## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Travel Out of District  Printing Expense Travel Out of District  City Control of Co			
Candidate/Officeholder/Political	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)				
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME LIZA Tryji	3 Filer ID (Ethics Commission Filers)			
4 Date 7   31   20	5 Payee name UPS Store				
6 Amount (\$)	7 Payee address; City; State; Z	ip Code			
40.05	8806 H. Navario V	ictoria TX 77901			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF	0 1 11 - (1) = 1 0 10 5	Check if Austin, TX, officeholder living expense			
EXPENDITURE	Advertising Exper	nse			
O C	Candidate / Officeholder name	Office sought Office held			
9 Complete ONLY if direct expenditure to benefit C/O					
Date	Payee name				
8/8/20	Republican S	signs			
Amount (\$)	Payee address; City; State; 2	Zip Code			
249.50	MIA				
	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expen	Check if Austin, TX, officeholder living expense			
	Candidate / Officeholder name	Office sought Office held			
Complete ONLY if direct expenditure to benefit C/O					
Date	Payee name				
8/10/20	Republican S	signs			
Amount (\$)	Payee address; City; State;	Zip Code			
312.29	MIA				
	Category (See Categories listed at the top of this	schedule)  Description  Check if travel outside of Texas. Complete Schedule T.			
PURPOSE		Check if Austin, TX, officeholder living expense			
OF EXPENDITURE	Advertising Exper	) Se			
	Candidate / Officeholder name	Office sought Office held			
Complete ONLY if direct Candidate / Officenoider name Candidate / Officenoider name					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made By	y Gift/Awards/Memorials Expense Printing Expense Travel Out Of District  Salaries/Wages/Contract Labor Other (enter a category not listed above)			
Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor Uniter (enter a category not instant above)			
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME LIZA Truji 110  3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name			
8/14/20	Amazon			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
51.96	r I A			
8	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
PURPOSE	Check if Austin, TX, officeholder living expense			
OF EXPENDITURE	Advertising Expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held H			
Date	Payee name			
8/17/20	H.E.B			
Amount (\$)	Payee address; City; State; Zip Code			
12.02	1505 E. Rio Grande Victoria TX 77901			
,	Category (See Categories listed at the top of this schedule)  Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Food / Beverage Expense			
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/O	H .			
Date	Payee name			
8/24/20	UPS Store			
Amount (\$)	Payee address; City; State; Zip Code			
40.05	8806 N. Navarro Victoria TX 77901			
	Category (See Categories listed at the top of this schedule)  Description  Category (See Categories listed at the top of this schedule)			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held  OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
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	epayment/Reimbursement Overhead/Rental Expense (Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
· ·		to complete this form	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME LIZA Truj.	110	<b>O</b> 1 Hear 1.5 (2.5.1.5)
9/z/20	5 Payee name Lowes		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e	
60.79	8602 H. Navarro V	ictoria T	77904
8	(a) Category (See Categories listed at the top of this schedule	(b) Description  Check if travel	outside of Texas. Complete Schedule T.
PURPOSE OF	A1	Check if Aus	tin, TX, officeholder living expense
EXPENDITURE	Advertising Expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9/3/20	Compadres desig	n Inc.	
Amount (\$)	Payee address; City; State; Zip Coo		
313.49	3104 E. Red River	Victoria	TX 77901
	Category (See Categories listed at the top of this schedule	Description Check if trave	outside of Texas. Complete Schedule T.
PURPOSE OF			stin, TX, officeholder living expense
EXPENDITURE	Advertising Expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH .	Office sought	Office held
Date	Payee name		
9/3/20	Compadres Design	Inc.	
Amount (\$)	Payee address; City; State; Zip Co		
125.00	3104 E. Red River	Jictoria T	× 77901
	Category (See Categories listed at the top of this schedu		el outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense	Check if Au	ustin, TX, officeholder living expense
	5 2.45		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	NEEDED
1			

## SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Candidate/Officeholder/Political Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)  3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1:	2 FILER NAME LIZA Truj	://0	Filer ID (Ethics Commission Filers)		
8/17/20	5 Payee name H.E.B  7 Payee address; City; State; Zip  1505 E. RIO Grande		X 77901		
	(a) Category (See Categories listed at the top of this sci	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/9/20		igns			
Amount (\$)	Payee address; City; State; Zi	ip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel o	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H .	Office sought	Office held		
Date 9/10/20	Payee name  UPS Store				
Amount (\$)	Payee address; City; State; Z		TX 77901		
23.80	8806 M. Navario				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s  Advertising Expen	Check if travel Check if Aus	loutside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental Expense Fees Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME LIZA Trujillo 4 Date 5 Payee name City; State; Zip Code Victoria TX 77901 140.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Event Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Kepublican Signs 9/15/20 City; State; Zip Code Amount (\$) Payee address; 106.17 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name UPS Store City; State; Zip Code Victoria Ty 77901 164.53 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Advertising Expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement **Event Expense** Advertising Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Contributions/Donations Made By **Printing Expense** Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME LIZA Trujillo 5 Payee name 4 Date 9/19/20 H. E.B 1505 E. Rio Grande Victoria TX 77901 12.75 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Food | Beverage Expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Compadres Design inc. 9/22/20 City; State; Zip Code 3104 E. Red River Victoria TX 77901 277.83 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LIZA Trujillo 4 TOTAL OF UNITEMIZED PLEDGES 9 In-kind contribution Amount out-of-state PAC (ID#:\_\_ 6 Full name of pledgor 5 Date description of Pledge \$ 8/23/20 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Amount of Pledge \$ description Deanie Baver Pledgor address; City; State; Zip Code 7 Cotswold Lane Victoria TX 77904 Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#:\_\_\_\_\_ Date Pledge \$ description 9/3/20 Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor Date description Pledge \$ Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME Liza Truji 110			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date 9/3/20	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ 9 In-kind contribution description  256.97 Advertises  Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	orter, a. f.	acrone of 105		
Date	Full name of contributor	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	U*3	alland 1		
			anicola Ligos		
If	ATTACH ADDITIONAL COPIES OF 7 contributor is out-of-state PAC, please see instruction				

### SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LIZA | RUJILLO 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:\_ Amount 9 In-kind contribution Sylvester Diggs 7 Pledgor address; City; State; Zip Code 205 Wood Bridge Victoria TX 77904 of Pledge \$ description Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount out-of-state PAC (ID#:\_ In-kind contribution of Pledge \$ description 9/12/20 undown Victoria TX 77904 Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution

Amount of Date out-of-state PAC (ID#:\_\_\_\_\_ Check if travel outside of Texas. Complete Schedule T.

Janice Ohrt
Pledgor address; City; State; Zip Code

2221 FM 237 Victoria TX 77905

Employer (See Instructions)

Employer (See Instructions)

Pledge \$

description

In-kind contribution

description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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