
Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions) Red Line Parkway Initiative		
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

The Instruction Guide explains how to complete this form.

2 FILER NAME

### 3 Filer ID (Ethics Commission Filers)

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**6** Contributor address; City; State; Zip Code

5.00

9 Employer (See Instructions)

Not Employed

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

170.00

Employer (See Instructions)

## Hailstorm Business Affairs

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100.00

Employer (See Instructions)

Not Employed

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;	City;	State;	Zip Code
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20.00

Employer (See Instructions)

## Child Trends

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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2 FILER NAME <b>Fernando Lucas de Urioste</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/09/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kathryn Clarke</b> 6 Contributor address; City; State; Zip Code <b>2034 Palmer Ave Larchmont NY 10538</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>Fundraising communications</b>		9 Employer (See Instructions) <b>FoodCorps</b>
Date <b>9/09/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Magelly Serrano</b> Contributor address; City; State; Zip Code <b>4704 Banister Lane Austin TX 78745</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>9/11/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sarah Stephens</b> Contributor address; City; State; Zip Code <b>6884 76th Avenue Salem OR 97317</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>Nonprofit</b>
Date <b>9/12/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sylvia Sowles</b> Contributor address; City; State; Zip Code <b>2 Walnut Hill Rd North Yarmouth ME. 4097</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/16/2024</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ann Teich</b>		7 Amount of contribution (\$) <b>50.00</b>	
		6 Contributor address; City; State; Zip Code <b>9201 QUAIL HILL CIR Austin TX 78758</b>			
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>			9 Employer (See Instructions) <b>Not Employed</b>		
Date <b>9/17/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tatianna Cannon</b>		Amount of contribution (\$) <b>25.00</b>	
		Contributor address; City; State; Zip Code <b>118 NW 31st OKC OK 73118</b>			
Principal occupation / Job title (See Instructions) <b>Fundraising and PA</b>			Employer (See Instructions) <b>Teach for America</b>		
Date <b>9/17/2020</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christopher Chaupin</b>		Amount of contribution (\$) <b>250.00</b>	
		Contributor address; City; State; Zip Code <b>11018 Avenu Malkenu Ave Houston TX 77043</b>			
Principal occupation / Job title (See Instructions) <b>IT Manager</b>			Employer (See Instructions) <b>RPMG</b>		
Date <b>9/19/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Drew Edge</b>		Amount of contribution (\$) <b>50.00</b>	
		Contributor address; City; State; Zip Code <b>5305 Guadalupe St, Unit B Austin TX 78751</b>			
Principal occupation / Job title (See Instructions) <b>Attorney</b>			Employer (See Instructions) <b>McGinnis Lochridge</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					



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The Instruction Guide explains how to complete this form.				1 Total pages, Schedule A1: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/20/2024</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eric Goff</b>		7 Amount of contribution (\$)  <b>250.00</b>	
		6 Contributor address; City; State; Zip Code <b>404 Rio Grande #403 Austin TX 78701</b>			
8 Principal occupation / Job title (See Instructions) <b>Owner</b>			9 Employer (See Instructions) <b>Eric Winters Goff LLC</b>		
Date <b>9/22/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brenda Blair</b>		Amount of contribution (\$)  <b>50.00</b>	
		Contributor address; City; State; Zip Code <b>2208 E 13th St Austin TX 78702</b>			
Principal occupation / Job title (See Instructions) <b>Not Employed</b>			Employer (See Instructions) <b>Not Employed</b>		
Date <b>9/22/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Gagnon</b>		Amount of contribution (\$)  <b>100.00</b>	
		Contributor address; City; State; Zip Code <b>1710 E 40th St Austin TX 78722</b>			
Principal occupation / Job title (See Instructions) <b>Principal Planner</b>			Employer (See Instructions) <b>City of Austin</b>		
Date <b>9/22/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Ratcliff</b>		Amount of contribution (\$)  <b>100.00</b>	
		Contributor address; City; State; Zip Code <b>5009 Calabria Ct 6037 Austin TX 78738</b>			
Principal occupation / Job title (See Instructions) <b>Physician</b>			Employer (See Instructions) <b>US Anesthesia Partners</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>21</b>
2 FILER NAME <b>Fernando Lucas de Urioste</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/22/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Discovery Gerdes</b> 6 Contributor address; City; State; Zip Code <b>17104 Fitzgerald Ln Round Rock TX 78664</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>Program Mgr</b>		9 Employer (See Instructions) <b>Oracle</b>
Date <b>9/22/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lynn Cowles</b> Contributor address; City; State; Zip Code <b>2405 Little John Ln Austin TX 78704</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Every Texan</b>
Date <b>9/22/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Greg Anderson</b> Contributor address; City; State; Zip Code <b>301 West Avenue, 3302 Austin TX 78701</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Affordable Homeownership</b>		Employer (See Instructions) <b>Austin Habitat for Humanity</b>
Date <b>9/22/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steve Gonzales</b> Contributor address; City; State; Zip Code <b>8000 Weldon Springs Ct Austin TX 78726</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

