

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: 21 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Travis | MI W |
| | NICKNAME | LAST Mitchell | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX: | APT / SUITE #: | CITY; STATE; ZIP CODE Kyle, TX 78640 |
| | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (| | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Travis | MI W |
| | NICKNAME | LAST Mitchell | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY; STATE; ZIP CODE Kyle, TX 78640 |
| | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 01 | 16 | 23 |
| | THROUGH | | 07 / 15 / 23 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 11 | 07 | 23 |
| | <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) | |
| | Mayor, City of Kyle | Mayor, City of Kyle | |
| 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 | |

OFFICE USE ONLY

Date Received
7/17/2023-jpk

Date Hand-delivered or Date Postmarked

| | |
|-----------|-----------|
| Receipt # | Amount \$ |
| | |

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Travis Mitchell **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) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 38,100 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 10,124.93 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 28,975.07 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Travis Mitchell
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Travis Mitchell this the 17th day of July

20 23, to certify which, witness my hand and seal of office.

Jennifer Kirkland Jennifer Kirkland Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

| | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 19 FILER NAME Travis Mitchell | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 36,600 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,500 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 1,000 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 10,124.93 |
| 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: 1 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/14/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David C Mahn & Linda S Campbell | 7 Amount of contribution (\$) \$1,250 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/14/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda S Campbell | Amount of contribution (\$) \$1,250 |
| Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judd T Willmann & Carol F Willmann | Amount of contribution (\$) \$150 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78737 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/22/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer E Collins | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78763 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/23/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas M Owens | 7 Amount of contribution (\$) \$150 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78749 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/25/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra J Goepf | Amount of contribution (\$) \$1,000 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78704 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven J Davidson | Amount of contribution (\$) \$2,500 |
| Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco PAC | Amount of contribution (\$) \$3,000 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701 | | |
| 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.

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/26/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark L Boyer | 7 Amount of contribution (\$) \$2,500 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77064 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Gilpin | Amount of contribution (\$) \$150 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78737 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan S Thomas & Donna M Thomas | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Cortez & Kimberly H Cortez | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78749 | | |
| 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.

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenin Juarez & Elvira Juarez | 7 Amount of contribution (\$) \$2,500 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon T Sawvell & Amy H Sawvell | Amount of contribution (\$) \$2,500 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78750 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg T Reyes | Amount of contribution (\$) \$2,500 |
| Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth D Rickett | Amount of contribution (\$) \$2,500 |
| Contributor address; City; State; Zip Code [REDACTED] Magnolia, TX 77355 | | |
| 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.

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen A Friese | 7 Amount of contribution (\$) \$450 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Catalupo & Janet D Cantalupo | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Spring Branch, TX 78070 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnell Huebner | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Wilson | Amount of contribution (\$) \$1,000 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark Wilson & Audrey Wilson | 7 Amount of contribution (\$) \$1,000 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78746 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Todd Webster | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David D Anderson | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David W Glenn | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78741 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William P Conley & Erin B Conley | 7 Amount of contribution (\$) \$1,000 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Wimberley, TX 78676 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward J Miller & Jodi M Miller | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code [REDACTED] Boerne, TX 78006 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael A Schroeder & Leslie B Schroeder | Amount of contribution (\$) \$1,000 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78735 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wilson | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| 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 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Rubsam & Vicki Rubsam | 7 Amount of contribution (\$) \$200 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krista Piferrer | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Sanford | Amount of contribution (\$) \$50 |
| Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcie Curl | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| 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: 9 of 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary Barton | 7 Amount of contribution (\$) \$50 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/28/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra M Pena & Thomas R Pena | Amount of contribution (\$) \$2,500 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/28/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Duncan | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77005 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 6/28/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George T Reyes & Katherine S Reyes | Amount of contribution (\$) \$2,500 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731 | | |
| 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 10 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/29/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Cortez & Kimberly H Cortez | 7 Amount of contribution (\$) \$2,000 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78749 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 6/29/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Damon Fogley | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78758 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 7/1/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald L Watkins | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78260 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 7/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Powers | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code [REDACTED] Dripping Springs, TX 78620 | | |
| 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. | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1 of 1 | |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 1,500 | |
| 5 Date 6/27/23 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Pie Company | 8 Amount of Contribution \$ \$1,500 | 9 In-kind contribution description Food donation for event |
| 7 Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 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) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

