

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00090507	2 Total pages filed: 73	OFFICE USE ONLY		
3 COMMITTEE NAME Your Minute is Up	ELECTRONICALLY FILED 01/19/2021		Date Received	
4 TREASURER NAME McMillian, Becky M			Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #	Amount
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged	
6 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2020	THROUGH	Month Day Year 12/31/2020	

7 EXPLANATION OF CORRECTION
 Error was due to a misinterpretation of what was asked to be recorded.
 Correction made on the Cover Sheet, page 2, line 5. "Total Political Contributions Maintained as of the Last Day of the Reporting Period."
 Originally we recorded \$0.00 thinking it meant total maintained from a loan. It has been adjusted to \$8,412.22.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Becky M McMillian

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Your Minute is Up		13 Filer ID (Ethics Commission Filers) 00090507
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME Mr. Stephen Adler OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Mayor
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / # ELECTION DATE _____ Month Day Year
		DESCRIPTION _____
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,325.79
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,613.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,412.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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.

 Becky M McMillian
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

**FORM SPAC
ADDENDUM**

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12 COMMITTEE NAME Your Minute is Up	13 Filer ID (Ethics Commission Filers) 00090507
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Mr. Sabino Renteria
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Council Member, District 3
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Ms. Paige Ellis
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Council Member, District 8
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Ms. Ann Kitchen
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Council Member, District 5
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

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SUBTOTALS - SPAC

17 COMMITTEE NAME Your Minute is Up	18 Filer ID (Ethics Commission Filers) 00090507
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,242.76
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 83.03
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,613.79
9. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/34 Rpt: 6/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Susan <hr/> 6 Contributor address; City; State; Zip Code 2311 W Parmer Lane Austin, TX 78727	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Citywide Realty
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Susan <hr/> Contributor address; City; State; Zip Code 2311 W Parmer Lane Austin, TX 78727	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Citywide Realty
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Susan <hr/> Contributor address; City; State; Zip Code 2311 W Parmer Lane Austin, TX 78727	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Citywide Realty
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Luke <hr/> Contributor address; City; State; Zip Code 7201 RM 2222 Apartment 3208 Austin, TX 78730	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Lennar Homes
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arzu, Francisco <hr/> Contributor address; City; State; Zip Code 8605 Cobblestone Austin, TX 78735	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Sr Director		Employer (See Instructions) Dematic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/34 Rpt: 7/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baccus, Ralph <hr/> 6 Contributor address; City; State; Zip Code 11005 Centennial Trail Austin, TX 78726	7 Amount of Contribution (\$) \$263.47
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Baccus Holdings
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagus, Paul <hr/> Contributor address; City; State; Zip Code 6008 Maurys Tr Austin, TX 78730	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Alan <hr/> Contributor address; City; State; Zip Code 7706 Stoneywood Dr Austin, TX 78731	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumann, David <hr/> Contributor address; City; State; Zip Code 16524 Kidd Ln Austin, TX 78734	Amount of Contribution (\$) \$16.11
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergen, Maria <hr/> Contributor address; City; State; Zip Code 6602 Debcoe Dr Austin, TX 78749	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/34 Rpt: 8/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Frank <hr/> 6 Contributor address; City; State; Zip Code 11401 Sweet Basil Ct Austin, TX 78726	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Shannon <hr/> Contributor address; City; State; Zip Code 4101 licorice lane Austin, TX 78728	Amount of Contribution (\$) \$10.84
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) SAHM
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bigley, Carol <hr/> Contributor address; City; State; Zip Code 10713 Sans Souci Place Austin, TX 78759	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Excel Benefits
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstock, Randy <hr/> Contributor address; City; State; Zip Code 9611 Holly Springs Drive Austin, TX 78748	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booe, Christina <hr/> Contributor address; City; State; Zip Code 1124 Brookwood Ave Austin, TX 78721	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Banquet Director		Employer (See Instructions) W Hotel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/34 Rpt: 9/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breed, Cynthia <hr/> 6 Contributor address; City; State; Zip Code 6601 Robbie Creek Cv Austin, TX 78750	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breedon, Darrell <hr/> Contributor address; City; State; Zip Code 4010 Great Plains Dr. Austin, TX 78735	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Breedon Benefit Group
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Hadra <hr/> Contributor address; City; State; Zip Code 8812 Mesa drive Austin, TX 78759	Amount of Contribution (\$) \$54.00
Principal occupation / Job title (See Instructions) Chief		Employer (See Instructions) Home
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Leigh Ann <hr/> Contributor address; City; State; Zip Code 1409 Braided Rope Austin, TX 78727	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 11/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buch, Kathleen <hr/> Contributor address; City; State; Zip Code 3410 Foothill Parkway Austin, TX 78732	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/34 Rpt: 10/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckner, Marg <hr/> 6 Contributor address; City; State; Zip Code 6209 Ledge Mountain Drive Austin, TX 78731	7 Amount of Contribution (\$) \$237.16