7 Amount of contribution (\$)

78757

9 Employer (See Instructions)  
Covenant Presbyterian Church

Full name of contributor

Amount of contribution (\$)

25.00

78750

Employer (See Instructions)  
State of Texas

Full name of contributor

Amount of contribution (\$)

20.00

78745

Employer (See Instructions)  
Self

Full name of contributor

Amount of contribution (\$)

10.00

78745

Employer (See Instructions)  
Education Austin

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: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)  	
4 Date <b>9/22/2024</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brooke Beasley</b>		7 Amount of contribution (\$)  <b>20.00</b>	
		6 Contributor address; City; State; Zip Code <b>9101 La Cresada Dr, Apt. 2732 Austin TX 78749</b>			
8 Principal occupation / Job title (See Instructions) <b>Operations Manager</b>			9 Employer (See Instructions) <b>Hello World Computer Science</b>		
Date <b>9/22/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stan Pipkin</b>		Amount of contribution (\$)  <b>25.00</b>	
		Contributor address; City; State; Zip Code <b>907 Gullett st. Austin TX 78702</b>			
Principal occupation / Job title (See Instructions) <b>CEO</b>			Employer (See Instructions) <b>Lighthouse Solar</b>		
Date <b>9/22/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jared Lindauer</b>		Amount of contribution (\$)  <b>125.00</b>	
		Contributor address; City; State; Zip Code <b>4012 Crescent Dr Austin TX 78722</b>			
Principal occupation / Job title (See Instructions) <b>Attorney</b>			Employer (See Instructions) <b>Lindauer Law Group PLLC</b>		
Date <b>9/22/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Abigail Tatkow</b>		Amount of contribution (\$)  <b>25.00</b>	
		Contributor address; City; State; Zip Code <b>309 Montopolis Drive Austin TX 78741</b>			
Principal occupation / Job title (See Instructions) <b>Realtor</b>			Employer (See Instructions) <b>Central Metro</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					



**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

7 Amount of contribution (\$)

9/22/2024

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

9/22/2024

Contributor address; City; State; Zip Code

25.00

1307 Canon Yeomans Trail Austin TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

9/22/2024

Contributor address: City: State: Zip Code

25.00

3414 Dunliegh Dr Austin TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

9/22/2024

Contributor address: City: State: Zip Code

25.00

1109 E 10th St Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Austin Energy

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: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/22/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kathy Sokolic</b>			7 Amount of contribution (\$)  <b>100.00</b>	
6 Contributor address; City; State; Zip Code <b>4636 Ruiz St Austin TX 78723</b>					
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>			9 Employer (See Instructions) <b>Realty Austin</b>		
Date <b>9/22/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stephanie K. Davis</b>			Amount of contribution (\$)  <b>50.00</b>	
Contributor address; City; State; Zip Code <b>7206 Lamplight Ln Austin TX 78731</b>					
Principal occupation / Job title (See Instructions) <b>Nurse Practitioner</b>			Employer (See Instructions) <b>Stephanie Davis</b>		
Date <b>9/23/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alice Woods</b>			Amount of contribution (\$)  <b>50.00</b>	
Contributor address; City; State; Zip Code <b>1805 South 3rd Street Austin TX 78704</b>					
Principal occupation / Job title (See Instructions) <b>Consultant</b>			Employer (See Instructions) <b>Broadleaf Community Consulting</b>		
Date <b>9/23/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Whittle</b>			Amount of contribution (\$)  <b>250.00</b>	
Contributor address; City; State; Zip Code <b>4513 Spanish Oak Trail Austin TX 78731</b>					
Principal occupation / Job title (See Instructions) <b>Attorney</b>			Employer (See Instructions) <b>Guerrero Whittle</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

9 Employer (See Instructions)  
Texas House of Representatives

Amount of contribution (\$)

Employer (See Instructions)  
Shalom Austin

Amount of contribution (\$)

