CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr Ms	FIRST Bettina		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		Olivares		00111/		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STA	TE; ZIP CODE	12/09/2022	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr Mrs	FIRST Christina		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed 12/0	09/2022 4:07 PM
		Olivares			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
	AREA CODE	PHONE NUMBER	EVT	ENSION		
8 CAMPAIGN TREASURER PHONE	()	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before e		Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	10/30/20	22 /	THROUGH	12/07/20	22 /	
11 ELECTION	ELECTION DAT			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	12/17/2022	General	Special			
12 OFFICE	OFFICE HELD (if any)		-	ICE SOUGHT (if known Represer	ntative Dist	trict 8
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	55		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME B	ettina	Olivare	es	16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	P	OTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT	ITEES OF LOANS, OR	IAN	\$ 0	
		OTAL POLITICAL CONTRIB		IS)	\$\$33	,775.00
EXPENDITURE TOTALS	3. то	OTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$ 0	
	4. TO	OTAL POLITICAL EXPENDIT	URES		\$\$24	,716.67
CONTRIBUTION BALANCE		OTAL POLITICAL CONTRIBUTIO	DNS MAINTAINED AS OF THE I	LAST DAY	\$13,	759.4
OUTSTANDING LOAN TOTALS		OTAL PRINCIPAL AMOUNT OF AST DAY OF THE REPORTING		OF THE	\$ 0	
		n, under penalty of perjury, tha ported by me under Title 15, Ele		true and co	prrect and inclu	udes all information
	0	am electronically signing here ank if it does not apply to me.	Bettina Olivares Bettina Olivares (Dec 9, 2022 15:56 MST)			
		and in a dood not apply to me.	Signature of	Candidate	or Officehold	er
		Diagon comple	to oither option half			
		Flease comple	ete either option belo	Jvv.		
(1) Affidavit						
NOTARY STAMP/SE	AL					
Sworn to and subscribe	ed before me by	/	this d	ate	, te	o certify which,
witness my hand and sea	al of office					
with ose my hand and oot					Notary F	Public
Signature of officer admini	stering oath	Printed name of office	er administering oath		•	administering oath
			OR .			_
(2) Unsworn Doolar	tion					
(2) Unsworn Declara						
My name is Bettina	Olivares		, and my date of birth	, 01/10	0/1987	
My address is 5525 N	Stanton 13	3B, El Paso TX 79912				
		(street)	(city)	(state)	(zip code)	(country)
Executed in El Paso	Cοι	unty, State of Texas	, on the 9 day of De	cèmber		•
			Bettina Olivares (mo	onth)	(year)	
			Signature of Car	ndidate/Offic	eholder (Decl	arant)
			0		、	,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

¹⁹ FILER NAME Bettina Olivares	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$33,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CO	NTRIBUTIONS \$ \$275.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4. SCHEDULE E: LOANS	\$\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM	M POLITICAL CONTRIBUTIONS \$ \$24,716.67
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FF	ROM POLITICAL CONTRIBUTIONS \$ \$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CAR	▷ \$\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM	PERSONAL FUNDS \$ \$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTR	RIBUTIONS TO A BUSINESS OF C/OH \$ \$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FRO	PM POLITICAL CONTRIBUTIONS \$ \$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, A TO FILER	and contributions returned \$ \$480.00