8 Principal occupation / Job title (See Instructions) Managing director international		9 Employer (See Instructions) Retired
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canfield, Philip <hr/> Contributor address; City; State; Zip Code 2218 N. Fremont Street Chicago, IL 78701	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ariet Capital
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Gilbert <hr/> Contributor address; City; State; Zip Code 3701 Hidden Estates Dr. Austin, TX 78727	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Project management		Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capone, Caryn <hr/> Contributor address; City; State; Zip Code 9312 Edwardson Lane Austin, TX 78749	Amount of Contribution (\$) \$131.89
Principal occupation / Job title (See Instructions) Channel Manager		Employer (See Instructions) Mosaic NetworX
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlett, Mary Jane <hr/> Contributor address; City; State; Zip Code 6510 Poncha Pass Austin, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) own office building near Ben White and Manchaca Rd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/34 Rpt: 11/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacon, Carlos	7 Amount of Contribution (\$) \$237.16
	6 Contributor address; City; State; Zip Code 209 Camperdown Elm Dr Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Chacon Enterprises LLC
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Brandon	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 2301 S Mopac Expwy Apt 115 Austin, TX 78746	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, George	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 10900 Research Blvd Suite 160-C #63 Austin, TX 78759	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Venturi Private Wealth
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Kristen	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 12700 Bismark Dr Austin, TX 78748	
Principal occupation / Job title (See Instructions) Director of Marketing and New Business		Employer (See Instructions) Illuminas
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Chris	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 5020 China Garden Dr Austin, TX 78730	
Principal occupation / Job title (See Instructions) SVP Global Operations		Employer (See Instructions) SigmaSense, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/34 Rpt: 12/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conn, Trevor	7 Amount of Contribution (\$) \$52.95
	6 Contributor address; City; State; Zip Code 1001 Partida Trail Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Director of Software Engineering		9 Employer (See Instructions) Dell Technologies
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Laura	Amount of Contribution (\$) \$54.00
	Contributor address; City; State; Zip Code 9425 Shady Oaks Drive Austin, TX 78729	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) N/A
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code na Austin, TX 78701	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Michelle	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 10009 Loxley Lane Austin, TX 78717	
Principal occupation / Job title (See Instructions) Txdot		Employer (See Instructions) Retired
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cupp, Charles	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 10216 Missel Thrush Dr Austin, TX 78750	
Principal occupation / Job title (See Instructions) Motor Coach Driver		Employer (See Instructions) Star Shuttle and Charters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/34 Rpt: 13/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Colin <hr/> 6 Contributor address; City; State; Zip Code 418 North Buchanan Circle Pacheco, CA 94553	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Mastering engineer		9 Employer (See Instructions) Self employed
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Marines, Regan <hr/> Contributor address; City; State; Zip Code 7305 Bering Cove Austin, TX 78759	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) Health and Wellness Advocate		Employer (See Instructions) self
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Mark <hr/> Contributor address; City; State; Zip Code 54 Rainey St Unit 1206 Austin, TX 78701	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) President Goodman Sales & Distribution		Employer (See Instructions) Retired
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Travis <hr/> Contributor address; City; State; Zip Code PO Box 1105 Del Valle, TX 78617	Amount of Contribution (\$) \$131.89
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Travis <hr/> Contributor address; City; State; Zip Code PO Box 1105 Del Valle, TX 78617	Amount of Contribution (\$) \$131.89
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/34 Rpt: 14/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Jerry	7 Amount of Contribution (\$) \$52.95
	6 Contributor address; City; State; Zip Code PO Box 1918 Johnson city, TX 78636	
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Ert lighting
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drinnan, Michelle	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 13314 Council Bluff Austin, TX 78727	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Apartments NOW
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dustin	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 8721 Fenton Dr Austin, TX 78736	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Accu-Print
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellsworth, Brannon	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 1110 Morrow St #A Austin, TX 78757	
Principal occupation / Job title (See Instructions) Lieutenant		Employer (See Instructions) Austin Police Department
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emerson, Brad	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 423 Ridgewood Road West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) Svp		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/34 Rpt: 15/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Thomas <hr/> 6 Contributor address; City; State; Zip Code 1803 Kingwood Cv Austin, TX 78757	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Oracle
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Yasbel <hr/> Contributor address; City; State; Zip Code 9308 Sawyer Fay Ln Austin, TX 78748-3107	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Habana Restaurant
Date 12/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fluty, Katherine <hr/> Contributor address; City; State; Zip Code 1775 Kammerer Ave San Jose, CA 95116	Amount of Contribution (\$) \$10.84
Principal occupation / Job title (See Instructions) Food Worker		Employer (See Instructions) EK Foods
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontaine, Joseph <hr/> Contributor address; City; State; Zip Code 3101 Shoreline Drive #711 Austin, TX 78728	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Dual Chief Engineer		Employer (See Instructions) Whitelodging Inc.
