

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: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Fernando	MI L	OFFICE USE ONLY Date Received <i>October 29, 2024</i> <i>by Edna Betty</i> Date Hand-delivered or Date Postmarked <i>10-29-24</i> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
	NICKNAME	LAST de Urioste	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE 913 Nile St. Austin TX. 78702	
<input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 775-6927	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Allen	MI L	
	NICKNAME	LAST Brooks	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE 2316 Bitter Creek Dr. Austin TX 78744	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512.)	PHONE NUMBER 410-9978	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 09 / 27 / 2024		THROUGH	Month Day Year 10 / 26 / 2024
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Austin ISD Trustee, At-Large Pos 8	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	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**

15 C/OH NAME Fernando Lucas de Urioste		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)	\$ 3,685.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,204.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,601.75
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 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, 20 24.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Fernando Lucas de Urioste		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,685
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 33,204.17
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input 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: 7
2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruthann Dobek	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 22 Olde Towne Road, Lynnfield MA. 1940		
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Town of Brookline
Date 9/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Dignan	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 8313 Millway Dr., Austin TX 787		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 9/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Dixon	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4816 Rollingwood Drive, Austin TX 787		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 9/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard DePalma	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 7821 Wisteria Valley Dr, Austin TX. 78739		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) FGM Architects
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mia Chase	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 300 Seven Oaks. Prosper TX 75078		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daphne Corder	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8504 Silver Ridge Dr. Austin TX. 78759		
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Mednick	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 912 Prospect Street. Hamden. CT. 6517		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Klusmeyer	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2604 White Horse Trail, Austin. TX 78757		
Principal occupation / Job title (See Instructions) Facilitator		Employer (See Instructions) Jakie Klusmeyer
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Creel	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2604 White Horse Trail, Austin. TX 78757		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Creel Law
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magelly Serrano	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4704 Banister Lane. Austin TX. 78745		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Sopher	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2842 River Birch Drive, Sugar Land, TX. 77479		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Buffett	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 1602 Roxanna Rd. NW, Washington. DC. 20012		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Government
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Stephens	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 6884 76th Avenue. Salem. OR. 97317	
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Nonprofit
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Gibbons	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 613 Hearn St Austin TX. 78703	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Retired
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Albert for LAD	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 1101 Grove Blvd, Apt 703. Austin. TX 78741	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Rayo	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1301 Saddle Horn Cove. Austin. TX. 78748	
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) TNP
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Houchins	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3410 Werner Ave A. Austin. TX. 78722		
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Intuit
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Weldon	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9808 Grand Oak Dr. Austin. TX. 78750		
Principal occupation / Job title (See Instructions) Industrial Program Coordinator		Employer (See Instructions) University of Texas at Austin
Date 10/015/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Stone	Amount of contribution (\$) 360.00
Contributor address; City; State; Zip Code 6 Chatham Square Apt 4r. New York. NY. 10038		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Hersh	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6703 Woodhue Drive. Austin. TX. 78745		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Libal	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 904 Capitol Ct. Austin TX 78745		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Hays	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1104 Majestic Hills blvd. Spicewood, TX. 78669		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Denise Hays
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Field	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 5901 Sarah Court. Austin TX. 78757		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Mock	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 7102 Daugherty St. Austin. TX. 78757		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas RioGrande Legal Aid
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Peterson	7 Amount of contribution (\$) 250.0
6 Contributor address; City; State; Zip Code 2701 South 2nd Street. Austin. TX. 78704		
8 Principal occupation / Job title (See Instructions) Acoustician		9 Employer (See Instructions) Computer Company
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Bates	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1205 Lake Charles Drive. Roswell. GA. 30075		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Fernando Lucas de Urioste		3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/2024		5 Payee name ActBlue			
6 Amount (\$) \$53.80		7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144-0031			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fees		
	(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 10/07/2024		Payee name M & G Sign Placement Services			
Amount (\$) \$10,920.00		Payee address; City; State; Zip Code 6410 Ponca Street Austin Texas 78741			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign Installation		
	<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 10/16/2024		Payee name JTX Strategies INC			
Amount (\$) \$3,053.00		Payee address; City; State; Zip Code PO Box 152637 Austin TX 78715			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards		
	<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: 2	2 FILER NAME Fernando Lucas de Urioste	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/24	5 Payee name JTX Strategies INC
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6 Amount (\$) \$18,352.37	7 Payee address; PO Box 152637	City; Austin	State; TX	Zip Code 78715
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(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
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Date 10/17/2024	Payee name Austin Chronicle CORP
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Amount (\$) \$825.00	Payee address; 1000 E 40th St	City; Austin	State; TX	Zip Code 78751
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 1/2 Page Ad
	<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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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