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Bettina O	ivares	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
11/1/2022	Blanca Chacon	\$50.00
	6 Contributor address; City; State; Zip C	Code
	19674 N. Candance Maricopa, Arizona 8	85138
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
11/2/2022	Jorge Baray	\$500.00
		Code
	7649 N. Loop El Paso, Texas 79	9915
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
11/0/2022	Edward Saab	\$500.00
		Code
	6229 Constellation El Paso, Texas 7	9912
Principal occuț	Deation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
11/9/2022	El Paso Electric Company PAC	\$750.00
	Contributor address; City; State; Zip C	······
	P.O.Box 982 El Paso, Texas 79	9960
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	
	If contributor is out-of-state PAC, please see Instruction guide for	additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bettina O	livares		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/11/2022	Octavio Prieto		\$200.00
	6 Contributor address; City;	State; Zip Code	φ200.00
	4749 B Excalibur El Paso,	Texas 79902	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/11/2022	William Harvey		\$500.00
	Contributor address; City;	State; Zip Code	+
	640 Camino Real El Paso,	Texas 79922	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
i inicipal cood			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/14/2022			
		Stata Zin Cada	\$100.00
	Contributor address; City;	State; Zip Code	
	507 Lakeview New Braunfels	, Texas 78130	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			1
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/14/2022	Nicolas Solorzano		\$100.00
	Contributor address; City;	State; Zip Code	• • • • • • • •
	1130 Haines Ave. Dallas, ⁻	Texas 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	/ xtions)
	· · · · · ·		
	ATTACH ADDITIONAL COPIES C		
	If contributor is out-of-state PAC, please see Instru		reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bettina O	ivares		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/17/2022	Deborah Kastrin		\$500.00
	Contributor address; City;	State; Zip Code	
	3940 Flamingo El Paso, 1	-exas 79902	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/16/2022		(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	521 Texas El Paso, Te	xas 79901	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
11/18/2022	Yvonne Jacquez		\$50.00
	Contributor address; City;	State; Zip Code	+ - - - - - - - - - -
	4721 Ramirez Robstown, 7	Fexas 78380	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		
	in contributor is out-or-state FAC, please see Instru	shon guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Bettina O	ivares					
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)			
11/22/2022	E.C. Jr Houghton	(\$1,000.00			
	•••••		φ1,000.00			
	6 Contributor address; City;	State; Zip Code				
	210 Campbell El Paso, T	exas 79901				
	pation / Job title (See Instructions)	9 Employer (See Instruc	·			
CEO		Houghton Fil	nancial Partners			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
11/22/2022	Stanley Jobe		+			
	•••••••••••••••••••••••••••••••••••••••		\$2,500.00			
	Contributor address; City;	State; Zip Code				
	1150 Southview El Paso,	Texas 79928				
	pation / Job title (See Instructions)	Employer (See Instruc				
Busines	ss owner	Jobe Materia	ais, LP			
Date	Full name of contributor 🛛 out-of-state PAC	C (ID#:)				
11/22/2022		(10)	Amount of contribution (\$)			
	Steve Ortega		\$2,500.00			
	Contributor address; City;	State; Zip Code				
	521 Texas El paso, Te	exas 79901				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Attorne	y	Law Offices	of Steve Ortega			
Dete						
	Full name of contributor	; (ID#:)	Amount of contribution (\$)			
	Woody Hunt		\$5,000.00			
	Contributor address; City;	State; Zip Code				
	P.O. Box 126667 El Paso, Texas 79913					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	stions)			
Senior chair Hunt Compa			nies			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Bettina O	ivares					
4 Date	5 Full name of contributor 🗌 out-of-state PAC	/ID#-)	7 Amount of contribution (\$)			
11/22/2022	El Paso Municipal Police As	(/	\$1,500.00			
	•••••••••••••••••••••••••••••••••••••••		ψ1,500.00			
	6 Contributor address; City;	State; Zip Code				
	747 San Antonio Ste103 El Pas	o,Texas 79901				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Police c	fficers association					
Data	Full name of contributor	(ID#:)				
		(ID#)	Amount of contribution $($)$			
11/22/2022	Frederick Francis		\$2,500.00			
	Contributor address; City;	State; Zip Code				
	600 Mesa St. El Paso, T	exas 79901				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc				
CEO		Weststar Ba	nk			
		(ID#:)	Amount of contribution (\$)			
	1/22/2022 Woody Hunt		\$5,000.00			
	Contributor address; City;	State; Zip Code	. ,			
	P.O. Box 126667 El Paso,	Texas 79913				
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Senior	chair	Hunt Compa	nies			
Corner						
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
12/6/2022	Paul Foster		\$10,000.00			
	Contributor address; City;	State; Zip Code	\$10,000.00			
	123 W. Mills Ste 600 El Paso	, Texas 79901				
	pation / Job title (See Instructions)	Employer (See Instruc	·			
CEO		Franklin Mou	untain Investments			
			IEEDED			
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru					
	,,	J				