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frierson-Stroud, Leonor <hr/> Contributor address; City; State; Zip Code 7502 Creekbluff Austin, TX 78750	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/34 Rpt: 16/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhardt, Shelley	7 Amount of Contribution (\$) \$105.58
	6 Contributor address; City; State; Zip Code 2521 Champions Corner Dr. Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Southwest Independent Insurance Services, Inc
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gholami, David	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 7201 Ranch Rd 2222 Apt # 2222 Austin, TX 78730	
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CTG
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graeber, Courtney	Amount of Contribution (\$) \$158.21
	Contributor address; City; State; Zip Code 5325 Valburn Circle Austin, TX 78731	
Principal occupation / Job title (See Instructions) SAHM and Realtor		Employer (See Instructions) SAHM and Realtor
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Ashley	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 9701 Anchusa Trail Austin, TX 78736	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Seton Main
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Peter	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 627 Allen St Austin, TX 78702	
Principal occupation / Job title (See Instructions) El Presidente		Employer (See Instructions) ATX Eastside Properties LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/34 Rpt: 17/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Peter	7 Amount of Contribution (\$) \$105.58
6 Contributor address; City; State; Zip Code 627 Allen St Austin, TX 78702		
8 Principal occupation / Job title (See Instructions) El Presidente		9 Employer (See Instructions) ATX Eastside Properties LLC
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, David	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 6420 Ruxton Ln Austin, TX 78749		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Stephen R	Amount of Contribution (\$) \$10.84
Contributor address; City; State; Zip Code 2905 Hillview Road Austin, TX 78703-1120		
Principal occupation / Job title (See Instructions) physician(MD)		Employer (See Instructions) N/A
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halfhill, Matthew	Amount of Contribution (\$) \$225.00
Contributor address; City; State; Zip Code 901 5th St E Apt 1514 Austin, TX 78702		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Nice Kicks
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampsten, Phil	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 9402 Sherbrooke Austin, TX 78729		
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Hampsten Consulting, LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/34 Rpt: 18/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harms, Heather	7 Amount of Contribution (\$) \$26.63
	6 Contributor address; City; State; Zip Code 1303 Pasaguarda Drive Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Mom		9 Employer (See Instructions) Stay at home mom.
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasty, William	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 1095 Deerfield Road Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Director Engineering		Employer (See Instructions) Lab126
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden, Joseph	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 701 N. Vista Ridge Blvd. 11104 Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self Employed
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healey, Patrick	Amount of Contribution (\$) \$79.26
	Contributor address; City; State; Zip Code 5201 Buffalo Pass Austin, TX 78745	
Principal occupation / Job title (See Instructions) Other		Employer (See Instructions) City Of Austin
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Deborah Delanna	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 7309 Augusta Circle Plano, TX 75025	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) AMBA

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/34 Rpt: 19/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Kenneth <hr/> 6 Contributor address; City; State; Zip Code 7309 Augusta Circle Plano, TX 75025	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Principal Systems Engineer		9 Employer (See Instructions) Raytheon
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Stephen <hr/> Contributor address; City; State; Zip Code 1301 S IH 35 Ste 200 Austin, TX 78741	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) BidPrime
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, David <hr/> Contributor address; City; State; Zip Code 7910 Turquoise Trl Austin, TX 78749	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth <hr/> Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) Retired
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Ken <hr/> Contributor address; City; State; Zip Code na Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/34 Rpt: 20/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyt, Nicholas	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 5450 Bee Caves Rd Ste 2A West Lake Hills, TX 78746	
8 Principal occupation / Job title (See Instructions) Trader		9 Employer (See Instructions) Imbue Capital
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutsen, Melissa	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 7700 Vista Mejor Drive Austin, TX 78744	
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) United Airlines
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Diane	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 2608 Chitina Court Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Retired
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kacee	Amount of Contribution (\$) \$237.16
	Contributor address; City; State; Zip Code 8127 Mesa Drive #206-53 Austin, TX 78759	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The 360 Company
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kacee	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 8500 Adirondack Cove Austin, TX 78759	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The 360 Company

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/34 Rpt: 21/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kacee	7 Amount of Contribution (\$) \$1,200.00
	6 Contributor address; City; State; Zip Code 8500 Adirondack Cove Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) The 360 Company
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janus, James	Amount of Contribution (\$) \$131.89
	Contributor address; City; State; Zip Code 6716 Cornish Hen Ln Austin, TX 78747	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Corry	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 10123 Dianella Lane Austin, TX 78759-3038	
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) At home
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Karen	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 2069 Old Willow Rd Northfield, IL 60093	
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) 301 Holdings
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, William	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 10123 Dianella Lane Austin, TX 78759	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Home