LOANS

SCHEDULE E

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 E: 1 of 1 |
| 2 FILER NAME Travis Mitchell | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 6/26/23 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Mitchell & Cori Mitchell | 9 Loan Amount (\$) \$1,000 |
| 6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 8 Lender address; _____ City: _____ State: _____ Zip Code _____ _____ Kyle, TX 78640 | 10 Interest rate 0% |
| | | 11 Maturity date 6/28/23 |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; _____ City: _____ State: _____ Zip Code _____ | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/> | Lender address; _____ City: _____ State: _____ Zip Code _____ | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; _____ City: _____ State: _____ Zip Code _____ | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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: 1 of 6 | 2 FILER NAME Travis Mitchell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/26/23 | 5 Payee name HEB | |
| 6 Amount (\$) \$23.80 | 7 Payee address: 5401 South FM 1626 Kyle, TX 78640 City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Supplies for fundraiser event |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/26/23 | Payee name Dollar Tree | |
| Amount (\$) \$20.30 | Payee address: 5116 Kyle Center Drive Kyle, TX 78640 City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Supplies for fundraiser event |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/27/23 | Payee name Walgreens | |
| Amount (\$) \$58.43 | Payee address: 6205 FM 2770 Kyle, TX 78640 City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printing for fundraiser event |
| | <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 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 of 6 | 2 FILER NAME Travis Mitchell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/27/23 | 5 Payee name Dollar Tree | |
| 6 Amount (\$) \$18.67 | 7 Payee address: 5116 Kyle Center Drive Kyle, TX 78640 | City: State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Supplies for fundraiser event |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/27/23 | Payee name Dollar Tree | |
| Amount (\$) \$26.79 | Payee address: 5116 Kyle Center Drive Kyle, TX 78640 | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Supplies for fundraiser event |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/28/23 | Payee name Travis Mitchell & Cori Mitchell | |
| Amount (\$) \$1,000 | Payee address: [REDACTED] Kyle, TX 78640 | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment | Description Reimbursement in full for loan made on 6/26/23 |
| | <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: 3 of 6 | 2 FILER NAME Travis Mitchell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/28/23 | 5 Payee name Plum Creek Golf Course | |
| 6 Amount (\$) \$2,750 | 7 Payee address; City; State; Zip Code 4301 Benner Road Kyle, TX 78640 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Facility use |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/28/23 | Payee name Texas Pie Company | |
| Amount (\$) \$3,572.25 | Payee address; City; State; Zip Code 202 W Center Street Kyle, TX 78640 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Catering |
| | <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 7/4/23 | Payee name Walgreens | |
| Amount (\$) \$83.35 | Payee address; City; State; Zip Code 6205 FM 2770 Kyle, TX 78640 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Office Supplies |
| | <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1 Total pages Schedule F1: 4 of 6 | 2 FILER NAME Travis Mitchell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/5/23 | 5 Payee name Donorbox | |
| 6 Amount (\$) \$0.88 | 7 Payee address; City; State; Zip Code 1520 Belle View Blvd # 4106 Alexandria, VA 22307 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Online donation platform 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7/5/23 | Payee name Amazon | |
| Amount (\$) \$37.98 | Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Office Supplies |
| | <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 7/5/23 | Payee name Amazon | |
| Amount (\$) \$794.55 | Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Office Supplies |
| | <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: 5 of 6 | 2 FILER NAME Travis Mitchell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/5/23 | 5 Payee name Amazon | |
| 6 Amount (\$) 191.12 | 7 Payee address; City: State: Zip Code 410 Terry Ave North Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Office Supplies |
| | (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 7/5/23 | Payee name Amazon | |
| Amount (\$) \$108.24 | Payee address; City: State: Zip Code 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Office Supplies |
| | <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 7/5/23 | Payee name Amazon | |
| Amount (\$) \$63.87 | Payee address; City: State: Zip Code 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Office Supplies |
| | <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: 6 of 6 | 2 FILER NAME Travis Mitchell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/5/23 | 5 Payee name Amazon | |
| 6 Amount (\$) \$1,352.04 | 7 Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Office Supplies |
| | (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 7/15/23 | Payee name Donorbox | |
| Amount (\$) \$22.66 | Payee address; City; State; Zip Code 1520 Belle View Blvd # 4106 Alexandria, VA 22307 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Online donation platform fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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