Forms provided by Texas Ethics Commission

SCHEDULE A1

	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 5
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	ettina Ol	ivares		• • • • • • • • • • • • • • • • • • • •
4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
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	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)
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4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
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	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
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	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
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	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
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		Contributor address; City;	State; Zip Code	
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	ettina Ol	ivares		• • • • • • • • • • • • • • • • • • • •		
4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
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		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
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SCHEDULE A1

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2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	ettina Ol	ivares		• • • • • • • • • • • • • • • • • • • •		
4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
				NEEDED		
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SCHEDULE A1

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2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	ettina Ol	ivares		• • • • • • • • • • • • • • • • • • • •		
4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
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SCHEDULE A1

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8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
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	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
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	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
				NEEDED		
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SCHEDULE A1

	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 5		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	ettina Ol	ivares	• • • • • • • • • • • • • • • • • • • •			
4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
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2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
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4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
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SCHEDULE A1

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2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	ettina Ol	ivares	• • • • • • • • • • • • • • • • • • • •			
4	Date	5 Full name of contributor 🗌 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
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SCHEDULE A1

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2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
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		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ztions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ztions)		
				NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A2

TI	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Bettina	Olivares		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 275
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
11/8/2022	Rally Point Public Affairs		Contribution \$ description
11/0/2022	7 Contributor address; City; State;	Zip Code	275
	522 San Francisco, El Paso, TX	79901	 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
	fairs services		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	1		T
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM				mmission Filers)
Bettina	Olivares			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
40 5 4 4 4		44		de of Texas. Complete Schedule T.
Principal oco	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Bettina	Olivares			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
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40 5 4 4 4		44		de of Texas. Complete Schedule T.
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Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
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Bettina	Olivares			
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5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
40 5 4 4 4		44		de of Texas. Complete Schedule T.
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Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
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5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
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Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
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Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Bettina	Olivares			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
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40 5 4 4 4		44		de of Texas. Complete Schedule T.
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14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
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SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Bettina	Olivares			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
40 5 4 4 4		44		de of Texas. Complete Schedule T.
Principal oco	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
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14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Bettina	Olivares			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
40 5 4 4 4		44		de of Texas. Complete Schedule T.
Principal oco	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to complete t	his form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
Bettina C	Dlivares			
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor Out-of-state PAC (ID#	:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code	Check if travel outs	, ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		
10			,	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution
		State; Zip Code		 .
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor Out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#	t:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIE			
lf	contributor is out-of-state PAC, please see In		-	ı requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to complete t	his form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
Bettina C	Dlivares			
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor Out-of-state PAC (ID#	:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code	Check if travel outs	, ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		
10			,	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution
		State; Zip Code		 .
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor Out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#	t:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIE			
lf	contributor is out-of-state PAC, please see In		-	ı requirements.

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SCHEDULE E

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Bettina Olivares			
4	4 TOTAL OF UNITEMIZED LOANS			\$
5	Date of loan	7 Name of lender 🗌 out-of-state P	AC (ID#:)	9 Loan Amount (\$)
	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral		ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable		1	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

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SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
Bettina Olivares						
4	TOTAL OF UNITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender out-of-state PAC (ID#:)		9 Loan Amount (\$)		
	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12	Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Colla	ateral	15 Check if personal func account (See Instructi	ls were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
	not applicable					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender Out-of-state P	AC (ID#:)	Loan Amount (\$)		
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
	Institution? Y N			Maturity date		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)				
		ls were deposited into political				
	none		account (See Instructi			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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SCHEDULE E

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

	The	Instruction Guide explains how to compl	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	ettina Oliv	ares		
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender 🗌 out-of-state P	AC (ID#:)	9 Loan Amount (\$)
	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral		ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable		1	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

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SCHEDULE E

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

	The	Instruction Guide explains how to compl	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	ettina Oliv	ares		
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender 🗌 out-of-state P	AC (ID#:)	9 Loan Amount (\$)
	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral		ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable		1	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

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SCHEDULE E

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

	The	Instruction Guide explains how to compl	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	ettina Oliv	ares		
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender 🗌 out-of-state P	AC (ID#:)	9 Loan Amount (\$)
	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral		ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable		1	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