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/34 Rpt: 22/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keenan, Douglas P <hr/> 6 Contributor address; City; State; Zip Code 2001 Port Royal Dr Austin, TX 78746	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Principal Technical Consultant		9 Employer (See Instructions) KEENSult International
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Tiffany <hr/> Contributor address; City; State; Zip Code 11927 Brookwood Cir Austin, TX 78750	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Client Success Executive		Employer (See Instructions) 3M
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Jacob <hr/> Contributor address; City; State; Zip Code 2821 Stock Drive Austin, TX 78741	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulesza, Chester <hr/> Contributor address; City; State; Zip Code 11613 Hollister Drive Austin, TX 78739	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuznieski, Bruno <hr/> Contributor address; City; State; Zip Code 7604 Mifflin Kenedy Terrace Austin, TX 78749	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Family Sports

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/34 Rpt: 23/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lastor, Dennis <hr/> 6 Contributor address; City; State; Zip Code 10100 Lake Ridge Dr Austin, TX 78733	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Engineering Manager		9 Employer (See Instructions) Advanced Micro Devices
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavorgna, Theresa <hr/> Contributor address; City; State; Zip Code 1201 Piedmont Ave Austin, TX 78757	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Private		Employer (See Instructions) Private
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Roman <hr/> Contributor address; City; State; Zip Code 9210 Hurley Cove Austin, TX 78759	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Roman Leal Construction & Design
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lepore, Dan <hr/> Contributor address; City; State; Zip Code 3707 Hidden Estates Dr Austin, TX 78727	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Senior Engineer		Employer (See Instructions) lbn
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Dana <hr/> Contributor address; City; State; Zip Code 1309 Anhalt Dr Pflugerville, TX 78660	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) Personal Trainer		Employer (See Instructions) Self employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/34 Rpt: 24/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Kimberly <hr/> 6 Contributor address; City; State; Zip Code 12100 Terraza Cir Austin, TX 78726	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Sr. Engineer		9 Employer (See Instructions) Bullock, Bennett & Assoc
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manis, Cynthia <hr/> Contributor address; City; State; Zip Code 8600 RM- 620 Austin, TX 78726	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Andrea <hr/> Contributor address; City; State; Zip Code na Austin, TX 78701	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maus, Layla <hr/> Contributor address; City; State; Zip Code 20721 Ed Acklin Rd Manor, TX 78653	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBee, Pamela <hr/> Contributor address; City; State; Zip Code 1405 Cedar Brook Drive Cedar Park, TX 78614	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Employee		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/34 Rpt: 25/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Karen <hr/> 6 Contributor address; City; State; Zip Code 4204 Riverside Dr Flower Mound, TX 75028	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Co Owner		9 Employer (See Instructions) Home business
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillian, Sherrell <hr/> Contributor address; City; State; Zip Code 7603 Midpark Ct. Austin, TX 78750	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions) Crossfield Technology
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillian, Sherrell <hr/> Contributor address; City; State; Zip Code 7603 Midpark Ct. Austin, TX 78750	Amount of Contribution (\$) \$47.68
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions) Crossfield Technology
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meadows, Joe <hr/> Contributor address; City; State; Zip Code 8518 Croydon Loop Austin, TX 78748	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melfi, Dan <hr/> Contributor address; City; State; Zip Code 12916 Hunters Chase Dr Austin, TX 78729	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) estimator		Employer (See Instructions) GC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/34 Rpt: 26/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrihew, Collin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code na Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messner, Chris	Amount of Contribution (\$) \$10.84
Contributor address; City; State; Zip Code 14240 Altocedro Dr Delray Beach, FL 33484		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Linda	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 20 Austin, TX 78735		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Melissa	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 16705 Ennis Trl Austin, TX 78717		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self employed
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Melissa	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 16705 Ennis Trl Austin, TX 78717		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/34 Rpt: 27/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Jessica <hr/> 6 Contributor address; City; State; Zip Code 5732 Misty Hill Cove Austin, TX 78759	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Self-Employed
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Londi & Dave <hr/> Contributor address; City; State; Zip Code 1904 Georgia Landing Cove Austin, TX 78746	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Amanda <hr/> Contributor address; City; State; Zip Code 2411 McCall Road Austin, TX 78703	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self-employed
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newberry, Ronald <hr/> Contributor address; City; State; Zip Code 9501 Capital of TX Hwy Ste 302 Austin, TX 78759	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) AccountAbility
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilson, Bo <hr/> Contributor address; City; State; Zip Code 6401 Rialto Blvd. 1609 Austin, TX 78735	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Construction Mgmt		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/34 Rpt: 28/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oates, Andrea <hr/> 6 Contributor address; City; State; Zip Code 12815 River Bnd Austin, TX 78732	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Account Manager		9 Employer (See Instructions) personal
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogden, Susan <hr/> Contributor address; City; State; Zip Code 2302 West 10th Austin, TX 78703	Amount of Contribution (\$) \$131.89
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self—Landlord
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogden, Susan <hr/> Contributor address; City; State; Zip Code 2302 West 10th Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Susan Ogden
