

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Liza Trujillo	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/20	5 Payee name UPS Store	
6 Amount (\$) 40.05	7 Payee address; City; State; Zip Code 8806 N. Navarro Victoria TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/8/20	Payee name Republican Signs	
Amount (\$) 249.50	Payee address; City; State; Zip Code N/A	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/20	Payee name Republican Signs	
Amount (\$) 312.29	Payee address; City; State; Zip Code N/A	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LIZA Trujillo	3 Filer ID (Ethics Commission Filers)
4 Date 8/14/20	5 Payee name Amazon	
6 Amount (\$) 51.96	7 Payee address; City; State; Zip Code MIA	
8 PURPOSE OF EXPENDITURE Advertising Expense	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/17/20	Payee name H.E.B		
Amount (\$) 12.02	Payee address; City; State; Zip Code 1505 E. Rio Grande Victoria TX 77901		

PURPOSE OF EXPENDITURE Food / Beverage Expense	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/24/20	Payee name UPS Store		
Amount (\$) 40.05	Payee address; City; State; Zip Code 8806 N. Navarro Victoria TX 77901		

PURPOSE OF EXPENDITURE Advertising Expense	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Other (enter a category not listed above)

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1 Total pages Schedule F1:	2 FILER NAME LIZA Trujillo	3 Filer ID (Ethics Commission Filers)
4 Date 9/2/20	5 Payee name Lowes	
6 Amount (\$) 60.79	7 Payee address; City; State; Zip Code 8602 N. Navarro Victoria TX 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/3/20	Payee name Compadres design Inc.	
Amount (\$) 313.49	Payee address; City; State; Zip Code 3104 E. Red River Victoria TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/3/20	Payee name Compadres Design Inc.	
Amount (\$) 125.00	Payee address; City; State; Zip Code 3104 E. Red River Victoria TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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1 Total pages Schedule F1:	2 FILER NAME Liza Trujillo	3 Filer ID (Ethics Commission Filers)
4 Date 8/17/20	5 Payee name H.E.B	
6 Amount (\$) 39.39	7 Payee address; City; State; Zip Code 1505 E. Rio Grande Victoria TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/20	Payee name Republican Signs
Amount (\$) 149.50	Payee address; City; State; Zip Code N/A

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/10/20	Payee name UPS Store
Amount (\$) 23.80	Payee address; City; State; Zip Code 8806 N. Navarro Victoria TX 77901

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LIZA Trujillo	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/20	5 Payee name VFW	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code 2001 Lova Victoria TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 9/15/20	Payee name Republican Signs	
Amount (\$) 66.17	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 9/17/20	Payee name UPS Store	
Amount (\$) 164.53	Payee address; City; State; Zip Code 8806 N. Navarro Victoria TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Liza Trujillo	3 Filer ID (Ethics Commission Filers)
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4 Date 9/19/20	5 Payee name H.E.B
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6 Amount (\$) 12.75	7 Payee address; City; State; Zip Code 1505 E. Rio Grande Victoria TX 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/20	Payee name Compadres Design inc.
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Amount (\$) 277.83	Payee address; City; State; Zip Code 3104 E. Red River Victoria TX 77901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME LIZA Trujillo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 8/23/20	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrence Ellis	8 Amount of Pledge \$ 100.⁰⁰	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code N/A	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 8/25/20	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanie Bauer	Amount of Pledge \$ 250.⁰⁰	In-kind contribution description
	Pledgor address; City; State; Zip Code 7 Cotswold Lane Victoria TX 77904	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/20	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Serrano	Amount of Pledge \$ 100.⁰⁰	In-kind contribution description
	Pledgor address; City; State; Zip Code N/A	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/7/20	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Serrano	Amount of Pledge \$ 100.⁰⁰	In-kind contribution description
	Pledgor address; City; State; Zip Code N/A	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Trujillo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/3/20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compadres Design Inc.	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 3104 E. Red River Victoria TX 77901	256.97	Advertising
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME LIZA TRUJILLO		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 9/12/20	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvester Diggs	8 Amount of Pledge \$ 100.⁰⁰	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code 205 Wood Bridge Victoria TX 77904		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 9/12/20	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Gorsuch	Amount of Pledge \$ 100.⁰⁰	In-kind contribution description
Pledgor address; City; State; Zip Code 201 Lawndawn Victoria TX 77904		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/20	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Ohrt	Amount of Pledge \$ 100.⁰⁰	In-kind contribution description
Pledgor address; City; State; Zip Code 2221 FM 237 Victoria TX 77905		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/20	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norvella Hosey	Amount of Pledge \$ 200.⁰⁰	In-kind contribution description
Pledgor address; City; State; Zip Code 208 N. Navarro Victoria TX 77901		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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