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

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 The Instruction Guide explain	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9	2 FILER N Bettina				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
11/06/2022	Scenic's	Bar and Kitchen				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
306.50						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
_	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought	· · ·	Office held
expenditure to benefit C/OF				emee eeugni		
Date	Payee na	ame				
	-					
11/07/2022	Christop	her Hernandez				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
500.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł					
Date	Payee na	ame				
10/26/2022	Fair Dat	a, LLC				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
526.82						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł					
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

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 The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 9	2 FILER N Bettina				3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na					
11/07/2022	Fair Dat					
6 Amount (\$)	7 Payee ad	•		City;	State;	Zip Code
1,022.80						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/09/2022	Scenic's	Bar and Kitchen				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
156.50						
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/11/2022	Perfecto	Zarate				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
1,024.00						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this is a second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 9		IAME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date 11/11/2022	5 Payeen Debora	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
352.00						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/13/2022	Salvado	or Adame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
256.00						
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/13/2022	Daniel A	Adame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
256.00						
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

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 The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 9		IAME Olivares			3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee n					
11/13/2022		or Adame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
272.00						
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/13/2022	Daniel /	Adame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
320.00						
PURPOSE	Categor	y (See Categories listed at the top of this	schedule)	Description		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete \$	Schedule T.	Check if Austi	n, TX, officeholder living	
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
Date	Payee n	ame				
11/17/2022	Airport	Printing Services				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,077.09						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catege	oment & Related Expense
1 Total pages Schedule F1: 9		IAME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n					
11/21/2022		Printing Services				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
4,431.93						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
EXPENDITORE	(-)					
	(c)	Check if travel outside of Texas. Complete S	Schedule I.		n, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/29/2022	Christo	oher Hernandez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,250.00						
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
			ale a de de T			
		Check if travel outside of Texas. Complete S	chequie I.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/28/2022	Adam F	Romero				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
200.00						
	Categor	y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
			abadul T		- TV - #' 1 1	
		Check if travel outside of Texas. Complete S	cnedule I.		n, TX, officeholder living	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	ΔΤ	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE		