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, Ophelia <hr/> Contributor address; City; State; Zip Code 10610 Morado Circle 2428 Austin, TX 78759	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Regional director		Employer (See Instructions) Young Americans for Liberty
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozen, Kara <hr/> Contributor address; City; State; Zip Code 2525 West Anderson Lane STE B-1 Austin, TX 78757	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Ozen Salon And Spa of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/34 Rpt: 29/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Julie <hr/> 6 Contributor address; City; State; Zip Code 12300 lostwood Cir Austin, TX 78748	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Sales Director		9 Employer (See Instructions) Principal
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penry, Steven <hr/> Contributor address; City; State; Zip Code 2618 Nature View Loop Driftwood, TX 78619	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Sales rep		Employer (See Instructions) company
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Susan <hr/> Contributor address; City; State; Zip Code 8339 LaPlata Loop Austin, TX 78737	Amount of Contribution (\$) \$54.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomeroy, Allen <hr/> Contributor address; City; State; Zip Code 1815 Village Oak Ct Austin, TX 78704	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Jennifer <hr/> Contributor address; City; State; Zip Code 1810 Rockcliff Rd Austin, TX 78746	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/34 Rpt: 30/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijano, Nicholas <hr/> 6 Contributor address; City; State; Zip Code 7308 Black Mountain Dr Austin, TX 79736	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) DWH
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Railey, James <hr/> Contributor address; City; State; Zip Code 10300 Jollyville Rd Apt 520 Austin, TX 78759	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauls, Douglass <hr/> Contributor address; City; State; Zip Code 2301 Matterhorn Ln Austin, TX 78704	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self Employed
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redfern, Ryan <hr/> Contributor address; City; State; Zip Code 7501 Shadowridge Run 146 Austin, TX 78749	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CBRM
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves-Cavaliero, Kristie <hr/> Contributor address; City; State; Zip Code 12200 Terraza Circle Austin, TX 78726	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) Associate Director of Field Medical		Employer (See Instructions) Novartis Medical Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/34 Rpt: 31/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Joseph <hr/> 6 Contributor address; City; State; Zip Code 2611 West 49th St Austin, TX 78731	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Kris <hr/> Contributor address; City; State; Zip Code 9901 Ullswater lane Austin, TX 78750	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richarte, Steve <hr/> Contributor address; City; State; Zip Code 910 Stillhouse Springs Round Rock, TX 78681	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Precision Operator 2		Employer (See Instructions) DJO Surgical
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenhouse, Margaret <hr/> Contributor address; City; State; Zip Code 915 Ken Street Austin, TX 78758	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Firm Administrator/Accountant		Employer (See Instructions) Law firm
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Jennifer <hr/> Contributor address; City; State; Zip Code 2316 Sully Creek Dr Austin, TX 78748	Amount of Contribution (\$) \$79.26
Principal occupation / Job title (See Instructions) Marketing Analyst		Employer (See Instructions) Forrester

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/34 Rpt: 32/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Reese	7 Amount of Contribution (\$) \$526.63
6 Contributor address; City; State; Zip Code 3400 East Palm Valley Blvd Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) RSB
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, April	Amount of Contribution (\$) \$237.16
Contributor address; City; State; Zip Code 11282 Taylor Draper Lane Apt 721 Austin, TX 78759		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Salazar Construction and Remodeling
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, George	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 3905 Walsh Ranch Blvd Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) BrightStar Care
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saparo, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6628 Haswell Ln Austin, TX 78749		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sautter, Bethany	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 13400 Briarwick Dr Unit 1705 Austin, TX 78729		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Cloudflare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/34 Rpt: 33/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segina, Richard <hr/> 6 Contributor address; City; State; Zip Code 4210 Canoas Dr Austin, TX 78730	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) General Manager		9 Employer (See Instructions) Stryker
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Janet <hr/> Contributor address; City; State; Zip Code PO Box 50258 Austin, TX 78763	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Rebecca <hr/> Contributor address; City; State; Zip Code 3100 Evanston Ln Austin, TX 78745	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shakespeare, Steven <hr/> Contributor address; City; State; Zip Code 3108 Wild Canyon Loop Austin, TX 78732	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) US Money Reserves
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Jim <hr/> Contributor address; City; State; Zip Code 4825 Chadbury Cove Austin, TX 78727	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/34 Rpt: 34/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Deacon <hr/> 6 Contributor address; City; State; Zip Code 2813 Rio Grande Austin, TX 78705	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Blue Water Fund
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silvas, Joseph <hr/> Contributor address; City; State; Zip Code 2865 Kingsbury Ave Richland Hills, TX 76118	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Self
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Song, Jennifer <hr/> Contributor address; City; State; Zip Code na Austin, TX 78701	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwell, Brent <hr/> Contributor address; City; State; Zip Code 3658 Glen Haven Blvd Houston, TX 77025	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) self employed
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, P. Diane <hr/> Contributor address; City; State; Zip Code 5744 Republic of TX. Blvd. Austin, TX 78735	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/34 Rpt: 35/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swail, Bradley <hr/> 6 Contributor address; City; State; Zip Code 1511 Wilson Heights Dr Austin, TX 78746	7 Amount of Contribution (\$) \$54.00
8 Principal occupation / Job title (See Instructions) Host/Producer		9 Employer (See Instructions) Austin City Councilman Podcast