Employer (See Instructions)  
Raub Law Firm

Amount of contribution (\$)

125.00

Employer (See Instructions)  
Self

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: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/25/2024</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sergio Davila</b>		7 Amount of contribution (\$) <b>25.00</b>	
		6 Contributor address; City; State; Zip Code <b>604 Boise Laredo TX 78041</b>			
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>			9 Employer (See Instructions) <b>Self</b>		
Date <b>9/26/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Athena Alexander</b>		Amount of contribution (\$) <b>500.00</b>	
		Contributor address; City; State; Zip Code <b>1528 Homewood Circle Round Rock TX 78665</b>			
Principal occupation / Job title (See Instructions) <b>IT</b>			Employer (See Instructions) <b>City of Austin</b>		
Date <b>9/26/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ben Mandelkern</b>		Amount of contribution (\$) <b>25.00</b>	
		Contributor address; City; State; Zip Code <b>136 Walker Hill Road South Royalton VT 5068</b>			
Principal occupation / Job title (See Instructions) <b>Manager</b>			Employer (See Instructions) <b>Sound Postings LLC</b>		
Date <b>9/26/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amy Young</b>		Amount of contribution (\$) <b>25.00</b>	
		Contributor address; City; State; Zip Code <b>348 Nayatt Road Barrington RI 2806</b>			
Principal occupation / Job title (See Instructions) <b>Advocate</b>			Employer (See Instructions) <b>CAA</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					



## SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

7	Amount of contribution (\$)	
	150.00	

8 Principal occupation / Job title (See Instructions)  
Not Employed

9 Employer (See Instructions)  
Not Employed

Amount of contribution (\$)

250.00

Contributor address;	City;	State;	Zip Code
69 Longwood Av. apt 1102	Brookline	MA	2446

Principal occupation / Job title (See Instructions)  
Not Employed

Employer (See Instructions)  
Not Employed

Amount of contribution (\$)

250.00

Contributor address;	City;	State;	Zip Code
3 Top Sail rd	Norwalk	CT	6853

Principal occupation / Job title (See Instructions)  
Not Employed

Employer (See Instructions)  
Not Employed

Amount of contribution (\$)

5000.00

Contributor address;	City;	State;	Zip Code
913 Nile St.	Austin	TX	78702

Principal occupation / Job title (See Instructions)  
Lawyer

Employer (See Instructions)  
GNDC

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: <b>21</b>
2 FILER NAME <b>Fernando Lucas de Urioste</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/26/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Julie Potts</b> 6 Contributor address; City; State; Zip Code <b>4351 Mueller Ln Prosper TX</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions) <b>Squibb Taylor</b>
Date <b>9/26/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Judith Berg</b> Contributor address; City; State; Zip Code <b>344 Pinecrest Beach Dr, Barnstable County, MA 2536</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employeed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>9/23/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Deborah Hanson</b> Contributor address; City; State; Zip Code <b>906 North Riviera Cir Cedar Park TX 78613</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Adjunct Professor</b>		Employer (See Instructions) <b>ACC</b>
Date <b>8/26/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rachel Stone</b> Contributor address; City; State; Zip Code <b>913 Nile St Austin TX 78702</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See Instructions) <b>Lawyer</b>		Employer (See Instructions) <b>GNDC</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>21</b>	
2 FILER NAME <b>Fernando Lucas de Urioste</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/03/2024</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fernando Urioste</b>		7 Amount of contribution (\$)  <b>5,000.00</b>	
		6 Contributor address; City; State; Zip Code <b>1041 Laguna Springs Dr Weston FL 33326</b>			
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>			9 Employer (See Instructions) <b>Not Employed</b>		
Date <b>9/10/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Education Austin</b>		Amount of contribution (\$)  <b>15,000</b>	
		Contributor address; City; State; Zip Code <b>8716 N. Mopac Expressway Austin TX 78759</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>9/16/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose de Urioste</b>		Amount of contribution (\$)  <b>1,000</b>	
		Contributor address; City; State; Zip Code <b>993 Jep Wheeler Rd. Woodstock GA. 30188</b>			
Principal occupation / Job title (See Instructions) <b>Not Employed</b>			Employer (See Instructions) <b>Not Employed</b>		
Date <b>9/17/2024</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alejandra de Urioste</b>		Amount of contribution (\$)  <b>1,000</b>	
		Contributor address; City; State; Zip Code <b>One Hanson Place, Apt 18A Brooklyn NY 11243</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>21</b>
2 FILER NAME <b>Fernando Lucas de Urioste</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/19/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Schlager</b> 6 Contributor address; City; State; Zip Code <b>606 Arcadia Pl San Antonio TX 78209</b>	7 Amount of contribution (\$) <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>President</b>		9 Employer (See Instructions) <b>NRC Group, L.L.C.</b>
Date <b>9/19/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Susan Stone</b> Contributor address; City; State; Zip Code <b>2 Old Town Hwy, Unit 23. East Haven CT. 06512</b>	Amount of contribution (\$) <b>10,000</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 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#: 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.		



## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1

Fernando Lucas de Urioste

3 Filer ID (Ethics Commission Filers)

§

9 In-kind contribution description

Martin J. Cirkiel

640.00

## Campaign T-Shirts

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

In-kind contribution description

Shawn Cirkiel

500.00

Food discount

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: 4	2 FILER NAME Fernando Lucas de Urioste	3 Filer ID (Ethics Commission Filers)
4 Date 9/07/2024	5 Payee name Texas Democratic Party	
6 Amount (\$) 1,100	7 Payee address; 314 Highland Blvd	City; State; Zip Code Austin TX 78752
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description VAN access
	(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 9/11/2024	Payee name Tico Mendoza Studios	
Amount (\$) 150.00	Payee address; 10607 Double Tree Cove	City; State; Zip Code Austin TX 78750
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Photography
	<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 9/19/2024	Payee name The Craft Advocate	
Amount (\$) 2,525.00	Payee address; 7210 Fred Morse Dr.	City; State; Zip Code Austin TX 78723
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Graphic design, website base
	<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	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: <b>4</b>	2 FILER NAME <b>Fernando Lucas de Urioste</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/10/24</b>	5 Payee name <b>Empower</b>	
6 Amount (\$) <b>10.00</b>	7 Payee address; City; State; Zip Code <b>2800 Royal Ave, Suite 204 Madison Wisconsin 53713</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Voter contact and canvassing</b>
	(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 <b>9/18/2024</b>	Payee name <b>CheckMark Typesetting</b>	
Amount (\$) <b>5,171.06</b>	Payee address; City; State; Zip Code <b>3217 N. IH 35 Austin TX 78722</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Yard signs</b>
	<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 <b>9/24/2024</b>	Payee name <b>CheckMark Typesetting</b>	
Amount (\$) <b>5,139.45</b>	Payee address; City; State; Zip Code <b>3217 N. IH 35 Austin TX 78722</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Road signs</b>
	<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: <b>4</b>	2 FILER NAME <b>Fernando Lucas de Urioste</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/22/2024</b>	5 Payee name <b>Backspace - Anderson</b>	
6 Amount (\$) <b>1,526.44</b>	7 Payee address; <b>1745 W Anderson Ln. Ste 600.</b>	City; State; Zip Code <b>Austin TX 78757</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description <b>Food, drinks, and service</b>
	(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 <b>8/30/2024</b>	Payee name <b>Triaz Digital Printing LLC</b>	
Amount (\$) <b>184.97</b>	Payee address; <b>2013 Wells Branch Pkwy Suit 307</b>	City; State; Zip Code <b>Austin TX 78728</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Push cards</b>
	<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 <b>9/19/2024</b>	Payee name <b>Frost Bank</b>	
Amount (\$) <b>30.00</b>	Payee address; <b>1200 Barbara Jordan Blvd Suite 200</b>	City; State; Zip Code <b>Austin TX 78723</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Wire Transfer Fees</b>
	<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: <b>4</b>	2 FILER NAME <b>Fernando Lucas de Urioste</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/26/2024</b>	5 Payee name <b>ActBlue</b>	
6 Amount (\$) <b>180.16</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 441146 Somerville MA 02144-0031</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing Fees</b>
	(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 <b>9/12/2024</b>	Payee name <b>The Craft Advocate</b>	
Amount (\$) <b>1000</b>	Payee address; City; State; Zip Code <b>7210 Fred Morse Dr. Austin TX 7877223</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Graphic design, website maintenance</b>
	<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	
<b>PURPOSE OF EXPENDITURE</b>	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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G: <b>1</b>	2 FILER NAME <b>Fernando Lucas de Urioste</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/08/2024</b>	5 Payee name <b>Costco</b>	
6 Amount (\$) <b>264.90</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>4301 W William Cannon Dr BLDG A100 Austin TX 78749</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	(b) Description <b>Chips, snacks, sodas, beer.</b>
	(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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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		