SCHEDULE F1

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

			CONTROL			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense	
Credit Card Payment		The Instruction Guide explain		-	g	
1 Total pages Schedule F1: 9	2 FILER N Bettina				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
11/28/2022	Deboral	n Paz				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
208.00						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candic	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1			5		
Date	Payee na	ime				
11/28/2022	Alejandı	o Balderrama				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
144.00						
	Category	(See Categories listed at the top of this sector.)	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T	Chook if Austi	n TV officeholder livin	
	Candid	ate / Officeholder name		Office sought	n, TX, officeholder livin	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				Once sought		Onice heid
Date	Payee n	ame				
11/28/2022	Jovanie	Alvarez				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
232.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 9	2 FILER N Bettina				3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee na					
11/28/2022	Perfecto					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
232.00						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/28/2022	Salvado	or Adame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
96.00						
	Category	/ (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ł					
Date	Payee n	ame				
11/28/2022	Daniel A	Adame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
56.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete Section 2010	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 9		IAME Olivares			3 Filer ID (Ethics	s Commission Filers)		
4 Date 12/06/2022	5 Payee na							
⁶ Amount (\$) 5,108.62	7 Payee a	ddress;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description				
	(C)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
12/07/2022	Fair Dat	ta LLC						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
610.67								
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this	sschedule)	Description				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
12/07/2022	Bettina	Olivares						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
6,000.00								
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
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SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	nting/Banking Fees lting Expense Food/I butions/Donations Made By Gift/Av didate/Officeholder/Political Committee Legal : Jard Payment Legal :		ent Expense Loan Repayment/Reimbursement is Office Overhead/Rental Expense id/Beverage Expense Polling Expense /Awards/Memorials Expense Printing Expense ial Services 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)		
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4 Date 12/07/2022	5 Payee na PayPal	ame			I		
6 Amount (\$) 77.74	7 Payee ad	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categor	Y (See Categories listed at the top of this	schedule)	(b) Description			
	(c)	c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought		Office held		
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description			
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PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this sector)	chedule)	Description			
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SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polline By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	 (See Categories listed at the top of this is 	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this sector)	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ccounting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
	-						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	 (See Categories listed at the top of this is 	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this sector)	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
	-					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
	-					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
	-					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
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6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
	-					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
	-					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 9		AME Olivares			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
	-					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	'Y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the top of the (See Categories listed at the top of the (See Categories listed at the top of the (See Categories listed at the top of (See Categories listed at t	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Зу	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Offic Polli kpense Prin	e Overh ng Expe ting Exp		Transport Travel In Travel Ou	District ut Of District	Expense nt & Related Expense not listed above)
		The Instruction Guid	de explains hov	v to co	mplete this form.			
1 Total pages Schedule F2:		^{AME} Olivares				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UNF	PAID INCURRED	O OBLIGAT	IONS	3	\$		
5 Date	6 Payee n	ame						
7 Amount (\$)	8 Payee a	ddress;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	P	olitical	No	on-Polit	ical			
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at th	he top of this sched	ıle)	(b) Description			
	(c)	Check if travel outside of Texas	. Complete Schedule	e T.	Check if Aus	tin, TX, office	holder living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held							
Date	Payee n	ame						
Amount (\$)	Payee a	iddress;			City;		State;	Zip Code
TYPE OF EXPENDITURE	P	olitical	N	on-Poli	tical			
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the second se	he top of this sched	ule)	Description			
		Check if travel outside of Texa	as. Complete Schedu	le T.	Check if Au	istin, TX, offic	eholder living e	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Officeholder name Office sought Office held								
		H ADDITIONAL CO			HEDULE AS NE	EDED		
Forms provided by Texas Ethi	cs Commissior	ו W	ww.ethics.state	.tx.us				Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Event Expense Loan Repayment/Reimt Accounting/Banking Fees Office Overhead/Renta Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contra			erhead/Rental Expense pense xpense	Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)		
		The Instruct	ion Guide explain	is how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER Bettin	NAME a Olivares				3 Filer I	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN		IPAID INCU	RRED OBLIG	GATION	S	\$		
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories	listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outsic	de of Texas. Complete S	chedule T.	Check if Au	stin, TX, office	eholder living ex	kpense
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held								
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	blitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories	listed at the top of this	schedule)	Description			
		Check if travel outs	ide of Texas. Complete	Schedule T.	Check if A	ustin, TX, offi	ceholder living	expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics	.state.tx.us	S			Revised 8/17/2020

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:								
² FILER NAME Bettina C	Dlivares	3 Filer ID (Ethics Commission Filers)								
4 Date	5 Name of person from whom investment is purchased									
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code								
	7 Description of investment									
	8 Amount of investment (\$)									
Date	Name of person from whom investment is purchased									
	Address of person from whom investment is purchased; City	r; State; Zip Code								
	Description of investment									
	Amount of investment (\$)									
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED								

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:								
² FILER NAME Bettina C	Dlivares	3 Filer ID (Ethics Commission Filers)								
4 Date	5 Name of person from whom investment is purchased									
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code								
	7 Description of investment									
	8 Amount of investment (\$)									
Date	Name of person from whom investment is purchased									
	Address of person from whom investment is purchased; City	r; State; Zip Code								
	Description of investment									
	Amount of investment (\$)									
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED								

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	IT CARD	SCHEDULE F4			
If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATE	EGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description				
	(c) Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule) Description				
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED			

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EXPENDITUR	RES MADE BY CRED	IT CARD	SCHEDULE F4
If the requested inforr	nation is not applicable, DO NOT ir	nclude this page in the rep	port.
	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
	(c) Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