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Douglas <hr/> Contributor address; City; State; Zip Code 1803 Elton Ln Austin, TX 78703	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Vista Disposal
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kendrick <hr/> Contributor address; City; State; Zip Code 1064 Belfast Lane Ventura, CA 93001-3813	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terreson, David <hr/> Contributor address; City; State; Zip Code 3812 Agape Lane Austin, TX 78735	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiotexas
Date 12/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Troy <hr/> Contributor address; City; State; Zip Code 108 Hensley Circle Austin, TX 78738	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Samsung

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/34 Rpt: 36/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 09/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torba, Denise <hr/> 6 Contributor address; City; State; Zip Code 12100 Metric Blvd #1734 Austin, TX 78758	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) CST		9 Employer (See Instructions) Surgery Center
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torba, Denise <hr/> Contributor address; City; State; Zip Code 12100 Metric Blvd #1734 Austin, TX 78758	Amount of Contribution (\$) \$131.89
Principal occupation / Job title (See Instructions) CST		Employer (See Instructions) Surgery Center
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Minh <hr/> Contributor address; City; State; Zip Code 11217 Matisse Trail Austin, TX 78726	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Not disclose		Employer (See Instructions) Not disclose
Date 12/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tys, Nicholas <hr/> Contributor address; City; State; Zip Code 305 Vale St Rollingwood, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veith, Christine <hr/> Contributor address; City; State; Zip Code 5632 Republic of Texas Blvd Austin, TX 78735	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/34 Rpt: 37/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veith, Christine <hr/> 6 Contributor address; City; State; Zip Code 5632 Republic of Texas Blvd Austin, TX 78735	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veri, Catherine <hr/> Contributor address; City; State; Zip Code 6709 Magenta Ln Austin, TX 78739	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Marketecture
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veri, Catherine <hr/> Contributor address; City; State; Zip Code 6709 Magenta Ln Austin, TX 78739	Amount of Contribution (\$) \$237.16
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Marketecture
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Candace <hr/> Contributor address; City; State; Zip Code 2208 A West Stassney Lane Austin, TX 78745	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Credentialing Specialist		Employer (See Instructions) CBHE
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weideman, Dawn <hr/> Contributor address; City; State; Zip Code 5002 Dry Oak Trail Austin, TX 78749	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/34 Rpt: 38/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widner, James	7 Amount of Contribution (\$) \$105.58
6 Contributor address; City; State; Zip Code 3807 Hunterwood Pt Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Samantha	Amount of Contribution (\$) \$237.16
Contributor address; City; State; Zip Code 10801 Laurel Creek Dr Austin, TX 78726		
Principal occupation / Job title (See Instructions) Home manager		Employer (See Instructions) N/A
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, David	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 5201 Avon Pl Austin, TX 78723		
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions) N/A
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, Leigh	Amount of Contribution (\$) \$79.26
Contributor address; City; State; Zip Code 105 Timber Ridge Cv Austin, TX 78733		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self-Employed
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Brian	Amount of Contribution (\$) \$263.47
Contributor address; City; State; Zip Code 5002 Sevan Cv. Austin, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/34 Rpt: 39/73
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Patricia <hr/> 6 Contributor address; City; State; Zip Code 4516 Slickrock Cove Austin, TX 78747	7 Amount of Contribution (\$) \$263.47
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Ouida <hr/> Contributor address; City; State; Zip Code 3406 Shinoak Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yukich, Amy <hr/> Contributor address; City; State; Zip Code 2900 N Quinlan Park Rd Suite 240-345 Austin, TX 78732	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 40/73	
2 FILER NAME Your Minute is Up		3 Filer ID (Ethics Commission Filers) 00090507	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/15/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frick, Daniel (Mr.)	8 Amount of contribution (\$) \$51.17	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 3209 IH 35 South APT 1032 Austin, TX 78741		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) self		11 Employer (FOR NON-JUDICIAL) (See instructions) self	
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 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frick, Daniel (Mr.)	Amount of contribution (\$) \$31.86	In-kind contribution description
	Contributor address; City; State; Zip Code 3209 IH 35 South APT 1032 Austin, TX 78741		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) self		Employer (FOR NON-JUDICIAL) (See instructions) self	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/33 Rpt: 41/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/12/2020	5 Payee name Academy	
6 Amount (\$) \$97.40	7 Payee address; City; State; Zip Code 12250 Research Blvd Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2020	Payee name Academy	
Amount (\$) \$50.86	Payee address; City; State; Zip Code 12250 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Amazon	
Amount (\$) \$62.36	Payee address; City; State; Zip Code 4616 W Howard Ln Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies, bull horns
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/33 Rpt: 42/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/01/2020	5 Payee name Amazon	
6 Amount (\$) \$75.74	7 Payee address; City; State; Zip Code 4616 W Howard Ln Austin, TX 78728	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2020	Payee name Amazon	
Amount (\$) \$55.15	Payee address; City; State; Zip Code 4616 W Howard Ln Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2020	Payee name Bevil, Josh	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 9100 Mountain Ride Dr. 4C Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contracted work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/33 Rpt: 43/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/05/2020	5 Payee name Brown, Jason	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO Box 5461 Ketchikan, AR 99901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name COA Parking Meters	
Amount (\$) \$38.71	Payee address; City; State; Zip Code downtown Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Casa Chapala	
Amount (\$) \$724.02	Payee address; City; State; Zip Code 9041 Research Blvd Ste 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/33 Rpt: 44/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/04/2020	5 Payee name Castanede, Ashley	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 611 Conway Dr San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2020	Payee name Costco	
Amount (\$) \$148.47	Payee address; City; State; Zip Code 10401 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2020	Payee name Criagslist	
Amount (\$) \$7.00	Payee address; City; State; Zip Code na Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/33 Rpt: 45/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/03/2020	5 Payee name Domino's Pizza	
6 Amount (\$) \$181.73	7 Payee address; City; State; Zip Code 8141 Mesa Dr Ste C Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/33 Rpt: 46/73	2	FILER NAME Your Minute is Up	3	Filer ID (Ethics Commission Filers) 00090507
4	Date 11/22/2020	5	Payee name EZ Texting		
6	Amount (\$) \$5.00	7	Payee address; City; State; Zip Code na Austin, TX 78758		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 11/26/2020		Candidate/Officeholder name Office sought Office held		
	Payee name EZ Texting				
	Amount (\$) \$40.00		Payee address; City; State; Zip Code na Austin, TX 78758		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 11/26/2020		Candidate/Officeholder name Office sought Office held		
	Payee name EZ Texting				
	Amount (\$) \$5.00		Payee address; City; State; Zip Code na Austin, TX 78758		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 11/26/2020		Candidate/Officeholder name Office sought Office held		
	Payee name EZ Texting				
	Amount (\$) \$5.00		Payee address; City; State; Zip Code na Austin, TX 78758		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/33 Rpt: 47/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/29/2020	5 Payee name EZ Texting	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code na Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2020	Payee name EZ Texting	
Amount (\$) \$6.48	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/33 Rpt: 48/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/03/2020	5 Payee name EZ Texting	
6 Amount (\$) \$10.44	7 Payee address; City; State; Zip Code na Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/33 Rpt: 49/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/06/2020	5 Payee name EZ Texting	
6 Amount (\$) \$36.25	7 Payee address; City; State; Zip Code na Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2020	Payee name EZ Texting	
Amount (\$) \$14.32	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2020	Payee name EZ Texting	
Amount (\$) \$5.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 10/33 Rpt: 50/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/06/2020	5 Payee name EZ Texting	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code na Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name EZ Texting	
Amount (\$) \$5.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 11/33 Rpt: 51/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/14/2020	5 Payee name EZ Texting	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code na Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/21/2020	Payee name EZ Texting	
Amount (\$) \$5.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/21/2020	Payee name EZ Texting	
Amount (\$) \$40.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 12/33 Rpt: 52/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/29/2020	5 Payee name EZ Texting	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code na Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2020	Payee name EZ Texting	
Amount (\$) \$5.00	Payee address; City; State; Zip Code na Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communication platform within work staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2020	Payee name Eagle Office	
Amount (\$) \$596.17	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adversting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 13/33 Rpt: 53/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/05/2020	5 Payee name Eagle Office	
6 Amount (\$) \$147.22	7 Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Eagle Office	
Amount (\$) \$53.10	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Eagle Office	
Amount (\$) \$290.47	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 14/33 Rpt: 54/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/05/2020	5 Payee name Eagle Office	
6 Amount (\$) \$345.37	7 Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2020	Payee name Eagle Office	
Amount (\$) \$1,869.48	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2020	Payee name Eagle Office	
Amount (\$) \$283.67	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 15/33 Rpt: 55/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/19/2020	5 Payee name Eagle Office	
6 Amount (\$) \$183.75	7 Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2020	Payee name Eagle Office	
Amount (\$) \$1,055.27	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2020	Payee name Eagle Office	
Amount (\$) \$141.05	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 16/33 Rpt: 56/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/02/2020	5 Payee name Eagle Office	
6 Amount (\$) \$233.17	7 Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2020	Payee name Eagle Office	
Amount (\$) \$638.94	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2020	Payee name Eagle Office	
Amount (\$) \$816.19	Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 17/33 Rpt: 57/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/21/2020	5 Payee name Eagle Office	
6 Amount (\$) \$248.08	7 Payee address; City; State; Zip Code 221 Texas Ave Ste B Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2020	Payee name Frost Bank	
Amount (\$) \$20.55	Payee address; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense check printing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2020	Payee name Gibson, Adalai	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6601 Rialto Dr 4004 Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contracted work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 18/33 Rpt: 58/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
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4 Date 11/11/2020	5 Payee name Girard Diversified Interests
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6 Amount (\$) \$1,016.52	7 Payee address; City; State; Zip Code 412 Congress Ave Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recall Adler Ball
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2020	Payee name Hafer, Robyn
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 7704 Roland Dr McKinney, TX 75070
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo work
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/12/2020	Payee name Home Depot
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Amount (\$) \$56.23	Payee address; City; State; Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 19/33 Rpt: 59/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/15/2020	5 Payee name Home Depot	
6 Amount (\$) \$37.87	7 Payee address; City; State; Zip Code 1200 Home Depot Blvd Sunset, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Johnson, Janie	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 3304 Levy Ln Killeen, TX 76542	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2020	Payee name JotForm Inc	