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SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
		a Olivares						
4 Date	5 Payee na							
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF	(a) Category	' (See Categories listed at the top of this s	chedule)	(b) Description				
EXPENDITURE	(-)							
2	()	Check if travel outside of Texas. Complete Sc	chedule I.		n, TX, officeholder living ex	•		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
		a Olivares						
4 Date	5 Payee na							
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF	(a) Category	' (See Categories listed at the top of this s	chedule)	(b) Description				
EXPENDITURE	(-)							
2	()	Check if travel outside of Texas. Complete Sc	chedule I.		n, TX, officeholder living ex	•		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
		a Olivares						
4 Date	5 Payee na							
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF	(a) Category	' (See Categories listed at the top of this s	chedule)	(b) Description				
EXPENDITURE	(-)							
2	()	Check if travel outside of Texas. Complete Sc	chedule I.		n, TX, officeholder living ex	•		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
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SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
		a Olivares						
4 Date	5 Payee na							
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF	(a) Category	' (See Categories listed at the top of this s	chedule)	(b) Description				
EXPENDITURE	(-)							
2	()	Check if travel outside of Texas. Complete Sc	chedule I.		n, TX, officeholder living ex	•		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
		a Olivares						
4 Date	5 Payee na							
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF	(a) Category	' (See Categories listed at the top of this s	chedule)	(b) Description				
EXPENDITURE	(-)							
2	()	Check if travel outside of Texas. Complete Sc	chedule I.		n, TX, officeholder living ex	•		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED			

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule H:	2 FILER N Bettina	^{AME} Olivares			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	iving exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule H:	2 FILER N Bettina	^{AME} Olivares			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	iving exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule H:	2 FILER N Bettina	^{AME} Olivares			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	iving exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule H:	2 FILER N Bettina	^{AME} Olivares			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	iving exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
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4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	iving exp	ense
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Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
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8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	iving exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
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	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living expense		
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Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
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		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	ving exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
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1 Total pages Schedule H:	2 FILER N Bettina	^{AME} Olivares			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder li	ving exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED		

SCHEDULE **H**

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Distri Travel Out Of D	Equipme ct District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule H:	2 FILER N Bettina	^{AME} Olivares			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
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Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
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Date	Business	s name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
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4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
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Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
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Date	Business	s name					
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
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SCHEDULE |

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I: 1	² FILER NAME Bettina Olivares		3 Filer ID	(Ethics Co	mmission Filers)		
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information		
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Forms provided by Texas Ethics Commission

SCHEDULE |

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4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
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Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information		
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Forms provided by Texas Ethics Commission

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	1 Total pages Schedule K:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Bettina O	livares	· · · · · · · · · · · · · · · · · · ·					
4 Date	5 Name of person from whom amount is received	8 Amount (\$)					
	Wells Fargo	400.00					
11/14/2022	6 Address of person from whom amount is received; City; Sta	te; Zip Code 480.00					
	7 Purpose for which amount is received Check if	political contribution returned to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code					
	Purpose for which amount is received Check if	political contribution returned to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; Sta	te; Zip Code					
	Purpose for which amount is received Check if	political contribution returned to filer					
Date	Name of person from whom amount is received	Amount (\$)					
		ate; Zip Code					
	Purpose for which amount is received Check if	political contribution returned to filer					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:				
² FILER NAME Bettina Olivares 3 Filer ID (Ethics Commission Filers)					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Sta	te; Zip Code			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME Bettina Olivares					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Schedule A2						Schedule F1
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location					
10 Means of transportation	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	Corporation	or Labor Organization /	Pledgor	/ Payee		
Contribution / Expend	liture reported	on:				
Schedule A2	Sche	edule B Schedu	ule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2						=
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	le B Schedule	B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu	le F4	G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME Bettina Olivares					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Schedule A2						Schedule F1
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location					
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Name of Contributor	Corporation	or Labor Organization /	Pledgor	/ Payee		
Contribution / Expend	liture reported	on:				
Schedule A2	Sche	edule B Schedu	ule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2						=
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	le B Schedule	B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu	le F4	G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N		2 Filer ID (Ethics Commission Filers)				
	Bettir						
3	SIGNA	TURE					
	designa	expect any further political contributions or political expenditures in connection wit ting a report as a final report terminates my campaign treasurer appointment. I als gn contributions or make any campaign expenditures without a campaign treasurer I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	so understand that I may not accept any				
4	 FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. 						
	Α.	CAMPAIGN FUNDS					
	Chec	conly one:					
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions are safter filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Chec	conly one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate				
5		EHOLDER plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder wh file. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions. I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	is if, after filing the last required report as				
For	ms provid	ed by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020				