Amount (\$) \$75.78	Payee address; City; State; Zip Code 111 Pine St Ste 1815 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 20/33 Rpt: 60/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/25/2020	5 Payee name JotForm Inc	
6 Amount (\$) \$31.39	7 Payee address; City; State; Zip Code 111 Pine St. Ste 1815 San Francisco, CA 94111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2020	Payee name JotForm Inc	
Amount (\$) \$107.17	Payee address; City; State; Zip Code 111 Pine St Ste 1815 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2020	Payee name JotForm Inc	
Amount (\$) \$106.92	Payee address; City; State; Zip Code 111 Pine St Ste 1815 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database platform used to type in all signature names
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 21/33 Rpt: 61/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/01/2020	5 Payee name LAZ Parking	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code downtown Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Lowe's	
Amount (\$) \$108.08	Payee address; City; State; Zip Code 8000 Shoal Creek Blvd Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2020	Payee name McMillian, Becky	
Amount (\$) \$3,150.00	Payee address; City; State; Zip Code 6906 Dogwood Hollow Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary and travel expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 22/33 Rpt: 62/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/01/2020	5 Payee name Michael's	
6 Amount (\$) \$86.56	7 Payee address; City; State; Zip Code 10225 Research Blvd Ste 2000 Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Office Depot	
Amount (\$) \$106.89	Payee address; City; State; Zip Code 701 S Capital of TX Hwy Ste 500 West Lake Hills, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2020	Payee name Party City	
Amount (\$) \$62.75	Payee address; City; State; Zip Code 11150 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: Sch: 23/33 Rpt: 63/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/03/2020	5 Payee name Pierott, Alice	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2609 Rosewood Ave 4901 Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name Popp, Jeffrey	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 9052 Galewood 119 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2020	Payee name Ramirez, Josefina	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 7515 Lazy Creek Drive Austin, TX 78724	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 24/33 Rpt: 64/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/01/2020	5 Payee name Restaurant Depot	
6 Amount (\$) \$344.75	7 Payee address; City; State; Zip Code 820 Blackson Ave Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Schlotzky's	
Amount (\$) \$311.41	Payee address; City; State; Zip Code 2545 W. Anderson Lane Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name Scroggins, David	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 2609 Rosewood Ave 4901 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 25/33 Rpt: 65/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/03/2020	5 Payee name Smith, Ian	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 3415 Hunter Rd. Austin, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Holder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Smith, Natalie	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 3401 W Parmer Ln Austin, TX 78727	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Speakeasy	
Amount (\$) \$1,903.50	Payee address; City; State; Zip Code 412 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event for Recall Adler Ball
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 26/33 Rpt: 66/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/23/2020	5 Payee name Stripe	
6 Amount (\$) \$12.16	7 Payee address; City; State; Zip Code N/A Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2020	Payee name Stripe	
Amount (\$) \$47.95	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2020	Payee name Stripe	
Amount (\$) \$29.89	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 27/33 Rpt: 67/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 10/28/2020	5 Payee name Stripe	
6 Amount (\$) \$12.47	7 Payee address; City; State; Zip Code N/A Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/29/2020	Payee name Stripe	
Amount (\$) \$43.32	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/30/2020	Payee name Stripe	
Amount (\$) \$19.05	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 28/33 Rpt: 68/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/02/2020	5 Payee name Stripe	
6 Amount (\$) \$7.84	7 Payee address; City; State; Zip Code N/A Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name Stripe	
Amount (\$) \$24.32	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2020	Payee name Stripe	
Amount (\$) \$29.36	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 29/33 Rpt: 69/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/16/2020	5 Payee name Stripe	
6 Amount (\$) \$5.58	7 Payee address; City; State; Zip Code N/A Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2020	Payee name Stripe	
Amount (\$) \$5.58	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2020	Payee name Stripe	
Amount (\$) \$5.58	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 30/33 Rpt: 70/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/07/2020	5 Payee name Stripe	
6 Amount (\$) \$2.95	7 Payee address; City; State; Zip Code N/A Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name Stripe	
Amount (\$) \$10.16	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2020	Payee name Stripe	
Amount (\$) \$11.21	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 31/33 Rpt: 71/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 12/24/2020	5 Payee name Stripe	
6 Amount (\$) \$1.63	7 Payee address; City; State; Zip Code N/A Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/30/2020	Payee name Stripe	
Amount (\$) \$6.42	Payee address; City; State; Zip Code N/A Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fee incurred on donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/10/2020	Payee name Taco Cabana	
Amount (\$) \$131.37	Payee address; City; State; Zip Code 9605 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 32/33 Rpt: 72/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507
4 Date 11/03/2020	5 Payee name Tucker, Terrance	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 1002 Disraeli Circle Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contracted work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Vaqueros	
Amount (\$) \$124.43	Payee address; City; State; Zip Code 1801 S Capital of Texas Hwy Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food provided for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2020	Payee name Victory Promotions	
Amount (\$) \$1,015.18	Payee address; City; State; Zip Code 114 Parker Street Watertown , NY 13601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PPE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online order of facemasks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 33/33 Rpt: 73/73	2 FILER NAME Your Minute is Up	3 Filer ID (Ethics Commission Filers) 00090507	
4 Date 10/12/2020	5 Payee name Walmart		
6 Amount (\$) \$65.11	7 Payee address; City; State; Zip Code 2525 W Anderson Ln Austin, TX 78757		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held